Unit Name: CHHS

ASSESSMENT SUMMARY

Fall 2010-Spring 2011

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:

Communication

Dental: The ability to recognize the roles of the dental health team and function as a team member through effective interpersonal communication, *and* ability to respond to the needs of the patients through effective interpersonal communication and respect the rights of others.
Nursing: An effective communicator who is able to share accurate information.
Radiologic Sciences: To graduate individuals who demonstrate, clinical competence, effective communication skills, critical thinking and problem solving skills, and professional values
Health Information Technology: 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.

Ethical Behavior

Dental: 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.
Nursing: An individual who practices within an ethical and legal framework of the nursing profession.
Radiologic Sciences: To graduate individuals who demonstrate, clinical competence, effective communication skills, critical thinking and problem solving skills, and professional values.
Health Information Technology: 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.

Competent Practitioner

Dental: 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.
Nursing: A competent provider of health care who assumes the multiple role dimensions in structured and semi-structured health care settings.
Radiologic Sciences: To provide the medical community with individuals qualified to perform diagnostic imaging or therapy procedures.
Health Information Technology: 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.

Life-long Learning

Dental: The ability to value continual learning, professional development and self-evaluation and personal goals.

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)
    - Student surveys
    - Student self-assessment

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
* 100% of the second year dental hygiene students passed the National Board Examination (national bench mark 96%)
* 95% of the second year dental hygiene students passed the clinical portion of the North East Regional Board Examination
* 95% of the second year dental hygiene students passed the computerized portion of the North East Regional Board Examination
* 100 of the second year dental hygiene students (21)
that took the Indiana State Jurisprudence Board Examination passed

Nursing:
1. Pre and post tests for all BSN senior students who participated in S471 Restoration of Health: Practicum simulation exercises.

2. A short survey about the effectiveness of Quality and Safety Education for Nurses (QSEN) applications in each course was developed. Included in the survey are the following questions.

3. A QSEN practice site was added to Oncourse, all faculty were added, and a wiki was developed to allow all faculty to record what QSEN competencies they were added to each course.

QSEN Survey

1. What did you learn from the QSEN experience in this course?

Insert New Question [select a question type]

Question [2] Short Answer/Essay - [0.0] points

2. What do you know now about the topic you were assigned that you didn't know before?

Insert New Question [select a question type]

Question [3] Short Answer/Essay - [0.0] points

3. What did this EBP article experience mean to you as a student nurse?

Insert New Question [select a question type]

Question [4] Survey - [0.0] points

I feel that I was able to combine EBP learning and the principles of safe and effective practice when researching an article for the topic I was assigned.

- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Agree

The last question will be tailored to each individial QSEN competency added to each course. This survey will be added by the faculty to each course in which a QSEN activity was added.

Additionally, see attached *Longitudinal Reports* and *Student Post-Simulation Survey*.

Students overwhelmingly thought that simulations were an important part of their learning. Many students commented that they felt more comfortable with critical thinking/clinical reasoning after completing the 2 day simulation. The students comment also reflected that more clinical simulation in more courses would be beneficial, also with more high tech equipment.

In 2010 NCLEX pass rate was 92.0%; the national average was 86.8%.

Dec 2010 graduates scored in the 96th percentile nationally and the 95th percentile programmatically for the RN Comprehensive Predictor.
May 2011 graduates scored in the 83rd percentile nationally and the 76th percentile programmatically for the RN Comprehensive Predictor.

Radiologic Sciences:

- Overall course average for the final course grade in the capstone clinical course (R290) for the Class of 2010 was 91.32%. 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 2010 was 90.98%. 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 2010 was 90.44%. This has been benchmarked at 85%.
- Overall participation for the Class of 2010 in professional development activities and community service activities was 100% for both activities. These have been benchmarked at 90%.

- **ARRT National Credentialing Exam-Radiography Program**

Class of	# of Grads	% Pass on 1st Attempt	% Pass To Date	Average Mean Scale Score
2010	41	100	100	87.0

The 2010 USA average was a 92.4% pass rate with an average mean scaled score of 84.9.

Health Information Technology:
Exit survey completed by the students prior to graduation from the program. An online survey monkey survey instrument was used. 90% of students indicated strong satisfaction with the program.
Employer survey results at 100% with the national benchmark at 85%. Licensure exam scores are not yet available for the 2011 graduates. Will be received in December of 2011. 2010 data showed a disappointing 67% pass rate compared to a national average of 74%. Data was analyzed at the summer retreat. These are the worst program scores in many years. Weaker students, students waiting too long after graduation to take the exam, two repeat students failing a second time as is consistent with national data, and students taking the exam not working in the field, either by their own choice or by not finding a job in the area due to the economy.

Statistics on employment: Class of 2011, 50% working in the field, 25% continuing their education; 25% unknown.

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

Dental:
The faculty met to determine if changes are necessary in the curriculum, program goals, policies and procedures to meet the needs of the program's desired outcomes. It was determined that changes needed to be made in the policies and procedures for the clinic setting. Accountability of student behavior in the clinical setting was the policy/procedure where significant changes were made. Significant changes were also made in the policy/procedure of faculty consistency.

Nursing:
The faculty decided that based on the data from the low tech simulations, that we would incorporate more fully simulations in the next year. The SON was able to secure funding to purchase mid and high tech simulation equipment. The faculty has also decided to incorporate the QSEN principles in the curriculum, starting with one QSEN principle in each course, focusing on safety in patient care.

Robert Wood Johnson Foundation (RWJF) has funded the Quality and Safety Education for Nurses (QSEN) project. The overall goal through all phases of QSEN is to address the challenge of preparing future nurses with the knowledge, skills and attitudes (KSA) necessary to continuously improve the quality and safety of the healthcare systems in which they work.
In order accomplish this goal; six competencies were defined. These competencies included five from the Institute of Medicine (IOM) -patient centered care, teamwork and collaboration, evidence-based practice, quality improvement and informatics- as well as safety. In addition to these definitions, sets of knowledge, skills and attitudes for each of the six competencies were created for use in nursing pre-licensure programs (http://www.qsen.org/).

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, 2011, the faculty reviewed the program curricula, goals and all of the program's policies and procedures. We made changes to the program's admission policies and to the clinical competency list to update it based on the new ARRT expectations.

Health Information Technology:
Restarting the BS in Health Information Administration based on the needs survey, Advisory Board recommendations, and national data provided by the AHIMA regarding the HIM profession.

- Discontinuing the Coding Certificate program based on employment opportunities for those completing the certificate program, and the change in the United States Coding and Classification system coming on 10/1/13. The Coding Program will not provide sufficient background to enable proficiency in ICD-10-CM/PCS. Also, the HIT program was revamped by separating 2 courses in the second year into 4 courses, to further separate the 2 coding systems into different courses, and to separate the clinical course and the laboratory component of another course into two separate courses. There will be increased use of the Virtual Lab in light of less time available to the students for Clinical Experience on site. Students will be encouraged to take a review course or practice test before signing up for the national licensure exam.

Unit Name: School of Public and Environmental Affairs

Report for the BSCJ, BSPA, and BSHSM

ASSESSMENT SUMMARY

Fall 2010-Spring 2011

What are the student learning outcomes in your unit?
Bachelor of Science in Criminal Justice – At completion of degree requirements students will be able to: 1. Identify the components and functions of the criminal justice system (policing, courts, corrections) 2. Apply knowledge of the operations of the criminal justice system to real life case scenarios and current events 3. Demonstrate the ability to research and analyze crime data and the impact on crime policy 4. Identify the links between theoretical foundations of crime and delinquency and the development of crime policy 5. Apply communication, computer, and statistical skills to content specific information in criminal justice **Bachelor of Science in Public Affairs** – At completion of degree requirements students will be able to: 1. Identify the elements of public management and describe the interrelationships between them and the complexities of managing in the public sector 2. Demonstrate an understanding of the universe of public policy 3. Demonstrate the ability to do micro and macro reflection that apply content material to individual interpretations and self-awareness and organizational behavior **Bachelor of Science in Health Services Management** – at completion of degree students will be able to: 1. Compare and contrast the U.S. health-care system, including how insurance is provided, and other systems around the world 2. Understand the ethical, legal, financial, and political factors which influence the provision of health services in the U.S. 3. Understand the complex barriers to the access and provision of health services in the U.S. 4. Understand the relationship between access of health services, quality of health services, and costs of health services in the U.S.
Which outcome did you assess this academic year?
Criminal Justice – All of the above listed outcomes were assessed. **Public Affairs** – #1 and #2 above **Health Services Management** – #4 as stated above
How did you assess their skills before, during and/or at the end of the semester/ academic year?
Criminal justice – assessment of student learning outcomes is done through two primary means: (1) pre/post tests used in all required courses from which data was analyzed and semester as were as year reports were developed, and (2) course embedded written examinations, research papers, oral presentations, journals, and project reports. **Public Affairs –** a pre/post test was used in three of the primary undergraduate public affairs courses, one course at each academic level: V170 Introduction to Public Affairs, V263 Public Management, and V366 Managing Behavior in Public Organizations. Course embedded strategies are also used such as

written examinations, research papers, oral presentations, journals and project reports
Health Services Management – A pre/post test strategy was used in the H320 Health Systems Administration which is typically the first health class taken by undergraduate majors. Course embedded strategies are also used such as written examinations, research papers, oral presentations, journals and project reports.

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

The primary form of assessment of student learning outcomes has been through the use of course-embedded pre/post tests in courses in all three majors.
The data from each course are used to compare pre and post results and groups of faculty reconvene to discuss strategies for increasing student learning as well as to determine if there are problems with any of the questions used in the tests. If that is the case then the test question is changed for future use. No questions are changed between pre and post testing.
Data analysis is conducted and reports are distributed to all faculty in the content area.

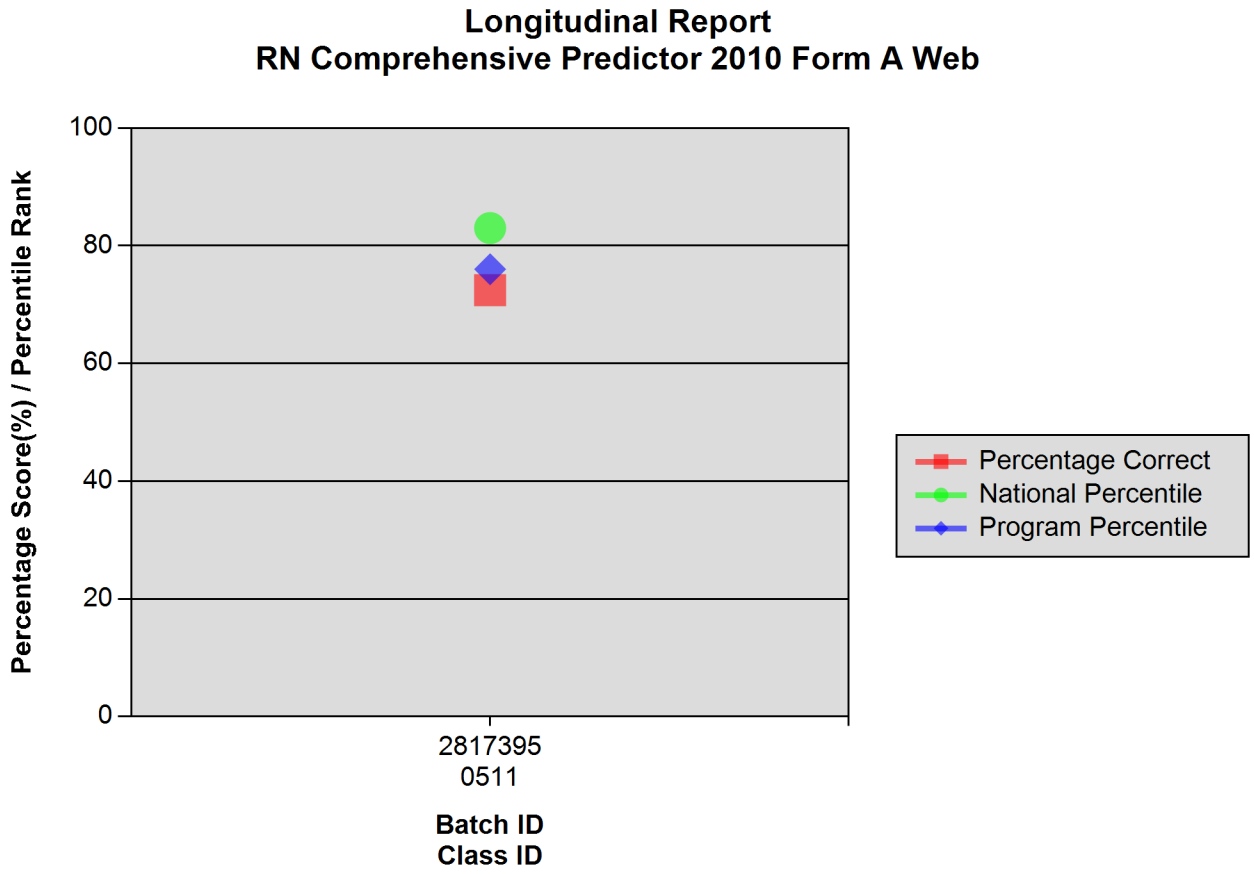
Please describe any programmatic changes you have made or are planning to make based on the data you have collected.

Through reflection on pedagogy, several faculty have redesigned the means through which they provide information to students. For example, some faculty have changed from two exams during the semester to multiple shorter tests throughout the semester. One faculty member integrated a service learning approach in connection with traditional lecture. Another faculty member used case studies to have students demonstrate their learning of the content material.

In summary, the major impact of assessing student learning outcomes has been reflection on pedagogy and sharing ideas on learning strategies through discussions with other faculty members.

Longitudinal Report
RN Comprehensive Predictor 2010 Form A Web

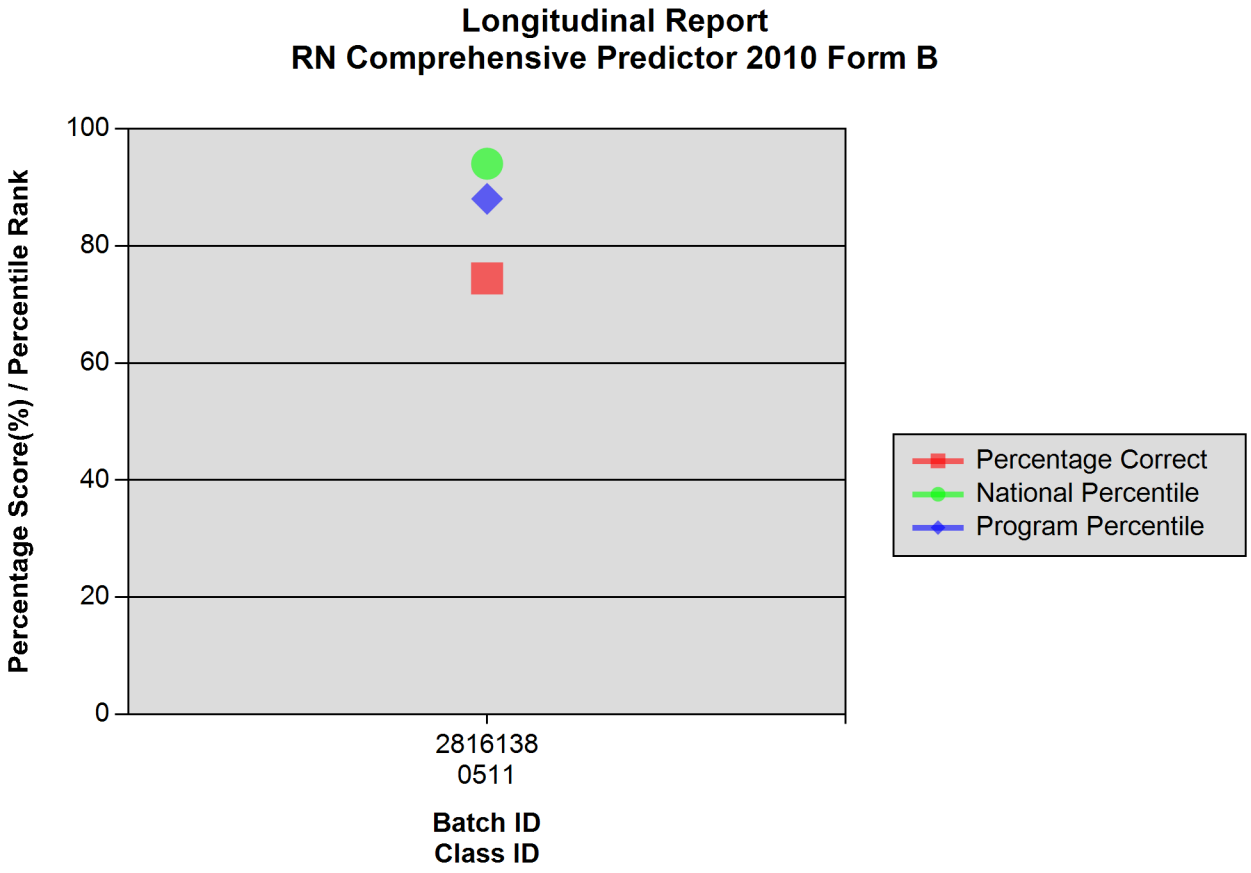
Batch ID	Assessment Date	Class	Institution	Size	Retake
2817395	5/5/2011	0511	IN U Northwest BSN	23	X



Batch ID	Percentage Correct	National Percentile	Program Percentile
2817395	72.4	83	76

Longitudinal Report
RN Comprehensive Predictor 2010 Form B

Batch ID	Assessment Date	Class	Institution	Size	Retake
2816138	4/22/2011	0511	IN U Northwest BSN	53	X



Batch ID	Percentage Correct	National Percentile	Program Percentile
2816138	74.4	94	88

FALL 2010 Total # OF STUDENTS: 40 Total # OF EVALUATIONS COLLECTED: 40

Student Post-Simulation Survey

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Design					
I clearly understood the purpose and objectives of the simulations.	85% (34)	15% (6)			
I was supported in the learning process.	100% (40)				
The simulation provided me with an opportunity to identify appropriate interventions for the patient.	100 % (40)				
Feedback provided was constructive.	97.5% (39)		2.5 % (1)		
The simulations resembled a real-life situation.	77.5% (31)	17.5% (7)	5% (2)		
Educational Design					
I actively participated in the debriefing session after the simulations.	100% (40)				
I received cues during the simulations in a timely manner.	92.5% (37)	5% (2)	2.5% (1)		
The objectives for the simulations experience were clear and easy to understand.	90% (36)	5% (2)	5% (2)		
I had the chance to work with my peers during the simulations.	100% (40)				
Student Satisfaction and Self-Confidence					
The teaching methods used in this simulation were helpful and effective.	97.5% (39)	2.5% (1)			
The enjoyed how my instructors taught the simulations.	97.5% (39)		2.5% (1)		
Working with simulations helped me improve my clinical judgment.	100% (40)				
Working with the simulations improved my ability to function as a member of a health care team.	97.5% (39)	2.5% (1)			

Comments:

- I wish we could have done more classes, However I feel like this was very helpful. Hope to improve!!! Thanks for your insight
- This was helpful and very needed
- This is a great introduction into ACLS and I learned quite a bit. It was good to review the strips and then learn to take which actions
- This was very helpful! This class helped me to work through situations with the knowledge I have learned.
- Deluna is great! She is such a good leader and does a great job in fostering my thinking!

- I felt that we would be so lost in a code

- Enjoyed the last one where we all worked together and maybe only do each scenario 2-3 time, it became redundant after 4-5 times
- I think more than a day and a half would be beneficial as well
- I enjoyed the simulations and I feel that it was very helpful in processing all the information we have learned. I would have liked to have these throughout the process to reinforce the material. Professor Deluna did a great job!!
- Need to be more than two days and spread out throughout the semester
- I really liked this experience. Taking turns being a team leader helped improve critical thinking and delegation skills. Then working together, and allowing input helped us work better as a team. I only wish we had time to go over the PEA and Polytrauma simulations.
- A short review before each simulation would be helpful. Overall, I believe this was very beneficial and it made me critically think.
- This was a great hands on experience. A code looks scary from the outside but this gave me a chance to be involved and see that there is a method and process. I think we should have different types of simulation with every clinical semester. They are so helpful.
- Probably would recommend doing simulations at the beginning of the semester
- Prof Deluna was awesome as a simulation instructor. She really help everyone think through each scenarios and made it a great experience.
- Very helpful – I really enjoyed this experience & will take the knowledge that I learned in these simulations to capstone & my future job. Thank you!
- It was extremely helpful. Learned so much in the two days of simulation we had. I wish we could have more of these real life scenarios throughout our whole med-surg clinical experience rather than just two days. Thank you prof Deluna!
- I feel that the Dept. should invest in more authentic supplies – mannequin, defib mach., etc. I feel this was by far the most effective educational clinical experience. I just wish we had more of these opportunities.
- These simulations were extremely helpful. I feel they were very beneficial and wish we had been doing them all along.
- Really enjoyed it, I really learned a lot!! Would have loved more days doing the simulations. DeLuna is really thorough & helpful.
- Fun way to learn! Makes you think!
- I think we should do more I found it very helpful.
- This was a great experience. I definitely understand EKG's and codes more now because of the hands on experience in a setting where we can receive feedback and understand why it is the way it is
- This should be worked into clinical always. I learned a lot.
- Loved it. Wish we would have done this the first part of the semester before doing clinicals
- I really liked it and thought it was a great experience
- Loved this! This was very beneficial!
- This simulation was definitely very helpful and put my critical thinking skills to the test.
- AWSOME!

471 SPRING 2011 TOTAL STUDENTS Participating : 15 Total # OF EVALUATIONS: 11

Student Post-Simulation Survey

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Design					
I clearly understood the purpose and objectives of the simulations.	100 % (11)				
I was supported in the learning process.	100 % (11)				
The simulation provided me with an opportunity to identify appropriate interventions for the patient.	100 % (11)				
Feedback provided was constructive.	90.9% (10)	9 % (1)81.			
The simulations resembled a real-life situation.	81.8 % (9)	18.1% (2)			
Educational Design					
I actively participated in the debriefing session after the simulations.	90.9% (10)	9 % (1)81.			
I received cues during the simulations in a timely manner.	72.7 % (8)	27 % (3)			
The objectives for the simulations experience were clear and easy to understand.	81.8 % (9)	8.1% (2)			
I had the chance to work with my peers during the simulations.	100 % (11)				
Student Satisfaction and Self-Confidence					
The teaching methods used in this simulation were helpful and effective.	100 % (11)				
The enjoyed how my instructors taught the simulations.	100 % (11)				
Working with simulations helped me improve my clinical judgment.	100 % (11)				
Working with the simulations improved my ability to function as a member of a health care team.	100 % (11)				

Comments:

- I had a really great experience with these simulations. I feel that faculty should implement these more into the curriculum to cover a larger variety of topics.
- I think it was a good experience and we learned ALOT!
- I found it very helpful to do it helped me understand the information a whole lot better. It was challenging but it really pushed me to think through everything and figure out the problem.
- I think I learned a lot from the time we spent and enjoyed the experience. I think it is a good hands on

experience

- These simulations were very helpful. I feel like I learned a lot of wealthy information. These simulations will help me be successful in my career.
- I found the simulation to be very helpful. It has taught me a great deal about Code Blues. I feel a lot more confident then I had before the simulation clinics

471: Summer Session II 2011 Total students participating: 18 Total # of evaluations 16

*INSTRUCTOR NOTE: next summer we will scatter the clinical over two weeks rather than conducting both in one week I created a pre/post test for the second group - the results at the end of this survey. In addition, these were the largest groups (9 students in each simulation).

Student Post-Simulation Survey

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Design					
I clearly understood the purpose and objectives of the simulations.	68.7 % (11)	31.2% ((5)			
I was supported in the learning process.	75% (12)	25% (4)			
The simulation provided me with an opportunity to identify appropriate interventions for the patient.	50% (8)	50% (8)			
Feedback provided was constructive.	75% (12)	25% (40			
The simulations resembled a real-life situation.	68.7% (11)	6.2% (1)	25% ((4)		
Educational Design					
I actively participated in the debriefing session after the simulations.	75% (12)	25% (4)			
I received cues during the simulations in a timely manner.	75% (12)	18.7% (3)	6.2% (1)		
The objectives for the simulations experience were clear and easy to understand.	50 % (8)	43.7% (7)	6.2% (1)		
I had the chance to work with my peers during the simulations.	68.7 % (11)	31.2% ((5)			
Student Satisfaction and Self-Confidence					
The teaching methods used in this simulation were helpful and effective.	56.2% (9)	25% (5)	12.5% (2)		
The enjoyed how my instructors taught the simulations.	62.5% (10)	25% (5)	6.2% (1)		
Working with simulations helped me improve my clinical judgment.	62.5% (10)	37.5% (6)			
Working with the simulations improved my ability to function as a member of a health care team.	62.5% (10)	37.5% (6)			

Comments:

- Less time doing same scenarios over and over and more time on critical care skills and equipment. Being able to collaborate w/others during scenario would be beneficial

- Having every person be team leader is very redundant it would be sufficient to only do 4 rotations with a different team leader. I think having family members makes everything worse. We should focus on learning protocol and why we do each step rather than be distracted by an inconsiderate family member
- I feel that the team leader should be able to talk to team to promote effective communication because in real life you would have more support.
- Day one might have been too much – too detail
- I really enjoyed this learning experience

Pre/Post Test Results for Group 2 Total Student 9		
Pre Test Score Mean	Post Test Score Mean	Difference in percentage
52.6%	88.1%	35.5%

NLN – SDS and EPSS

Unit Name: Social Work

ASSESSMENT SUMMARY

Fall 2010-Spring 2011

What are the student learning outcomes in your unit?

Program Goals and Objectives

The Indiana University School of Social Work Baccalaureate Program is a leader in preparing competent social workers for strengths-based generalist social work practice with vulnerable populations

The BSW program's mission is to prepare students for generalist social work practice with vulnerable people in Indiana and beyond, and prepare graduates as critical thinkers and lifelong learners, who reflect a global perspective, recognize strengths, enhance opportunities, create change, and contribute to the empowerment of the people they serve.

Educational Objectives

The Educational Objectives for the BSW degree program are derived from the Council on Social Work Education's (CSWE) competencies and as articulated in the Educational Policy and Accreditation Standards document (CSWE, 2008). The BSW program is evaluated using these competencies which are demonstrated upon graduation.

Competency #1: Identify as a professional social worker and conduct oneself accordingly.
Competency #2: Apply social work ethical principles to guide professional practice.
Competency #3: Apply critical thinking to inform and communicate professional judgments.
Competency #4: Engage diversity and difference in practice.
Competency #5: Advance human rights and social and economic justice.
Competency #6: Engage in research-informed practice and practice-informed research.
Competency #7: Apply knowledge of human behavior and the social environment.
Competency #8: Engage in policy practice to advance social and economic well-being and to deliver effective social services.
Competency #9: Respond to contexts that shape practice.
Competency #10(a): Engage with individuals, families, groups, organizations and communities.
Competency #10(b): Assess with individuals, families, groups, organizations and communities.
Competency #10(c): Intervene with individuals, families, groups, organizations and communities.
Competency #10(d): Evaluate with individuals, families, groups, organizations and communities.

Which outcome did you assess this academic year?

Competency #10(a): Engage with individuals.

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

Students were evaluated through self-assessment, peer assessment, and faculty assessment in Spring 2011 (S251 Generalist Social Work Practice I). Students evaluated themselves and each other as they developed their communication, empathy, and problem solving skills during the course.
Please summarize the data you have collected this semester/academic year.
In the final assignment for the course was a video recording demonstrating student's skills. 100% of the students taking this course video-recorded an interview with an individual. In this video they demonstrated satisfactory growth in communication skills, empathy, opening and closing a meeting, questioning, and summarizing. Each student adequately demonstrated each of these skills and progressed to S352 Generalist Social Work Practice II.
Please describe any programmatic changes you have made or are planning to make based on the data you have collected.
The curriculum has changed for this course for two reasons. First the IU School of Social Work including BSW Program is going through accreditation and secondly because of these student outcomes. As the curriculum was reviewed duplication of experiences were found. Therefore this course is now more focused on communication and problem-solving specific skills with individuals. Several of the assignments were altered to allow students to focus more on these introductory skills. Assignments include the of the National Association of Social Workers Code of Ethics and an assignment integrating culturally competent practice.

Note: Please use this template to provide the responses to the prompts above.**