

Program Evaluation Excerpts from Faculty Meetings 2017-2020) (Also see minutes of Program Evaluation Meetings):

Minutes and Date	Insert	Comments
Faculty Department Meeting 09*22*17	Freshman faculty discussed changes to labs that have been completed; example- Hygiene- add changing a Depends, dressing a patient, feeding a patient; Mobility, positioning etc.- not enough practice with positioning- perhaps not having a guest speaker next year- maybe rent lifts for that week?	
Faculty Meeting 11-3-17	Seniors faculty Suggestion made to compose a draft for the revision of the CET midterm and final forms, to utilizing one form to decrease paper usage. Topic – ELA = DC sent table of key assessments and ELA's for faculty approval for measuring the student learning outcomes. Jennifer had a good point about ELA percentages due to the low number of students we have. We can fall below ELA's easily due to the low number of students to begin with.	
Faculty Meeting 12-1-17	Topic- Clinical -Academic Improvement Form Document revised to be able to use with academic and clinical concerns. Decision: All in favor To be used when students are not meeting competency or received variance. The number of meetings depends on the individual students needs to meet objectives Variance and academic need to be completed with student at that time. Terminology - Decision to change patient to the use of client. Educate student on this vocabulary. Healthcare provider instead of physician or provider. Decision to use NCLEX terminology. Topic – Meeting with managers on the unit faculty should meet with contact person at clinical site to review the semester; may also want to invite the floor manager- what worked well; what needs improvement; suggestions from clinical site or faculty; student concerns addressed. (i.e. any concerns noted on clinical site evals). This has been ongoing for 4W and 3W but has not been documented.	
	Topic Seniors Rationale Quizzes –continue with take-home test with rationales; weight of take home quiz with rationales should be better balanced; need to reinforce rationales for wrong answers as well as right answers; Faculty should help students to weed through information and highlight points from unit outlines; perhaps use more of Keith RN tools; direct students to "major" sources for exams. Topic Senior Capstone: change the week for better attendance, not during Nashua School Vacation. Great Topic: Lateral Violence. Textbooks Decisions need to be made if we are making any changes for next year. We do have to decide on a new Med Surg Text. Faculty should have reviewed the three texts we have so a decision can be made. Have to submit list to Library. Do we want to continue VSIM? DOCUCARE? Should we start DOCUCARE in the fall or spring as students need to learn to document on paper to understand the process and the content before using the EHR. Topic Enrollment - We are having difficulty with attracting qualified applicants. A few reasons include low unemployment, good economy, and possibly that our pre-admission grade requirements	

	<p>are higher than the other colleges, with B- in A&P I and II and Microbiology. Due to low ATI scores, program completion rates and pass rates over the last 2 years, we upped the grade requirement for Intro to Psych and Human Growth & Development to a B- as well.</p> <p>DC is working with admissions to try and increase the number of students for fall 2018. DC gave business card to guidance counselors at Discovery day.</p>	
<p>10-8-18 Faculty Meeting</p>	<p>Topic- Mission: Update on question to ACEN from conference. In reviewing other colleges, they do a side by side comparison and underline the words that are congruent. This will be an easy process, then the faculty can approve it. After attending ACEN conference, we will need to update our mission statement to make it more current. Faculty should all review current mission statement and create a version of an updated one. DC to post current version on One Drive for faculty to work collaboratively on. Core Values – NCC has 5 that all begin with “C” Nursing Department has mission and a philosophy (developmental model) Our curriculum is set up with Benner’s theory (novice to expert) - simple to complex</p> <p>Topic- ACEN: We will be applying what we learned to our program eval. We only have to do an SPE for Std 6 and no ELAs for the other standards. DC spoke with professional staff: we can do student interviews prior to admission. Our interviews are standardized, and we have good inter-rater reliability. Classroom time – in the past we were told we could not assign work outside of lab/clinical. ACEN has clarified that students are expected to prepare for class/lab. Lab and clinical must be 6 hours of actual clinical or lab. DC will inform students about prep time outside of class –therefore work will be done in lab and/or clinical. Starting next semester, we will change freshman lab times from 8 – 2:30. As Terry is learning with her class, the importance for a teaching plan in place, reviewed by experts, complete a run-through prior, students aware of the objectives, pre-briefing, debriefing and an evaluation of the simulation. Simulations can be additionally used to expose students to skills that they are unable to perform in clinical.</p> <p>Topic Pharm - Do we want to make this class more face to face/somewhat hybrid? Tyler suggests more face to face and have review sessions out of class time. During disease discussion in other NURS courses, some basic pharm is covered, but the pharm course covers pharm in depth. Discussion re: credits in nursing programs - Tyler has offered to teach the Pharm course this summer. Tyler has offered to teach the Pharm course this summer. (80% in class and 20% out of class)</p> <p>Topic – MH</p> <p>Do we want to make changes to this portion of NURS 140? If so, how? We need to keep in mind that we will have to find clinical experiences that help them meet the competencies. If we are looking at changing clinical sites/times, we need to work on that now. Tyler and DC have been looking at the NHH schedule and are in discussion about whether or not we want to make a change based on students evals. It seems the evals differ every year. One group will like the format and another will not. But the DC is</p>	

	<p>wondering if there is a better way to have clinical situations to bring theory to practice. DC will explore possibility of freshman students experiencing homecare in NURS 140N. We have done this in the past and it was a valuable experience. Nursing practice is also moving more to the community so it's important that we make sure that students are prepared for that. Tyler and DC have been looking at the NHH schedule and are in discussion about whether or not we want to make a change based on students evals. It seems the evals differ every year. One group will like the format and another will not. DC will explore best practice for teaching this content and also check with other schools to see what they are doing. Lisa will follow up with review of ATI results – check the questions the students are most frequently missing; Suggestion to increase psych up to 4 clinical days and compliment it with additional clinical at community health/rehab where psych issues exist. (50% hospital (BHU)and 50% community) Discussion re: mental health should be placed first in the curriculum and then when the students go to med surg they need to be aware of incorporating mental health issues with clients in this setting. Problem with ATI – possibly testing on items we may be missing in lecture Topic- Testing Policy Lisa believes there need to be changes to the testing policy. We had approved a testing policy a while back. DC will post this policy as well as another testing policy that has been in the works in the past for faculty discussion. If we are going to make changes to policies or the curriculum, we need to review the literature for best practice and support for making the change. Discussion – we want to know what the students know and as they progress in the program, we want to know how fast they can process the material. Lisa has researched “Nurse Tim” regarding some time for testing across the country. Do we want to slightly increase the amount of time the students are allowed for an exam – NCLEX allows roughly 1.2 minutes/question. Tyler suggests we shoot for 1.8 minutes/question based on student performance/outliers. Mary has raised the issue of needing to enforce limits of time as content needs to be covered in class. Faculty unanimously voted for a 100% pass rate on med math test from NURS140 forward; Grade of 90% for NURS125; may retake test up to 3 times.</p>	
<p>Faculty Meeting 11-5-18</p>	<p>The Annual ACEN report has been submitted as of 10-31-18. Due to our low completion rates, a substantial report has been started that is required to be submitted to ACEN. I would like to discuss this today and come to a decision on a new ELA as she must submit the substantial change report asap. The latest rate is from the 14-15 SPE and is as follows: >70% of all students who begin the program of nursing courses will complete within 100% of the allotted time (4 semesters)>80% of all students who begin the program of nursing courses complete within 150% of the time (7 semesters). 150% of the time would be 6 semesters, not 7 semesters. The previous rate was from 2013-2014 and was > or equal to 85%. Not sure when or how this was changed. Not able to find documentation on establishing a realistic ELA based on our historical completion rates as well as our student demographics.</p>	

	<p>Topic MH DC was able to change mental health clinical rotations to the beginning of the semester. DC and level coordinator discussed length of rotation. It will be increased to six weeks as well as include community rotations. DC to work on rotation sites. One site-assisted living is available – details to be confirmed. Waiting for confirmation from NE Rehab on clinical sites for spring. Have requested the whole semester but will change when mental health changes are confirmed and in place.</p>	
Faculty Meeting 3-26-18	<p>Topic: ELAs –Freshmen: 28.5% of the students received an 80% or better Seniors: 50% of the students received an 80% or better. Clinical - Freshmen: one student failing outcomes for NURS140N Seniors: All students passing outcomes for NURS240N</p>	
Faculty Meeting 8-17-18	<p>100% pass rate!!! Congratulation to the team!! DC is proud of everyone; their hard work, their dedication to working as a team for the students! Keep up the great work!</p>	
Program Eval meeting 8-24-18	<p>Freshman-Which ELA's not met? What is the plan? Should ELA be changed? Why or why not? At the freshman level all ELAs were all met except for NURS125N – Culture – 86% received a 90% or better. One group did not follow rubric; and due to small class size, one outlier effects the overall outcome of the class. The plan is to reinforce the importance of reading directions and the rubric. We will not change the ELA at this time. Final exam 140 – 71% received an 80% or better - 15.4 % received an 80% or better Senior - NURS230N –28.6% of students achieved an 80% or higher on the final exam.</p> <p>Seniors-which ELA's not met? What is the plan? Should ELA be changed? Why or why not? ELAs that were not met - NURS220N final exam 29% received an 80% or better; NURS240N final exam 35% received an 80% or better. Writing and analysis of exams has become more consistent with level faculty; points not added to exams; anything below 50% of the # of students getting the question wrong, that question is re-evaluated. Analysis of exams is more consistent. Research is reflecting testing as gold standard for understanding the material. Discussion re: possibly lowering ELA to 75% for final exam for all levels; need to have multiple assessments for each course for ELA assessment; should “testing” (includes unit exams, mid-terms and finals) be considered an ELA? Suggestion: ELA: 75 %of the class will have an 80% or better on the average of midterm, final and all unit exams. Should we separate out the final exam and have it as a separate ELA? Can ELA reflect “testing” vs a particular assessment within the course. DC will explore further. Will defer this topic at this time. At senior level is not computer testing, however we will start with NURS220 with weekly quizzes with rationales and continue to review exam questions at level.</p>	
Program Evaluation Meeting 9-24-18	<p>Discussion and suggestions for the Mission of Department of Nursing</p>	
Program Evaluation Meeting 11-26-18	<p>Program Outcomes: Completion rates: ELA->85% of all students who begin the program of nursing courses complete within 150% of the time (7 semesters). This was from the 2013-2014 SEP. I then found a 2014-2015 SEP that had the following ELA- >70% of all students who begin the program of nursing courses will complete</p>	

	<p>within 100% of the allotted time (4 semesters) >80% of all students who begin the program of nursing courses complete within 150% of the time (7 semesters). This should be 6 semesters rather than 7 semesters. Looking at our completion rates and the newer ELA (do not know when or why it was changed- no documentation of a discussion at a meeting that could be located), we have one year that is quite low- 61% and this past year which is at 74% but may increase to 78% when the current class graduates. Faculty had discussed this at the Nov 5th department meeting and agreed to change the completion rate to 70%. NCLEX Pass Rates: Current ELA: Graduates demonstrate success on the NCLEX-RN. The first-time pass rate is equal to or better than the national and state average, as monitored by faculty and reported in NH BON statistics. Job Placement Rates: current ELA>75% of graduates will be employed within 6 months of graduation >85% of graduates will be employed in nursing within 1 year of graduation>85% of graduates will be employed in New Hampshire.</p>	
Faculty Meeting 9-16-19	<p>Freshman - Discussion re: have rationale quiz due the Monday after the lecture. Evaluate to see if student exam scores improve – moving rationale quiz allows more time for the students to focus on studying for exam. Further discuss at the freshman level having weekly unit exams vs. every two weeks. •Discussion re: develop a more efficient evaluation of end of course outcomes. Specific questions used for exams (Midterm & Final Exams) could be identified that related to end of program course outcomes and be used as a measurement of student achievement.</p>	
Faculty Meeting 9-30-19	<p>Freshman Students: •Exams: - Removal of 5 most missed concepts from last two exams as these items were detrimental to student grades (pilot trial) •Rationale Quizzes – due date moved to Monday: Outcomes of moving due date: Monday, 10/7/19 (enough time after Friday’s test to review test average and see if improvement) Seniors- Students: 13 students •Exams: We have three students who are in the mid 80s, and the rest of the students are low 70s. We will speak to our individual students to check on studying skills and test taking skills. We have one more unit exam before the midterm •Peer Exam review following lecture for 15-20 minutes (the week after the exam), went well. Students were put into groups of 3-4, given test answers and their paper exams (not scantron sheet). Students reviewed questions and answers with each other. Utilized textbooks to check answers. Will continue to provide peer exam review after lecture 1 week following exam. •Rationale Quizzes: These grades range from 70 to 100%, this is not an issue</p>	
Program Evaluation Meeting 12-17-19	<p>Freshman-15 Retention – 15 Seniors: Retention-11- one student was on probation at the beginning of the course and did not meet probation requirements. One student was not meeting clinical competencies despite extra help and support Freshman- NURS 125N• 9 Responses •Strengths: Well Organized with clear expectations; Great textbook resources for learning; Liked different reaching techniques; Liked rationale quizzes ; Accessible faculty committed to students. These evaluations were</p>	

	<p>discussed at level meetings – see final level meeting minutes for 2018 for more detail. Brought to program eval for all faculty to be informed. Weaknesses: Conflicting information between assigned textbooks; Inconsistent skill teaching by different faculty; Discussed how to do a skill, so try to use the text as the true reference; Students should learn the process needed as opposed to exactly how to do a skill; Canvas difficult to navigate at first</p> <p>Seniors NURS 220N •8/11 Responses •Strengths: Well organized, topics compound on one another, good resources for learning were given; Course covered a great deal of material and did it well, with the lectures helped students focus what was important. Students and teachers made a big contribution to the class. Katie helping with clinical and post-conference. Pam with her knowledge of cardiac; Having an exam every two weeks and the quizzes every week. •Weaknesses; Unit outline difficult to follow, does not always represent of what is expected to know or what would be on the exam. Need deeper understanding of the material. Quizzes could highlight the subject matter in the book and should not be like taking an exam.</p> <p>Clinical Freshman - Hillsborough County - Only 1 Response •Strengths; No comment•Weaknesses: No comment. Bedford Nursing and Rehab Center •Only 2 Responses •Strengths: Learned a lot from the staff as well as peers. Staff was very approachable. Overall, the facility is really well run •Weaknesses: much of the staff did not seem to want us there. We would offer to help and they would decline. This atmosphere was uncomfortable and was disappointed. These evaluations were discussed at level meetings – final level meeting minutes for 2018 for more detail. Brought to program eval for all faculty to be informed.</p> <p>Seniors Southern NH Medical Center 3 East •4 Responses •Strengths: Great staff that were supportive •Weaknesses: See more variety of nursing skills to practice. 4 West •6 Responses •Strengths: Great staff that were supportive •Weaknesses: One disagrees with the orientation provided to student. The student went to a different nurse. Davita- • 10 Responses •Strengths: None •Weaknesses: None; documentation on the unit. Observations In – hospital (OR, Wound, Endo) • 10 Responses •Strengths: All observation was great, staff supportive and encouraged questioning. •Weaknesses: One issue in endo when a hectic case and the nurse did not have time for a student.</p> <p>NURS 125N-Final Exam- ELA- •75% of class will receive 80% or higher on final exam: Met – 100%; Final Clinical Eval Tool- ELA •85% of the class will receive satisfactory on 90% of the clinical evaluation too: Met – 100%; Nursing Process Project-ELA 75% of class will receive satisfactory on 80% of the nursing process project rubric: Met – 100%</p> <p>NURS 220N-Final Exam- ELA •75% of class will obtain 80% or higher on the final exam: Not Met – 45% • Some students went into the exam after calculating their grades and determined that they only needed a minimal grade to pass, therefore one student did not study and therefore scored his lowest grade of the semester. This affected the ELA. •Should we identify specific questions on the final</p>	
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	<p>exam that identify course competencies and those should be calculated as the ELA? •We blue printed our final exams for 125 and 220. Diversity Project-ELA •80% of the class will obtain a 90% or higher: Met – 100%: Final Clinical Eval Tool-ELA •95% of the class will obtain satisfactory or better on the final clinical Evaluation tool: Not Met – 92% - One student failed clinical Faculty discussed -now we have to be more precise with which parts of exams and projects support each of the course competencies in each course and work toward the final student learning outcomes.</p>	
<p>Program Evaluation Meeting 12-13-19</p>	<p>Read original minutes</p>	