

## Systematic Evaluation Plan for IU Northwest

Student Learning Outcomes					
A190 Learning Strategies in Nursing					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>Face to Face Course</b>	All students will complete course with a 73% passing grade.	Every summer session II	Final exam and final course grade	<p><b>2019</b> No report</p> <p><b>2018</b> 30 students enrolled 1 student failed Exam score mean 84%</p> <p><b>2017</b> All 30 students passed course Exam score mean: 80%</p> <p><b>2016</b> All 30 students passed the course Exam score means: Exam 1 85% Exam 2 78%</p> <p><b>2015</b> All 34 students passed course Exam score means: Exam 1 87% Exam 2 84%</p> <p><b>2014</b> 14 students passed course Exam Score means: Exam 1 78% Exam 2 90% Comprehensive Final</p>	<p><b>2018</b> Continue to use Craig for teaching of Dimensional Analysis as it presents how to use it for dosage calculations in a step-by-step format. Require the Craig text for both A190 classes. It is currently a recommended text for the online course. This presents a problem in the spring when the text is also required for use in B249 for assignments and proficiency quizzes/exams<sup>3</sup>. I am still concerned that while dosage calculation is taught in A190 during the summer, there is no application for it in the fall. This seems to result in many of them forgetting a fair amount of it by the time they take Fundamentals and are tested on it.</p> <p><b>2017</b> As the exam policy requires that students must have a minimum exam average of 73% in order to pass the course, 3 exams were given to increase student chances of success. This is different from 2016, when only 2 exams were given. Teaching A190 has continues to be a challenge as the summer sessions are only 6 weeks in length. Much is covered in a very limited amount of time,</p>

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<i>Online</i>				<p>77%</p> <p><b>2019</b> Learning avg.-98% quizzes avg.-96% midterm avg.-97% final avg.-94% DA quizzes avg.-80% Exam 1 avg.-70% Exam 2 avg.-96% Practice quizzes (3) avg.-88%</p> <p><b>2018</b> 32 students passed 2 withdrew at midterm for failing grade</p>	<p>I remain concerned how much information the students retain.</p> <p><b>2016</b> Teaching A190 has become even more challenging as the summer sessions are shortened to six weeks. A concern is that the students are taught dimensional analysis for dosage calculation but they are not given opportunity to apply it during the fall semester.</p> <p><b>2015</b> Consider making A190 a hybrid course. Subjects such as nursing history, professional practice, CHHS and SON policies, etc. could be covered with the online portion. Medical terminology and dimensional analysis could be covered in the face-to-face portion.</p> <p><b>2014</b> Consider changing the dosage calculation text to Math and Dosages for the Healthcare Profession by Booth and Whaley. The text has more resources than the Craig book.</p> <p><b>2019</b> Will relabel weekly Zoom meetings to “DA Help Desk” to encourage students struggling with DA an opportunity to work one on one with faculty. Although this was available, most students did not take advantage of the offering.</p> <p><b>2018</b> Require faculty conference with each failing quiz</p> <p><b>2017</b> Meeting with each student in week 3 was helpful to address weaknesses in the online course.</p>
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				<p>Exam average: 82.5%</p> <p><b>2017</b> 40 students passed, 2 students failed Exam 1: 87% Exam 2 (final): 84%</p> <p><b>2016</b> 35 students passed course 1 student failed, 1 student withdrew Exam score means: Exam 1 88% Final Exam 79%</p> <p><b>2015</b> 29 student passed the course 1 student failed Exam score means: Exam 1 83% Final Exam 84.5%</p> <p><b>2014</b> 39 students passed course</p> <p>4 students failed course 2 students withdrew from course</p> <p>Exam score means: Exam 1 78.95% Exam 2 74.45% Exam 3 92.35% Exam 4 81.65%</p>	<p><b>2016</b> Meeting with each student in week 3 was very helpful to address weaknesses in the online course. Also require meeting with faculty after each failing quiz grade.</p> <p><b>2015</b> Course materials moved to Canvas LMS. Additional content offered each week around the following: Test taking, Medical Terminology, Dimensional Analysis (content from new drug book was piloted), Stress management, Therapeutic Communication, Ethical/Legal aspects of nursing. Content organized in easy-to-view modules with weekly online wrap-ups and recorded lecture, discussion questions, assignments, and quizzes. Met with each student in week 3 to discuss progress in course. Future delivery: Will require the new DA book. Will require a meeting (virtual or phone) with each student failing a quiz. Completed final exam blueprint, 2 exam questions needed revision based on exam statistics.</p> <p><b>2014</b> Failures were related to students not completing timely work. Students, who withdrew, left nursing program. Student feedback included need for DA book, not just power points, and workbook. In 2015 will change scholarships so that all students pay for 1 credit hour and SON pays for additional 2 credit hours for students testing in to f2f course.</p>
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<b>B230 Developmental Issues and Health</b>	All students will complete course with a 73% passing grade.	Every fall beginning in Fall 2014/ Every Spring prior to 2014	1. Online Discussion Forums 2. Simulation (peer evaluation) --Cultural --End of Life 3. Community based service learning (SL) (peer and faculty evaluation) 4. Quizzes and Exams (includes Case Studies)	<b>2019</b> 81% of students starting the course were successful in course completion. Exam/quiz avg-77% Avg course grade-80.6\$ <b>2018</b> 56 students passed 2 withdrew and 4 failed Quiz avg:75.1 Exam Avg 76.1 Avg course grade 80% <b>2017</b> 59 students passed the course. 3 students failed, 5 students withdrew Quiz avg:80% Exam avg:80% Avg course grade: 84% <b>2016</b> 64 students passed the course 4 students failed (2 due to the exam policy) and 2 students withdrew Simulation: 96% of Students completed the curriculum. Avg Score: 19.1/20 Community-based service learning: Avg Score 78.8/ 80 pts	<b>2019</b> Will consider having student teams lead weekly classroom discussions for credit. Piloted discussion content leader activity where students were randomly assigned to be responsible to offer initial responses to all case studies, class questions, etc. (then the rest of the class would become involved in the discussion). Initial trial appeared to engage students and highlighted those unprepared. 2. Students struggled to deep dive into their learning efforts and were frequently passive during class sessions. When called upon, many students struggled to formulate a response to questions asked. <b>2018</b> Course evaluations identified students were overwhelmed with amount of required reading and wanted more opportunities to explain their submitted answers vs. understanding the correct answer and response. Next offering, will allow students an improved opportunity to allow them to ask their questions and encourage a more inclusive atmosphere. <b>2017</b> Continued use of a mandatory cognitive wrapper as a part of each exam review session. Incorporated more exam reviews with the wrapper where students reflected on time spent, and depth of preparation. Continued formal TBL/ PBL learning process where students received

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				<p><b>2015</b> 55 students passed the course 2 students failed the course, 1 student withdrew from the course.</p> <p>Online Discussion Forums; All students participated in the online discussion forums.</p> <p>Average grade received -95%</p> <p>Simulation: 100% of students completed the curriculum and simulation</p> <p>Community based service learning: 66/70 average score.</p> <p>Quizzes and Exams: Avg. score for all quizzes and exams -75.2%</p> <p><b>2014</b> 54 students passed course 3 students failed course Insightful qualitative responses received. Avg. grade 98.5% 100% of students completed the learning simulation activity Mean score for SL activity 99% Mean quiz and exam grade 75.2%</p>	<p>an individual quiz at the beginning of class (no more than 5 questions) based on assigned flipped course content for the week; then students engaged in PBL exercise with assigned teams.</p> <p><b>2016</b> Improve the delivery of spirituality and cultural influence on EBP nursing care. Significantly increased the focus on the nursing process. Noted significant improvement in ability to address patient care scenarios as a team but students continued to struggle when independently using this process. Consider using electronic sources to supplement course delivery of content. Included a cognitive wrapper with each exam. Incorporated more exam reviews with the wrapper where students reflected on time spent, and depth of preparation.</p> <p><b>2015</b> Require peer review of the discussion question postings. Clearly outline the participation requirement to students Offer bi-weekly test taking training sessions (to address the lower quiz and exam averages). Continue the hybrid design. Update learning team evaluation rubric to reflect changes to scoring</p> <p><b>2014</b> Require peer review of the online discussion question postings. Improve delivery of cultural and EOL class simulation activities. Improve delivery of service learning project (clearer description of objectives and offering of faculty support) Improve introduction to the online environment. Offer bi-weekly test taking</p>
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					sessions. Online discussions included with more case studies for immediate application of learned concepts. Learning activities and in class simulation included to promote team-based learning.
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<b>B234 Promoting Health Populations</b>	All students will complete course with a 73% passing grade.	Every Fall (traditional option) /Summer (BA/BS-BSN option)	Fall: 4 exams and presentations Summer 4 week session, 2 exams, quizzes, and online presentation	<p><b>2018</b> 62 students passed the course Exam avg:80.5% Health/Wellness Fair Avg: 97% Legislative Letter Avg: 92%</p> <p><b>2017</b> 60 students passed the course Exam Avg: 83% Health/Wellness Fair Mean Score= 94 Range= 92-99</p> <p><b>2016</b> 66 students passed the course Exam score means: Exam 1 84% Exam 2 82% Exam 3 84% Final Exam 87.5% Presentation Mean: 95%</p> <p><b>2015</b> 14 students passed the course 1 student withdrew from course and program</p>	<p><b>2018</b> Need a true assessment of overlap material. Students requesting online format. Hybrid format continued. Will bulk up distance learning modules. Considering implementing some physical assessment and intro to chronic disease pathophysiology. Discussed with Newman and Rossin-Halaszchak to consider the implications of these shifts.</p> <p><b>2017</b> Students requesting online format. Hybrid format continued. Will bulk up distance learning modules.</p> <p><b>2016</b> Need a true assessment of overlap material. Students requesting online format. Consider hybrid format.</p> <p><b>2015</b> First time offered in the summer, in a 4 week session, as a hybrid course. Consider making entirely online. Looking for book that is specific to vulnerable populations and nursing.</p> <p><b>2014</b> More points allocated for examination purposes. Less focus on presentations. One presentation per semester.</p>

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				Exam score means Exam 1 86.8% Final Exam 79.6% Presentation Mean: 98% <b>2014</b> 55 students passed the course 1 student withdrew from the course Exam score means Exam 1 76.64% Exam 2 80.96% Exam 3 79.2% Final Exam 88.75% Presentation Mean: 97%	
Student Learning Outcomes					
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<b>B220 Professional Nursing and Health Care</b>	All students will complete course with a 73% passing grade.  All students will receive an excellent or good on the Oral Presentation which also fulfills the General Education requirement.	Every fall (traditional) and Summer (BA/BS-BSN)	3 Exams and In-class quizzes  Oral presentation	<b>2018</b> 59 students passed, 3 students failed and 1 student withdrew Exam Avg: 78% ATI-CTEA Group Score: 68.7% Group Mean Program: 71.0% Oral Presentation range 88-98% <b>2017</b> 64 students passed the course; 2 students withdrew. Exam Avg: 78.75% Group Presentation Avg: 91% ATI CTEA: Avg: 69.2%	<b>2018</b> The inclusion of preview notes, with grading rubric, as a student engagement strategy seemed to go over well with the students, though in meeting with several students over the course of the semester who were having difficulty in class, the students did not seem to apply this strategy to their other courses. Toward the end of the semester students seemed to quit reviewing faculty feedback and voiced displeasure for points lost when feedback was not used to correct student work. Good enough was a mantra used by several students. Students did not seem to recognize a link between concepts related to professional nursing and future ability to provide patient care and how good enough

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	<p>Students will all complete ATI Critical Thinking Entrance Exam (CTEA) as baseline</p>		<p>Mean: 68%</p> <p><b>2016</b> 33/34 students passed this course 1 student withdrew Exam 1 78% Exam 2 78% Exam 3 80% Exam 4 86% Oral Presentation: average 80% ATI CTEA Group composite score is 68.4%, Group composite score mean is 68%.</p> <p><b>2015</b> 16/16 students passed course Exam 1 87% Exam 2 89.5% Exam 3 88% ATI CTEA Group composite score is 75.3%, Group composite score mean is 68%, Group Percentile Rank-National is 92.</p> <p><b>2014</b> 55 students passed course 1 student failed course 1 student withdrew Exam score means Exam 1 81.43% Exam 2 77.83% Final Exam 74.99% Oral Presentation 100% of the students scored</p>	<p>had implications for patient outcomes. A review of student comments in faculty evaluation indicated many saw no or limited value in presentations done in class and further seemed to link this to a waste of time. I think this thought process comes about in part from the student who believes they already know learning strategies and so, the role of faculty is to teach them something new. To the student, teaching is telling and learning is listening and knowledge is an object to hold.</p> <p><b>2017</b> This semester a more purposeful attempt to link course outcomes to objectives and student assignments was made. For example a clear definition of critical thinking was adopted and student assignments were created to demonstrate acquisition of selected skills and habits of critical thinking through the use of "Preview Notes".</p> <p><b>2016</b> Eliminated IHI assignment and debriefing. Increased feedback and student opportunity to succeed in completing APA paper. Identify and embed skills and habits of critical thinking into course assignments and activities.</p> <p><b>2015</b> This is the first time that this course has been offered in this format (i.e. a 4 week hybrid course as opposed to an 8 week face to face course). The summer version of B220 is only offered to students in the BA/BS to BSN program. Because these students do not take A190 or B230, they do not have exposure to the Dimensional Analysis and Cultural</p>
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			<p>either excellent or good on the rubric designed for grading the oral presentation</p> <p>ATI CTEA results</p> <p>Group composite score is 67.2%. Group mean nationally is 68.0%.</p>	<p>components of the aforementioned courses. These factors necessitated some adjustments to the course content, delivery method, and assignments. After consultation with faculty during a Curriculum Committee meeting and discussions with individual faculty members who are connected with this and related courses, the following changes were made.</p> <p><b>2014</b> Included coverage of Dimensional Analysis using Chapters 1 - 3 of the Craig text (math review, conversions, and the formula for solving problems using dimensional analysis). Chapter 4 of Craig, which had been covered in B231 in the past, would be moved to B 248 – 249. Included content related to Cultural Competence through the use of the Office of Minority Health Online course, “Course Delivering Culturally Competent Nursing Care”. This is a 6 module self-study course. Eliminated the research paper due to time constraints. Streamlined the delivery of certain content through the use of online course modules (e.g. the IHI Courses). Less team teaching.</p> <p>Add another student presentation.</p> <p>Increase number of examinations to four</p> <p>Increase points for quizzes. More strategic placement of quizzes. See course report and Dec 2014 minutes where course report is presented.</p>
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Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>B221 Introductory Clinical Practicum Experience in Nursing</b>	All students will complete clinical course with a passing grade.	Every fall (traditional) and Summer (BA/BS-BSN)	Clinical evaluation tool, in-clinical activities	<p><b>2018</b> All students passed  <b>2017</b> All students passed  <b>2016</b> All students passed  <b>2015</b> All 16 students passed the course (First time taught in summer for second degree students)            Students related increased comfort in the clinical setting, interacting with family and staff  <b>2014</b> 55 students passed course            2 students withdrew            100% of the students safely performed all nursing skills assigned to them in the clinical setting.</p> <p>100% of the students completed all assigned "in-clinical" activities.</p>	<p><b>2018</b> Students often verbalize that a good day was when they got to "see something" like a Code Blue, or severe wounds. The purpose of the course, which was to observe nurses performing assessments and pass medication did not hold their interest. Fortunately, it didn't happen often, but on some occasions, students from another program would be on the same unit. Staff tended to work with the student, who could provide hand's on care with the patients. Some of the students voiced that they already had an observational experience in high school. Students, especially those who work in healthcare were uncomfortable with not being able to assist staff in situations such as transferring patients from bed to chair, etc. Changes for consideration: Continued attempts to educate hospital staff on the objectives for the course 4 days at facility, instead of 6, with focus on nursing activities. Students continue to express boredom with only being able to observe and not participate. 1 full day for Simulation Orientation and Practice Revised Fall 2014 Introduce basic skills, such as vital signs, Care Plans, General Survey as beginning of Assessment, Interviewing for health history Patient and family interviews were not always possible when students were in the</p>

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					<p>various departments. Perhaps, consider taking students to extended care, assisted living, or senior apartments to interview residents, possibly taking health histories. In the past, I have taken students to an outpatient dialysis unit to interview patients for life histories and Dr. Bertram's groups have been able to observe with local school nurses. Unfortunately, not all groups have this experience. Places for pre-and post-conferences were an issue in that there was not always a place available. The Cafeteria, or lobby does not allow students to speak freely. The course is more of a "nice to know" rather than a "need to know" although the basic premise is good.</p> <p><b>2017</b> Changes made in this course since course last offered: The simulation orientation was included as an expectation instead of an option, which was beneficial to the students. In addition, a group care plan along with the group drug card was done on the last day to prepare the students for the Science and Technology of Nursing. This is beneficial especially to the summer students, as the timing is much faster and has made the transition smoother. Documentation "datamining" will be better understood throughout the B249 course when they have had assessment and more terminology and concepts</p>
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					<p><b>2016</b> Clinical experiences vary from hospital to hospital. Some hospitals provided a set schedule of departments and units that the students can go to, some hospitals the instructor must make contact with department managers to arrange the observation.</p> <p><b>2015</b> Consider having an entire day clinical rather than ½ day; both facilities used a shadow experience for support areas and other healthcare professionals. Consider taking a break from 1 facility or having fewer groups at this facility.</p> <p><b>2014</b> Only 2 groups at any one facility at a time. Prior to being at the facility, a day learning/practicing patient transfers would be beneficial.</p>
Student Learning Outcomes					
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<b>B261 Pathophysiology and Pharmacology for Nursing Practice</b>	<p>All students will complete course with a 73% passing grade.</p> <p>Students will complete the Content ATI exam for</p>	Every Spring (traditional)/ Summer (BA/BS-BSN option)	Exams, Quizzes, in-class assignments Content ATI Exam results	<p><b>2018</b> 54 students passed the course Exam Avg: 82.3% ATI results: Level 2: 11% (4/54) Level 1 50% (25/54) &gt;Level 1 38.9% (26/54) <b>2017</b> 57 students passed the course. Exam Avg: 80%</p>	<p><b>2018</b> Different Textbook and potential to use Elsevier software as accompaniment next Spring. Textbook readings were difficult and information that we didn't need. Needs to stress specific pages to focus on.</p> <p><b>2017</b> Team quizzing was introduced and students responded positively aside from complaints about students who came late to class and joined the team after the</p>

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	Pharmacology and group mean will be at least a level 1		<p>ATI results:  Level 2: 3.5% (2/58)  Level 1 31.6% (18/58)  &gt;Level 1 64.9% (37/58)  <b>2016</b> 54 students passed the course 1 student failed, 1 student withdrew  Exam score means:  Exam 1 72%  Exam 2 67%  Exam 3 68%  Exam 4 70%  Exam 5 80%</p> <p>ATI results:  Level 2 7.1% (4)  Level 1 39.3% (22)  &lt;Level 1 51.8% (29)  Group mean 63.4% (Level 1)  <b>2015</b> All 16 students passed course  Exam score means:  Exam 1 86%  Exam 2 74%  Exam 3 80%  Exam 4 94%</p> <p>ATI results:  Level 2 0  Level 1 37.5% (6)  &lt;Level 1 62.5% (10)  Group mean 67.25% (Level 1)  <b>2015</b> 96% of the traditional BSN students received a passing grade</p>	<p>discussion already began. There were also complaints about lack of participation from specific group members who did not come prepared for quizzing. Methods to reduce lack of participation will be explored. Lecture recordings were offered to students to reduce classroom lecture time. This worked well and overall feedback was positive. This allowed more time for classroom application of concepts  <b>2016</b> A pathophysiology textbook will be chosen and followed closely. Pathophysiology will be introduced, with medications following immediately. Continue individual and team quizzing to introduce concepts and ensure reading of material before class.  <b>2015</b> This course is content-saturated. The number of diseases, listed as exemplars, can be reduced to pure pathophysiology on the one disease that best represents the concept. Recommend for the summer 2016 four weeks of face to face pathophysiology, and 8 weeks of hybrid pharmacology. The faculty for B248 and B249 collaborated to try to focus on similar concepts at the same time. However due to the shorter schedule, the students seemed more confused by this approach. Students also provided ideas during the class which were integrated into the class. These ideas included: (a) starting class with NCLEX style questions, (b) providing more time for in-class activities, and (c) providing more direction to the discussions.</p>
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				<p>for the course. One student failed and 1 student withdrew.</p> <p>Exam score means:  Exam 1 67%  Exam 2 64%  Exam 3 67%  Exam 4 81%  Exam 5 81%  Final Exam 59%</p> <p>ATI results:  Level 2 9%(5)  Level 1 33% (18)  &lt;Level 1 57%(31)  Group mean 69.9% (Level 1)</p>	<p><b>2015</b> ATI Content exam for pharmacology was added as part of the final grade. Final Exam was blueprinted to course objectives. Course was presented in progression meeting.</p>
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Student Learning Outcomes					
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Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>B248 Science and Technology of Nursing</b>	<p>All students will complete course with a 73% passing grade.</p> <p>Students will complete the Content ATI Exam for Fundamentals and group</p>	Every Spring (traditional)/ Summer (BA/BS-BSN option)	<p>Exams, Quizzes, In-class assignments</p> <p>ATI Content Exam</p>	<p><b>2018</b> 51 traditional students passed, 2 failed, and 3 withdrew  ATI result 52/56 92% meet the ELA  Exam Avg: 76%</p> <p><b>2017</b> 19 2<sup>nd</sup> Degree students passed course  Exam Avg 81.5%  OSCE Avg 72%  ATI results:  Level 3 15% (3)  Level 2 57% (11)</p>	<p><b>2018</b> In looking over the student feedback, I received mixed messages. Some students felt I addressed their needs while others did not. I am not sure what is happening, but I will work at being more mindful of the potential and try take measures to keep it from reoccurring. As stated previously, some of the students felt the class was unorganized, but did not give specifics. Also as stated before, the course was set up and published in a timely manner for the semester with little to no changes. It was my hope that students would present</p>

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	mean will be at least level 1		<p>Level 1 21% (4)  <b>2016</b> 54 traditional BSN students passed course  Exam score means:  Exam 1 75%  Exam 2 78 %  Exam 3 72%  Exam 4 84%  Final Exam 70%  ATI results:  Level 3 17% (10)  Level 2 48% (28)  Level 1 27.5% (16)  &lt;Level 1 5%(3)  <b>2015</b> 51 students passed the course 1 student failed, 1 student withdrew  Exam scores means:  Exam 1 74%  Exam 2 85%  Exam 3 80%  Exam 4 79%  Final Exam 70%  ATI results:  Level 3 7.5% (4)  Level 2 34% (18)  Level 1 54.7% (29)  &lt;Level 1 3.8%(2)  Group mean 69.2% (Level 2)  <b>2014</b> 58 traditional BSN students passed  Exam scores means:  Exam 1 79%  Exam 2 75%</p>	<p>problems and concerns to me and Arlene as they occurred so that we could work on resolving any issues early. While I am disappointed that some of the problems students cited could possibly have been resolved had I known, I will continue to encourage students to. Only one student spoke negatively about Shadow Health. I had verbal reports that most liked it, at least during the first half of the semester. We had repeated the assignments during the second half and found students became less engaged as it was repetitive because the patient and the diagnosis does not change. It was decided that Shadow Health will be kept in the course, but assignments would not be repeated  <b>2017</b> The format that was used in the spring was continued, although 5 exams, plus a final in an 8 week period was challenging. It made covering the concepts and content difficult because students were not given enough time between exams to really learn the material. They basically studied for the test and not what nurses need to know. Two exams and the final were given online instead of on campus.  <b>2016</b> Large class, often difficult to keep class under control. We frequently experienced multiple side-bar conversations while class was being conducted. The physical layout of the classroom added to some of the difficulties that was experienced.  <b>2015</b> Consider changing textbooks. We currently use Nursing Fundamentals by</p>
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				<p>Exam 3 77%</p> <p>Final Exam 83%</p> <p>ATI results:</p> <p>Level 2 60.3%(36)</p> <p>Level 1 32% (18)</p> <p>&lt;Level 1 6.9%(4)</p>	<p>Potter &amp; Perry. Students did report that they would prefer to have the 4 hours of class in the morning before they have the 3 hour lab. They suggested 2 hours of class with a half hour to hour break and then resume class for the remaining 2 hours. They said that after the lab, they were too tired at the end of the day to concentrate on class or activities.</p> <p><b>2014</b> Increased credit hours from 3 to 4. B248 now meets 2 times per week. More class activities, such as case studies were incorporated in effort to make the class more interactive. Team Testing was also done following Exam 2 and the Comprehensive Final. Students divided into teams of 2 or 3, depending on the number of students who brought laptop computers.</p>
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<b>B249 Science and Technology of Nursing: Practicum</b>	All students will complete course with a passing grade.	Every Spring (traditional)/ Summer (BA/BS-BSN option)	Clinical evaluation tool, OSCE, Lasater, return demos, simulations, OSCE checklists	<b>2018 63</b> traditional students passed, and one student withdrew 92 % students meet the ELA for ATI Dosage Calculation All students passed OCSE	<b>2018</b> I have found that students are not coming to class prepared for clinical. Retention of skills remains a problem. We would like to mandate practice time in the lab on all levels. Clinical is not always viewed as a class that needs preparation because it is a pass or fail course. I have found that some students are just doing a skill, but do not truly



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			<p>for each of the main skills throughout, then 2 randomly drawn out of 5, one-on-one “test out” at final</p>	<p><b>2017</b> 55 traditional students passed with 2 students withdrawing and 1 student failed. All students passed OSCE.</p> <p><b>Spring 2016</b> Traditional BSN 57 students passed 1 student failed</p> <p><b>Summer 2016</b> BA-BS/BSN students 16 students passed</p> <p><b>Spring 2015</b> Traditional BSN-52 students passed 1 student failed</p> <p><b>Summer 2015</b> BA-BS/BSN- 16 students passed (first summer implementation of 3 credit course)</p> <p><b>Spring 2014</b> Traditional BSN-58 students passed 1 student withdrew</p> <p><b>Summer 2014</b> BA-BS/BSN students- 19 passed the course</p>	<p>know when it would be implemented. The reliance upon the instructor to show them everything and then for them to perform a return demonstration is not as effective. Finally, the students in general, the students’ motivation is to master a skill for points, not for patient safety.</p> <p><b>2017</b> The VCE, Shadow Health, has been beneficial in improving skills. The students receive immediate feedback from the program and areas of improvement and strengths were identified. Shadow Health conducts its own survey and shared the results. The post assessment test score counted as points for lecture. The skills test outs (OSCE) also had points that went for didactic, so the clinical and didactic were more cohesive and the importance of clinical was more apparent.</p> <p><b>2016</b> Front loading the skills again, really helped. The students were more prepared emotionally and skill wise to go to the facilities. Moreover, two instructors who teach both lecture and clinical made a big difference, as we could directly link concepts and follow through with the application in the lab setting.</p> <p><b>2015</b> The majority of the students commented that they didn’t feel ready to go to the facility on the fourth week of clinical. They would have preferred if they learned all of the skills first.</p>
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					<p>However, they felt that it was nice to see actual patients and that it helped understand the concepts. We received especially good feedback regarding the simulations. The students were anxious, but excited about using simulations and how it enhanced their learning experience in the future! The students liked going to the acute care setting, which gave them another setting to see and more opportunities to perform skills.</p> <p><b>2014</b> One student withdrew for personal reasons. There were many changes. The course is going to radically change, as Physical Assessment and the Science of Technology in Nursing are merging together in the revised curriculum.</p>
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Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>R375 Nursing Research and Evidenced-Based Practice</b>	All students will complete course with a 73% passing grade.	Every Fall/Spring/Summer	Lecture, classroom activities and discussion, final exam, written critiques, synthesis paper, Evidence-Based	<p><b>2018</b> All students passed 3 Critiques Avg 89% Final exam Avg 83% Synthesis paper avg:89% EBP presentation Avg: 98%</p> <p><b>2017</b> 26 students passed the course.</p>	<p><b>2018</b> Hospital Poster presentation still on hold this semester due to negative feedback from students about time commitment and work that went into the poster for very little presentation time and contact from hospital personnel. Incorporate presentations into the classroom instead</p> <p><b>2017</b> Will continue to offer class in hybrid format with various meetings throughout the semester. Will incorporate a new</p>

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			<p>Practice Poster Presentation</p>	<p>3 Critiques Avg: 84%, 88% and 90% Final exam avg:83% Synthesis paper Avg: 88% EBP Presentation Avg: 98%</p> <p><b>2016</b> 23 students passed the course. 3 Critiques averages 88%, 90%, and 91%. Final Exam mean: 87% EBP Presentation mean: 98%</p> <p><b>2015</b> All students passed course. 3 Critiques averages 88%, 93%, and 94%. Analysis paper average: 89%. Final Exam mean: 80% EBP Presentation mean: 98%</p> <p><b>2014</b> All students passed course. 3 Critiques averages 85.52%, 90.24%, and 90.48%. Analysis paper average: 89%.</p>	<p>textbook that follows the content in the course more closely (Polit and Beck, 2018) will be incorporated. Hospital Poster presentation will be put on hold this semester due to negative feedback from students about time commitment and work that went into the poster for very little presentation time and contact from hospital personnel.</p> <p><b>2016</b> This course should be kept in a hybrid format. Continue using critiques and synthesis paper for evaluation of intensive writing university requirements. Instituted discussion groups and quizzes in weekly modules to evaluate meeting weekly objectives supporting course outcomes. Plan for Fall 2017, students to present a PICOT presentation with data at local area hospitals to support community engagement, presentation skills, and promotion of evidence-based practice.</p> <p><b>2015</b> After delivering this course in true hybrid format, one day in class, one day online, this course can become a true on-line course to be piloted in the Fall 2015. This course can be delivered in this manner and due to the writing component, in-person online writing workshops can be offered to students who struggle with writing to offer a face-to-face opportunity that some students may need. Students tend to do well with writing assignments and worse on the exam. This led faculty to believe that more attention should be paid</p>
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					<p>to making certain that students are completing reading assignments which can be reflected in online discussion modules.</p> <p><b>2014</b> Lesson objectives enhanced alignment with course learning objectives, and helped outline quiz and in-class assignment content. New text book was implemented to further augment the course materials, including a greater focus on evidence-based practice. A greater focus on EBP as the course changes to H375 (new curricular outcomes).</p>
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Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>H350 Topics in Contemporary Nursing Practice</b>	All students will complete course with a 73% passing grade.	Every Fall	Written assignments and discussion forums	<p><b>2018</b> All students passed course</p> <p><b>2017</b> 31 students passed course</p> <p><b>2016</b> 42 students passed course</p> <p><b>2015</b> 67 students passed course 1 student withdrew. All students submitted written assignments, average was 80%</p>	<p><b>2018</b> Students enjoyed the IPE experience, in particular working with the standardized patients. The upcoming group will have TeamSteps as one of the IPE's hopefully the outcome will be different than before. The group projects each semester provide a variety of policy issues that need to be addressed with nursing and another discipline. Some groups don't understand the concept of a multimedia presentation so that instruction piece will be enhanced with examples being provided. Review of the Indiana State Board of Nursing Video as always was very interesting and disturbing to the students. It was</p>

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					<p>interesting how many of the students started their discussion with how they were disturbed about having to view a six hour meeting but in the end appreciated the experience. Instructions for the interpretative essay will be enhanced as many students lost points because they only regurgitated what was on the video.</p> <p><b>2017</b> Students will benefit from more classroom meetings and discussion boards added for first time.</p> <p><b>2016</b> Diversity of the Healthcare Team was completed in conjunction with medical students. Review of the ISBN meeting was enlightening for students.</p> <p><b>2015</b> A cultural competence piece of inter-collaborative team will be added to the course.</p>
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Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>H380 Health Concepts across the Lifespan I</b>	All students will complete course with a 73% passing grade.	Every Fall	Written examinations quizzes, case studies/in class activities and group assignments	<p><b>2018</b> 60 students passed the course, 2 students failed Exam Avg: 81%</p> <p><b>2017</b> 78 students passed course, 2 students failed Exam Avg: 80%</p>	<b>2018</b> Students found the variety of course assignments helped in learning subject matter except the find and seek assignment, the material covered in the course was reasonable and the most important aspects, and the exams and/or assignments required more than just recall of factual information. Students felt

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				<p>Quiz Avg: 86%</p> <p><b>2016</b> 67 students passed course</p> <p>Exam 1: 81%</p> <p>Exam 2: 78%</p> <p>Exam 3:78%</p> <p>Final exam: 79%</p> <p>Quizzes: 81%</p> <p><b>2015</b> 65 students passed course 1 student failed, 1 student withdrew</p> <p>Exam score means:</p> <p>Exam 1: 79%</p> <p>Exam 2 84%</p> <p>Exam 3 76%</p> <p>Quizzes: 83.4%</p> <p>Paper: 93%</p> <p><b>2014</b> One student failed course</p> <p>Exam score means:</p> <p>Exam 1 79.9%</p> <p>Exam 2 81.6%</p> <p>Exam 3 83.5%</p> <p>Final 77.3%</p> <p>Other assignment means:</p> <p>Quizzes 91%</p> <p>Med Mind Map 93.9%</p> <p>Diabetic Teaching tool 92.8%</p> <p>GI case study with Discussion 91 %</p>	<p>Sherpath was helpful to learning and that exams were fair. Some students suggested using an alternative technology to writing on white board, using microphone during lecture or sharing of information, and to spend more time on medications and side effects.</p> <p><b>2017</b> Keep the mini-lecture/flip format. Continue to stress to students the need to read prior to coming to class. Include rubrics in CANVAS. Include more classroom debriefing. Make all quizzes due before class, i.e. pre-quizzes. Keep same number of exams.</p> <p><b>2016</b> Emphasis was placed more on concepts instead of diseases which we believe helped the students on the final exam and the concept case scenario assignment.</p> <p><b>2015</b> Did a modified flipped classroom; and this format included mini-lectures on the concept and a variety of class activities. Classroom debriefing and pre-quizzes allowed us to identify and clarify concepts/exemplars that the students were struggling with. Clarified either during class time or through the discussion board</p> <p>Concept case scenario assignment was useful in identifying which students were having a problem with recognizing concepts instead of diseases.</p> <p>Mid-course reflection helped the co-teachers to review what was taught and if the emphasis was placed on diseases rather than concepts. This review helped the teachers to focus more on the concepts</p>
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					<p>and less on diseases which we believed helped the students on the final exam and the concept quiz. We did a modified flip classroom; and this format included mini-lectures on the concept and a variety of class activities which the students did like. Concept quiz was useful in identifying which students were having a problem with recognizing concepts instead of diseases. One of the scenarios on perfusion will be the introduction to H390.</p> <p><b>2014</b> In the process of revising curriculum to concept-based. Will increase exams/quizzes to 85% of grade. Will continue use of case studies and SLS activities as a means to evaluate student's ability to critically reason and apply plans of care.</p>
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Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>H381 Health Concepts across the Lifespan I:Practicum</b> First time offered Fall 2015	All students will complete course with a passing grade.	Every Fall	Clinical evaluation tool, in-clinical activities, OSCA/OSCE	<b>2019</b> 72 students passed 20% failed first attempt on ATI DA and were remediated <b>2018</b> 62 students passed clinical and OSCE <b>2017</b> 78 students passed, 1 withdrew	<b>2019</b> Overall, skill improvement was noted among the students during their simulations, especially OSCA. The simulations were done on the first day, middle of the semester, and OSCA on the final day. Many students reported that the simulation was a good learning experience. However, they felt rather put on the spot and nervous. We are still trying to teach the students and faculty

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				<p><b>2016</b> 69 students passed, 3 students withdrew</p> <p><b>2015</b> All students passed</p> <p><b>2014</b> All students passed course, OSCA added as part of simulation</p>	<p>who are new to simulations the difference between a learning simulation, OSCA, and OSCE.</p> <p><b>2018</b> We would like to integrate more pediatrics into clinical to reinforce lecture material. We taught how to administer injections to infants. We did have one simulation in the learning simulation with a pediatric patient that required a skill and patient/family communication as objectives. The assigned care plan format was revised and integrated more discharge needs and patient education. Overall, the general medication knowledge has improved and the final quiz over the assigned med cards show it. However, the dimensional analysis that directly applies to programming IV pumps has not. The template will be adopted for B221 and B249 fundamentals as well. Feedback is due for one instructor who piloted threaded discussion to take the place of a face-to-face post conference. She has weekly focuses and a rubric to keep students on track and for equal participation. This offers an alternative for any instructor who is having the problem as it was effective for her group. Finding rooms for post-conference was much easier for me this year because two classes that are normally there were gone. Therefore, the availability of rooms depend on the semester and time of clinical. My recommendation is that we can use the</p>
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					<p>online threaded post-conference as needed per semester and possibly per clinical day.</p> <p><b>2017</b> Overall, skill improvement was noted among the students during their simulations, especially OSCA. The simulations were done on the first day, middle of the semester, OSCA on the final day. These were learning simulations and an OSCA. Many students reported that the simulation was a good learning experience. However, they felt rather put on the spot and nervous. We are still trying to teach the students the difference between a learning simulation, OSCA, and OSCE. Students will have to show competence with basic medication administration, comprehensive assessments, and confidence before going off of the unit for observation experiences. It is the discretion of the instructor to use time that would have been for observational experience for additional one-on-one experience on the unit.</p> <p><b>2016</b> Short simulations was added this semester to help reinforce and review current lecture concepts that were just presented in the didactic portion. One simulation in the OSCE with a pediatric patient that required a skill and patient/family communication as objectives.</p> <p><b>2015</b> It was apparent that some students did not prepare for the OSCA and consequently, failed at skills that the student had been passed on the prior</p>
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					<p>semester. If the student had not performed the skill in clinical or practiced in the lab, the student did not perform well during the simulation. The recommendation is that the students on all levels need to practice so many hours per semester. The practice will be mandatory in the lab.</p> <p><b>2014</b> The simulations were done on the first day, middle of the semester, and the final day. These were learning simulations and an OSCA. Many students reported that the simulation was a good learning experience. However, they felt rather put on the spot and nervous. Consequently, we are working on making the simulations less threatening by offering more of them at an earlier level throughout the program.</p>
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Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>H372 Mental Health Concepts across the Lifespan</b>	<p>All students will complete course with a 73% passing grade.</p> <p>ATI content exam group mean at least level 2</p>	Every Fall/Spring	Written examinations and quizzes, case studies/in class activities and group assignments	<p><b>2015/2016/2017/2018</b></p> <p><b>2014</b> 43 students passed Exam score means: Exam 1 83% Exam 2 79% Exam 3 85% Final Exam 82%</p>	<p>No data</p> <p>Routine updates of course content. Adopted the Giddens text and began organizing the content into concepts in preparation for the new curriculum. Students were using the Giddens text for another course, so this was not a separate purchase. Used the movie, "The Soloist" as a case study for people with</p>

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				<p>ATI results:  Level 3 8.0% (4)  Level 2 52.0% (26)  Level 1 26.0% (13)  &lt;Level 1 14.0% (7)  Group mean 69.6% (Level 2)</p>	<p>schizophrenia and chronic mental illness. Students completed a study guide on schizophrenia as an entry ticket to the class. The Giddens text is not well suited for psych-mental health. Several chapters contain inaccurate and/or misleading information. Corrections for the text had to be included in the Power Points and highlighted in the lecture. Some significant content areas were not addressed at all (e.g. anorexia, bulimia, certain disorders of children and adolescents). This information was relayed to the publisher and editorial staff.</p>
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Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>H373 Mental Health Concepts across the Lifespan: Practicum</b> First time Fall 2015	All students will complete course with a passing grade.	Every Fall/Spring	Clinical evaluation tool, in-clinical activities	<p><b>2015/2016/2017/2018</b></p> <p><b>2014</b> 44 students passed</p>	<p>No data</p> <p>An adjunct faculty member who had been teaching 2 sections of the course was not able to teach this year due to medical issues. In the spring we received notice that one of our clinical sites (Midwest Center for Youth and Families) would no longer accept students. Both of these occurrences happened with very short notice. In the spring, students from the closed clinical site were able to be added into the existing clinical groups resulting in most groups having 9 students.</p>

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Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>H390 Health Concepts across the Lifespan II</b>	All students will complete course with a 73% passing grade.	Every Spring	Written examinations and quizzes, case studies/in class activities and group assignments	<p><b>2018</b> 78 students passed Exam Avg: 80.4%</p> <p><b>2017</b> 77 students passed Exam Avg: 80%</p> <p><b>2016</b> All students passed Exam score means: Exam 1 76% Exam 2 78% Exam 3 80% Exam 4 76% Exam 5 76%</p> <p><b>2015</b> Four students failed course, 74 students passed course Exam score means: Exam 1 76% Exam 2 76% Exam 3 78% Exam 4 81% Final Exam 76%</p>	<p><b>2018</b> Removed survey assignments – required large amounts of faculty time. All out of class assignments were objective multiple-choice options –used SLS and Sherpath –demonstrate worth of product students pay. Used Top Hat audience response system to offer students extra exposure to multiple choice; also introduced drag and drop order and hotspot questions to prepare students for NCLEX. Medication grids similar to those used in H391 used as in class group assignments to help students recognize important information. Exams given in both classroom and nursing lab to allow all students to take exam at same time. Aim to decrease student anxiety and increase exam integrity. One faculty delivered content related to adults and other faculty added differences for infants and children. Used table to simulate Medication Administration Record in exam questions.</p> <p><b>2017</b> Will continue to use publisher resources for out of course assignments. This approach increases exposure to NCLEX style questions and promotes value of student purchased resources.</p>

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				<p><b>2014</b> 3 students failed course, 55 students passed course Exam score means: Exam 1 77% Exam 2 76% Exam 3 80% Exam 4 77% Final Exam 74.5%</p>	<p>Will continue to use Top Hat or other audience response system to increase student exposure to alternative format questions and formative evaluation data. This approach allows for immediate clarification and further clarification of concepts.</p> <p><b>2016</b> Continue to modify based on student feedback</p> <p><b>2015</b> No assignments following exams. SLS assignment for hip fracture – infection. Last time course offered, developing content for modified concept based approach in Spring 2016.</p> <p><b>2014</b> Continue to offer case study format for in class splinting demonstration; allows kinesthetic learners to apply principles of safety, assessment and monitoring. Continue to assign VARK assessment as 1st assignment. Students complete assessment and formulate plan to study for semester.</p>
Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>H391 Health Concepts across the Lifespan II: Practicum</b> First time Spring 2016	All students will complete course with a passing grade.	Every Spring	Clinical evaluation tool, in-clinical activities, OSCE	<b>2018</b> All 77 students passed 100% of students in all sections received Satisfactory for H391 based on criteria of	<b>2018</b> Learning Simulation day was changed to Multi-Patient learning simulation without unmanned stations. Cardiac rhythm/dysrhythmia interpretation was done before-briefing to Learning Sim instead of during Sim day.

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				<p>IUSON Clinical Evaluation Tool and completion of OSCE.</p> <p><b>2017</b> All 77 students passed</p> <p><b>2016</b> All 64 students passed the course</p> <p><b>2015</b> All 77 students passed course</p> <p><b>2014</b> All 58 students passed course</p>	<p>De-briefing was done after each scenario in small groups and at end of day in large group to review application of concepts. OSCE was graded as an exam worth 50 points (5 stations x 10 points each) and included in the students' didactic course exam grade to be consistent with sophomore and senior level students. Faculty</p> <p>Spring 2018 Instructions were added to evaluator OSCE stations to provide direction and to keep scoring consistent. Student instructions were revised to help students focus on objectives of each station</p> <p><b>2017</b> Most students' found that the OSCE evaluated their knowledge and skills learned in didactic and during clinical, felt less nervous than during previous SIMS and OSCEs, was well organized, found directions clear, liked 5 minutes in between each station. Some students appreciated unmanned/manned stations on various patient scenarios as way to evaluate what they have learned while others did not.</p> <p><b>2016</b> All students had a reflective journal assignment due at the end of semester. The students who had pediatric clinical hours completed their reflective journal at the end of their pediatric rotation. Pediatric clinical instructor used NCP while all other instructors used the SOAPIE. Revised weekly journal to</p>
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					<p>include an analysis question based on concept(s) covered in didactic. Learning Simulation stations, OSCE stations, and Lasater scenario was revised and based on concepts/exemplars covered in H390/391.</p> <p><b>2015</b> Simulation day: Students charted actions they took during mannequin simulations in SLS. Health literacy video followed by discussion added to sim day. Clinical evaluation tool used by all sections. Clinical Instructors used a concept approach to each week for preparation and evaluation assignments, pre and post conference, and charting on clinical day.</p> <p>Continue process of having students' select patient day of clinical and prepare for care on the unit. It increases situational learning and ensures work is students' own. Allows discussion immediately prior to care. Eliminates preparation on patient who is no longer on the unit.</p> <p><b>2014</b> Incorporation of QSEN domains into course competencies: questions from checklist relate to culture, "What's broke" exercise, and EHR orientation related informatics competencies.</p> <p>Full day in nursing lab with multiple simulation stations. Added communication and safety exercises as well as case studies and math problems.</p>
Student Learning Outcomes					
PLAN				IMPLEMENTATION	

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Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>H368 Childbearing Families</b>	<p>All students will complete course with a 73% passing grade.</p> <p>ATI content exam group ELA level 2</p>	<p>Every Fall/Spring</p>	<p>Written examinations and quizzes, case studies/in class activities and group assignments. ATI content exam for OB.</p>	<p><b>2019</b> 29 students passed and 7 failed. Avg exam/quiz grade 78%/76% ATI 83% achieved ELA  <b>2018</b> 41 students passed and 1 student failed Exam Avg 82.4% ATI: 55% ELA  <b>2017</b> All students passed Exam Avg: 84% Quiz Avg: 85% ATI: 32 students; 44% achieved benchmark of Level 2 and above  <b>2016</b> 24 students passed, 1 student failed  Exam score means:  Exam 1- 77%  Exam 2- 82%  Exam 3- 76%  Exam 4- 85%  Final Exam- 79%  ATI:  Level 3: 9%  Level 2: 50%  Level 1: 37%  Less than level 1: 4%</p>	<p><b>2019</b> Students struggled to connect to the material and perform as expected on all quizzes and exams. However, they performed better on standardized examinations (ATI). Despite instruction and introduction to flipped course design, students repeatedly reported they did not engage in the course modules or online lectures and expected to receive lecture information in class alone. At one on one meetings, students shared limited reading effort (“I did not read all of the assigned chapters”-sample student comment) and lack of preparation for exams. 2. Large classroom weekly 7a study sessions were offered from Exam 1 through Exam 3and in my office throughout the remainder of the semester. 3. HIPPS project was revised to promote student engagement and students demonstrated improved buy-in and connection to ideas in support of women’s health promotion.  <b>2018</b> Although students scored the course lower than in the past, they performed better on standardized and course examinations. The areas scoring the lowest related to amount of material covered in the course and delivery. This report, anecdotal comments from students during the semester, and personal observations suggest students did not engage in the course modules or online lectures and expected to receive lecture</p>



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				<p><b>2015</b> All students passed course Exam score means: Exam 1: 79% Exam 2: 81% Exam 3: 75% Exam 4: 96.5% ATI: 2(32.4%) Level 3, 19 (51.3%) Level 2 5 (13.5%) Level 1 1 (0.02%) Level &gt;1</p> <p><b>2014</b> All students passed course Exam Avg: 80% ATI results: Level 3- 15% (7) Level 2- 41% (19) Level 1- 33% (15) &lt;Level 1-11% (5) Group mean 66% (Level 1)</p>	<p>information in class alone. Students repeatedly shared limited reading effort (“I did not read all of the assigned chapters”-sample student comment) and lack of preparation for exams. Active learning sessions may not have achieved the result as intended and will need to be reviewed for impact. HIPPS project continues to demonstrate limited buy-in from students.</p> <p><b>2017</b> ATI scores were lower this semester and represents a trend since Spring 2016 (Graduating classes Dec 16/ May 17). This semester I created ATI content specific exams to increase student connection to ATI book and practice exams. The 1<sup>st</sup> practice exam was offered as optional but received minimal student engagement. Therefore, I created a second practice exam and an in-class practice/proctored exam in preparation of an upcoming pregnancy/intrapartum and complications care exams. I made completion of the exam mandatory as a part of the course points). The avg. score of 1<sup>st</sup> time practice test takers were low (58-62%) and students were instructed to create focused reviews on the exam in support of study efforts for the corresponding upcoming exams. Although I required use of the practice exams and incorporated the ATI templates into the class learning activities, ATI use by the students (on their own) remained variable and resulting ATI scores were exceptionally low:</p>
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					<p><b>2016</b> Incorporated the VCE into the curriculum this fall. Student feedback was overall positive but students suggested they should be allowed to complete the VCE as an out of class assignment vs in class. Need to consider improved incorporation of content for student learning.</p> <p><b>2015</b> New textbook used for this offering. Feedback was very positive. First time the course (in this format) was offered over 15 weeks vs. 7 weeks. Only 15 students completed ATI practice exams in preparation for the final. Although course average was very similar to 7 wk. delivery of the course, ATI scores were dramatically improved.</p> <p><b>2014</b> The students integrated the ATI material with the case studies. Fall group is also the first group at junior level and has no medical –surgical experience. This lack of knowledge and experience hinders their understanding of how to apply med-surg concepts to an age-specific group of patients. This issue will be addressed with the new curriculum.</p> <p>Continued alterations and inclusion of a larger variety of case studies should be pursued. The group projects had value to the learning of a variety of subjects not directly included in course discussions; improvements of the group project need to be considered to increase the learning</p>
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					and impact of the subjects presented.
Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>H369 Childbearing Families: Practicum</b>	All students will complete course with a passing grade.	Every Fall/Spring	Clinical evaluation tool, in-clinical activities	<p><b>2019</b> 35 passed</p> <p><b>2018</b> All 41 students passed course</p> <p><b>2017</b> All students passed</p> <p><b>2016</b> All students passed</p> <p><b>2015</b> All students passed</p> <p><b>2014</b> All students passed</p>	<p><b>2019</b> Continues incorporation of virtual clinical patient care experiences as weekly assignments (via CoursePoint+) as a way to supplement clinical experiences within the didactic (H368) and practicum setting (H369).</p> <p><b>2018</b> Continues incorporation of Virtual Clinical Excursion (VCE) as a way to supplement clinical experiences within the didactic (H368) and practicum setting (H369). Lessons within the simulated patient care experience including: Management of STIs; Assessment of Risk Factors in Pregnancy; Nursing Care of the Pregnant Woman; Nursing Care During Labor and Birth; Complications of Pregnancy; Hypertensive Disorders; Antepartum Hemorrhagic Disorders; Endocrine and Metabolic Disorders; Medical Surgical Disorders; Mental Health and Substance Abuse; Labor and Birth Complications</p> <p><b>2017</b> Continue incorporation of VCE into clinical experience to further enhance student exposure and knowledge.</p> <p><b>2016</b> Spend the first day in orientation to the department as this gives the students an overview of the entire clinical. Improve computer access for faculty and students. Incorporate vSim into the</p>

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					<p>clinical experience to facilitate student experiences and knowledge of the obstetrical setting.</p> <p><b>2015</b> Faculty experienced feelings of reduced interaction vs. supervision of students. Faculty plan to develop more interactive activities to engage with clinical group</p> <p><b>2014</b> During the fall 2014 semester, included a sheet for calculating safe range and required students to do sheet before they gave each medication. In Fall 2015, the Pediatric rotation will be moving to senior year (S431) for traditional students and second semester junior year for BA/BS-BSN (H391) as the faculty felt that students would do better in Pediatric clinical after developing a sound background in adult medical-surgical concepts.</p>
Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>S472 A Multi-System Approach to the Health of the Community</b>	<p>All students will complete course with a 73% passing grade.</p> <p>ATI content exam group mean at least level 2</p>	Every Fall/Spring (Traditional)/ Summer (BA-BS/BSN)	Written examinations and quizzes, Synthesis Paper	<p><b>2018</b> 24 students passed and 1 student withdrew Exam Avg: 79% ATI: 20/24 (83%) met ELA</p> <p><b>2017</b> 29 Students passed and 1 student failed Exam avg:80%</p>	<b>2018</b> Each semester I change the written assignments slightly to ensure students are completing their own work. One student (who later withdrew from the course) submitted an assignment from fall 2017. The student refused to identify from whom she received the assignment, but I was able to identify the student who gave her the assignment. I met with both students individually. Documentation was placed in both students' files.

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				<p>ATI:20/30 (67%) met ELA</p> <p><b>2016</b> 15 students passed course Exam Avg: 82% ATI:8/15 (53%) students met ELA</p> <p><b>2015</b> All students passed course Exam score means: Exam 1 83% Exam 2 79.5% Exam 3 79% Final Exam 80.5% Synthesis paper mean 89%</p> <p>ATI results Level 3- 24% (16) Level 2- 45% (34) Level 1- 32% (24) Group mean 74.7% (Level 2)</p> <p><b>2014</b> All students passed course Exam score means: Exam 1 80% Exam 2 81% Exam 3 78.5% Final Exam 81% Synthesis paper mean 95%</p> <p>ATI results Level 3- 8% (7) Level 2- 55% (43) Level 1- 28% (22) &lt;Level 1-7% (6)</p>	<p><b>2017</b> I will continue to work on time management for the course as well as grading. In addition, I will continue to work on giving more examples with the PowerPoints and including more discussion.</p> <p><b>2016</b> This was the first time this course was taught in the new curriculum. The course was revised to include the new concepts.</p> <p><b>2015</b> The 6th edition of the textbook was utilized. There were many positive changes to this edition. PowerPoint presentations, quizzes, written assignments, in class activities, and exams were revised. Utilized chapter quizzes from Evolve website in class to reinforce material. ATI scores were the highest ever for the 2013 exam. Might have been due to completing the third med-surg class and S485.</p> <p><b>2014</b> Changed synthesis paper topics to <i>Healthy People 2020</i> leading health indicators instead of a health problem of the student's choice. Added American Red Cross disaster course—"Operation Shelter Care Tabletop Exercise." Added FEMA's "Active Shooter: What You Can Do" course. Decreased number of assignments to accommodate additional disaster courses.</p>
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				Group mean 71.7% (Level 1)	
Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>S473 A Multi-System Approach to the Health of the Community: Practicum</b>	All students will complete course with a passing grade.	Every Fall/Spring (Traditional)/ Summer (BA-BS/BSN)	Clinical evaluation tool, in-clinical activities	<b>2018</b> All passed course <b>2017&amp;2016</b> No data <b>2015</b> 41 students passed <b>2014</b> 63 students passed	<b>2018</b> It is challenging to set up all the community sites as well as the home health/hospice rotations. However, students do receive a well-rounded experience. <b>2017 &amp; 2016</b> No data <b>2015</b> For the first time, the second degree students participated in the disaster simulation. This course was decreased to 6 weeks for the first time this summer. To accommodate the decrease in hours, the home health/hospice days were increased to 7.5 hours. Students completed 3 days at a community site. They also completed the community assessment. The remaining hours were completed via Internet assignments (GWU, OMH, and FEMA). In addition, the University of Minnesota's "NIMS and ICS: A Primer for Volunteers" (1 hour) was added. St. Anthony Health Crown Point Infusion Center was utilized as a community site for the first time. It was a very positive experience for the students. <b>2014</b> Deleted teaching program, as community site days were decreased by one. Added health history back to home health rotation. Increased disaster

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					simulation to an 8-hour day and incorporated the ARC tabletop exercise. Utilized “flat Stanley’s and Stella’s” for disaster simulation triage instead of live volunteers. Utilized revised clinical evaluation tool and preceptor evaluation tool. Four students were assigned to the health fair this year.
Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>S481 Nursing Management</b>	All students will complete course with a 73% passing grade.  ATI content exam group mean at least level 2	Every Fall/Spring	Written examinations and quizzes, case studies/in class activities and group assignments	<b>2018</b> All students passed ATI: 19% met ELA <b>2017</b> All students passed ATI results Level 2 19.5% Level 1 68.5% <b>2016</b> All students passed ATI results Level 3 8.9% Level 2 75.6% Level 1 15.6% <b>2015</b> All students passed ATI results: Level 2 11.8% Level 1 64.7% Less than level 1 23% <b>2014</b> All students passed Exam score means:	<b>2018</b> This class seemed to grasp problem-based learning better than previous groups. Hence the practice in class achieved the stated goal. Moving forward I will continue with the practice in class and class time activities that enhancing using a team approach within the spectrum of leadership and management. I am considering adding a mini-lecture prior to discussion however, that defeats the purpose of the student’s coming to class prepared to participate.  <b>2017</b> This class seemed to grasp problem-based learning better than previous groups. Hence the practice in class achieved the stated goal. Moving forward I will continue with the practice in class and class time activities that enhancing using a team approach within the spectrum of leadership and management. I am considering adding a

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				<p>Exam 1 92%</p> <p>Exam 2 83%</p> <p>ATI results:</p> <p>Level 3 8% (9)</p> <p>Level 2 45% (47)</p> <p>Level 1 40% (42)</p> <p>&lt;Level 1 4% (5)</p> <p>Group mean 73.85% (Level 1)</p>	<p>mini-lecture prior to discussion however, that defeats the purpose of the student's coming to class prepared to participate.</p> <p><b>2016</b> The class will be overhauled to the new competency based curriculum. It will include some form of flipped class, a pre-post assessment that will be voluntary. There will also be greater emphasis on documentation and management of patient care. The class will also include to problem based learning team activities.</p> <p><b>2015</b> Upon review of the ATI scores it was evident that there is room for improvement in areas associated with management of patient care. So a bit more emphasis will be placed on management of patient care in lecture.</p> <p><b>2014</b> Improve group assignments using the Canvas tool, refine the Forum Discussion rubric and questions.</p>
Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>S482 Nursing Management: Practicum</b>	All students will complete course with a passing grade.	Every Fall/Spring	Clinical evaluation tool, in-clinical activities, weekly	<p><b>2018</b> All students passed</p> <p><b>2017</b> All students passed</p>	<b>2018</b> The students experienced numerous technical difficulties related to individual devices. This was most frustrating for both the students and the faculty. Issues were resolved by team-



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			<p>journals</p> <p><b>2016</b> All students passed  <b>2015</b> All students passed  <b>2014</b> All students passed</p>	<p>work and sharing of computer knowledge between and among the students and faculty. The older equipment did not handle the SecondLife download and computer settings needed to be adjusted.</p> <p><b>2017</b> Overall, the students seemed satisfied with their clinical experiences although students involved in special projects expressed concern that they would not be able to achieve the hours required. This is not a new concern that is voiced as students are accustomed to having clinical in a hospital or facility setting. When the projects are completed, the students acknowledged that they didn't need to be concerned after all. Verbal feedback from a majority of the students was that they were satisfied with their experiences. A few expressed that they would have preferred team leading assignments instead of special projects because they felt it would have been easier and quicker to achieve their clinical hours.</p> <p><b>2016</b> Healthy Path is iffy in the Fall semester due to weather unpredictability. This Fall, students explored alternative sites where they might hold the event (mall, inside on campus, etc.). Consider alternative sites. Simulation QI project contributes to the overall evaluation of the Simulation Program and can perhaps continue into future semesters beyond Spring, or replicated for other things.</p>
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					<p>Team Leading seems worthwhile and it would be good if it could be expanded to participation by more students, but this might not be feasible. Virtual World faculty in the process of storyboarding new scenario for spring TeamSTEPPS training.</p> <p><b>2015</b> Students developing videos and presentations expressed concern about the number of hours dedicated to these activities, but at the end, most of these students appreciated the projects that they produced and the opportunities to learn about quality improvement that they had and realized that the number of hours were in keeping with those who had clinical management assignments.</p> <p><b>2014</b> All journals satisfactory. All preceptor evaluations satisfactory. For project-based experiences need to formalize the process of selecting projects.</p>
Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>S430 HCAL III</b>	All students will complete course with a 73% passing grade. ATI content exam group mean at least level 2	Every Fall/Spring Summer	Written examinations and quizzes, case studies/in class activities and group assignments	<p><b>2018</b> All students passed Exam Avg: 81% ATI Med-surg: 68% met ELA ATI Peds: 62% met ELA</p> <p><b>2017</b> All students passed</p>	<p><b>2018</b> The design of this course felt like an entry level course. Students expected they would engage in a teaching is telling and learning is listening paradigm. Many admitted to not reviewing the power-points prior to coming to class. At one point during the semester it was discovered that students were recycling work from the fall and</p>

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				<p>Exam Avg: 81%</p> <p>ATI Med-surg: 42/52 (80%) scored at or above ELA Level 2</p> <p>ATI Peds: 46/52 (88%) scored at or above ELA Level 2</p> <p><b>2016</b> 1 student failed</p> <p>35 students passed</p> <p>Exam 1 77%</p> <p>Exam 2 69%</p> <p>Exam 3 75%</p> <p>Final Exam 68%</p> <p>ATI results:</p> <p>Level 3 28% (10)</p> <p>Level 2 65% (23)</p> <p>Level 1 0.02% (1)</p> <p><b>2015</b> 1 student failed</p> <p>course, 42 students passed course</p> <p>Exam score means:</p> <p>Exam 1 83.2%</p> <p>Exam 2 71.0%</p> <p>Exam 3 78.35%</p> <p>Final Exam 70.7%</p> <p>ATI results:</p> <p>Level 3 9.7% (4)</p> <p>Level 2 58.4% (25)</p> <p>Level 1 29.85% (12)</p> <p>&lt;Level 1 2.05% (1)</p> <p>Group mean 70.8% (Level 2)</p> <p><b>2014</b> 73 students passed course</p> <p>Exam score means:</p> <p>Exam 1 73%</p>	<p>using the material to complete the concept worksheet. This was discovered as students didn't change the Semester title for the work. This realization caused me to rethink the quizzes and to make quizzes that encouraged students to engage in the material. Another practice in this course was to permit students to take a team exam after each exam in order to provide students with an opportunity to earn extra points. It isn't clear if this practice actually helped students with their knowledge attainment. Students seemed really focused upon attaining points instead of understanding course content, memorizing factoids instead of connecting the dots and concerns with ability to maintain a work schedule may have hindered full engagement in course material. Overall it felt as if Program Outcomes/Course Outcomes/ Learning Outcomes were misaligned which may have created a sense of chaos for students.</p> <p><b>2017</b> Review Course learning objectives and edit to bring into alignment with course description, course outcomes, and program outcomes. Work with Course Designer in order to meet standards for quality. Remove practice of students taking team exams. Create/update assignments in order to improve student's ability to achieve stated learning objectives.</p> <p><b>2016</b> Students were given more case</p>
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				<p>Exam 2 72.5%  Exam 3 75.5%  Final Exam 83.5%  ATI results:  Level 3 27.75% (24)  Level 2 46.65% (39)  Level 1 20.55% (17)  &lt;Level 1 5.0% (3)  Group mean 72.5%  (Level 2)</p>	<p>studies this semester as well and a wider variety of in class activities. The case studies were more complicated. Students were allowed to work in groups. Case studies were reviewed and discussed in class. I included more formative evaluation in the non-credit surprise quizzes, muddiest point, and exit card.</p> <p><b>2015</b> This year, three hours of clinical time were combined with three hours of didactic time to create Classroom Simulation. Due to NRLC availability, the Classroom Simulation were schedule in the middle of classroom time (9:30 to 10:30). Scheduling the simulation in the middle of the classroom time proved to waste too much time. If implemented again, chair would schedule the simulation at toward the end of classroom time if possible. Also, we will continue with two classrooms simulations. Topics: ICU systematic assessment and a patient in septic shock.</p> <p><b>2014</b> Health Literacy assignment included. After every exam students were given the opportunity to complete the exam as a group. This gave the students the opportunity to discuss possible answers and review content, proposing reasonable arguments for test questions. The students were then given points as a group 5 or less to apply to the exam score. It seems that the students either get 3, 4 or 5 on the group exam.</p>
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Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision
<b>S431 HCAL III: Practicum</b>	All students will complete course with a passing grade.	Every Fall/Spring Summer	Clinical evaluation tool, in-clinical activities, OSCE, Lasater	<p><b>2018</b> All students passed course ATI Drug calc: 97% met ELA</p> <p><b>2017</b> All students passed</p> <p><b>2016</b> All students passed clinical OSCE results: 82% passed with no remediation, 18 % passed with remediation</p> <p><b>2015</b> All students passed clinical OSCE results: <b>Station 1:</b> 25% @ 100% 75% &gt;73%</p> <p><b>Station 2:</b> 27% Pass 37.8% Borderline, 35% Failed and remediated to Borderline (61 failed/posterior chest assessment, 65% failed IVP medication administration, 61.3% failed situational awareness/ECG, 43% Failed full SBAR, and</p>	<p><b>2018</b> Students and staff seem to be increasingly disengaged from the process of mentoring the next generation. Students do not view the clinical experience as useful often identifying “these 5 weeks as useless”. Students would prefer their senior clinicals to be merged with their Captstone experiences. Staff voiced several times that they are too busy to “take on a student”. The online post-clinical discussion strategy continues to be well received. Perhaps discussion questions that focus on the concept of mentoring would be helpful to understanding the importance of engaging in the learning process.</p> <p><b>2017</b> Consider creating a portfolio rubric for students in order to improve evidence/measures that demonstrate students meeting course competencies.</p> <p><b>2016</b> Include longer and more structured debriefings, clear instructions in the pre-briefings and in reports, learning objectives before the simulation, and stay within schedule.</p> <p><b>2015</b> Revised the 9 OSCE stations. Revisions included changes in content for Stations 4 (focused on SBAR), 6 (neurological), and 8 (DA). This group participated in a Junior OSCA as well as</p>

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				<p>29% failed Recommendations) <b>Station 3:</b> 73% Pass 27% @100% <b>Station 4:</b> 93.5% Pass, 3.2% Borderline, 3.2% Failed and remediated to borderline <b>Station 5:</b> 31% 100% and 69% &gt;73% <b>Station 6:</b> 51% Pass 29% Borderline 12% Failed and remediated to borderline <b>Station 7:</b> 22.5% Pass, 32.2% Borderline, 45% Failed and remediated by return demonstration to borderline <b>Station 8:</b> 77.5% Passed, 22.5% Failed and remediated to borderline <b>Station 9:</b> 24% @ 100%; 76% &gt;73% <b>2014</b> All students passed</p>	<p>a Junior OSCE so will be more comfortable with the OSCE format. OSCEs and Lasater Simulations were conducted in the evening as well as during the day. All students understood that the NLRC was full to accommodate the increased number of simulations. This year, three hours of clinical time were combined with three hours of didactic time to create Classroom Simulation. Due to NRLC availability, the Classroom Simulation were schedule in the middle of classroom time (9:30 to 10:30). Scheduling the simulation in the middle of the classroom time proved to waste too much time. If implemented again, chair would schedule the simulation at toward the end of classroom time if possible. <b>2014</b> Met with adjunct faculty prior to semester and discussed simulations techniques and expectations. Assisted all faculty members with simulations – six total simulation days between all three groups. Updated the instructor and student simulation pre-packet. Pretest and posttests indicated students improved, simulation evaluations positive.</p>
Student Learning Outcomes					
PLAN			IMPLEMENTATION		
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision

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<b>S483 Clinical Nursing Practice Capstone</b>	All students will complete course with a passing grade.	Every Fall/Spring	Clinical evaluation tool, capstone preceptor evaluations, weekly journals, weekly quizzes	<p><b>2018</b> All students passed  <b>2017</b> All students passed  <b>2016</b> No data  <b>2015</b> All students passed  <b>2014</b> Fall: 39/40 passed (1 W)  Spring: 31/31 passed</p>	<p><b>2018</b> Continue ATI for quizzes. Consider removing all together if NCLEX pass rates continue at current rate. •Consider changing reflective journal to specifically address outcome 9 for SON and tailor also to Outcome 3 of General Education. •Next semester student demographic information and unit preference gathered via Canvas quiz rather than paper documents allowing electronic sharing to clinical coordinator and capstone faculty facilitating ease and speed in assigning students geographically and by preference.  <b>2017</b> Used ATI exams for quizzes and remediation.  <b>2016</b> No data  <b>2015</b> All journals satisfactory. All preceptor evaluations satisfactory. Students who did not achieve a 73% cumulative score for quizzes completed remediation. Revised preceptor evaluation form to include more objective behaviors versus outcomes. Changed credit hours to 4 versus 3 to more accurately reflect clinical hours completed.  <b>2014</b> Looking to restructure course as preparing to develop new curriculum.</p>
Student Learning Outcomes					
PLAN					IMPLEMENTATION
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance or Revision

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<p><b>S485 Professional Growth and Empowerment</b></p>	<p>All students will complete course with a 73% passing grade.</p> <p>Students will pass the ATI RN Comprehensive Predictor exam with a 95% predictability of passing NCLEX.</p>	<p>Every Fall/Spring</p>	<p>ATI content exams, completion of resume and NCLEX test plan and ATI RN Comprehensive Predictor exam</p>	<p><b>2018</b> All students passed course, 89% passed the RN comprehensive predictor on the 1<sup>st</sup> try  <b>2017</b> All students passed, 40/45 (88%) passed the RN comp on the first try  <b>2016</b> 54 students passed, 1 student withdrew, 2 students received incompletes  <b>2015</b> 55 students passed, 1 student received an incomplete  <b>2014</b> 72 students successfully completed the course, 7 students received incompletes for failure to reach ATI benchmark and remediated to remove the incomplete, two students repeated the following semester.</p>	<p><b>2018</b> Had students purchase Uworld and included in assignments, Students like because it is an app on phone but when I reviewed I saw the same questions as were available on ATI.  <b>2017</b> Students took all 2016 versions of ATI except for Leadership, which did not have a 2016 version available. I am eager to see how these students do on NCLEX, as this class had some of the highest ATI scores. After two quarters the pass rate for NCLEX was 100%.  <b>2016</b> It is now recommended by NCSBN that all students do a NCLEX prep course after graduation. In 2016 with the change in test plan the number of SATA (select all that apply) questions has increased to almost ½ of the questions on the exam. Will continue to develop resources for assistance in successfully completing SATA.  <b>2015</b> Continue to encourage students to sign up for NCLEX prep courses after graduation, as the pass rate dropped. OnCourse was migrated to Canvas, which inherently provides more data for the student and the instructor related to learning mastery and level of achievement.  <b>2014</b> Students who do not receive 95% predictability on the RN Comprehensive predictor are given an incomplete and required to remediate with the instructor before the incomplete will be removed. Added pharmacology content to lecture.</p>
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					Students receive a percentage of the points awarded for receiving the 95 % predictability on the 2 <sup>nd</sup> attempt on the RN Comprehensive predictor.
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