

Curriculum Consultation Summary San Joaquin Valley College

Dr. Spencer,

Thank you for the opportunity to review your curriculum and make recommendations for change in your LVN to RN program. Your faculty is delightful and truly dedicated to the education of your students. We have provided some general comments below and attached a list of the documents that we developed or provided while we were there. We look forward to working with you as we complete the consultation process.

Curriculum Overview

Philosophy – reviewed current philosophy and made following recommendations

- Maintain focus of metaparadigm (Nurse, Education, Patient, Environment) but individualize it more to SJVC's students, community, programs, etc.
- Ensure it reflects the values and beliefs of current faculty and is relevant to current program.
- Shorten to approximately 1 paragraph for each component of the metaparadigm,

Concepts

- Current list of 20 threads (concepts) were reviewed and reduced to 6 primary concepts (Clinical Judgment, Communication, Safety, Professionalism, Leadership, and Patient Centered Care).
- Subconcepts were added to each of the above primary concepts (see attached - Comparison of Curriculum Concepts Table).
- Concepts need to be defined. Definition for empathy and compassion were developed.
- Table of concepts can be developed into a Conceptual Framework with the addition of text that describes the interrelationships of the concepts.

Outcomes

- Current lists of outcomes were reviewed (Program outcomes (9); Provider/Manager of Care (7); Advocate (4); Teacher (5); Member of Profession (6)).
- Origin of latter 4 lists was unknown so only Program outcomes were retained.
- New concepts and some of the subconcepts were aligned with Program Outcomes (see attached – Program Outcomes and related Concepts/Subconcepts). Edits were made on several outcomes (see attached - Comparison of Curriculum Concepts Table).
- Some outcomes require additional edits plus outcome related to Informatics needs to be developed.
- Subconcepts placed under concepts in red are recommendations and need to be reviewed

Courses

- NU 29 was reviewed (2012 version) and following recommendations made which also apply to other courses.
 - Course descriptions need to reflect the concepts and subconcepts of the curriculum as appropriate. Lengthening of the descriptions is also recommended to include more detailed description of course focus.
 - Learning outcomes should be more comprehensive and include the concepts and subconcepts of the curriculum.
 - Discussion was held regarding test score requirement of 75% before homework is added to grade. Currently quizzes are included in with test score – consultants voiced concern about level of items on quizzes; knowledge/recall versus higher level of cognitive thinking/application. Faculty indicated they will probably combine these two types of tests this year and re-evaluate level of rigor this provides next year.

- Use terminology more consistent with curriculum concepts- Address “risks” as “safety issues”; critical thinking as the triad of critical thinking, clinical reasoning, and clinical judgment; “change of shift report” to “hand off” reports.
- Expand concept of Critical Thinking to include Clinical Reasoning and Clinical Judgment.

Delivery of Curriculum

- In an effort to learn more about the students and their issues related to completing the program faculty were asked the following questions:
 - Perception of student population
 - Perception of PN to ADN Program
 - Perception of courses/course requirements
- Following recommendations were made in relation to issues discussed.
 1. Students are traveling several hours 2 days of class a week; time to prepare, synthesize content, and focus on learning is greatly compromised. NCLEX scores indicate knowledge deficit. No quality time to “imprint/socialize” students

Recommendations

- a. Support move to a 3 day academic week
- b. Discourage long commutes
- c. Discourage full time employment
2. Support more stringent admission criteria including addition of STEP test
 - a. Outcomes provided are:
 - 1) Foundational thinking
 - 2) Clinical judgment/critical thinking
 - 3) Priority setting
 - 4) Nursing process
 - 5) NCLEX content areas
 - 6) Major content areas

Recommendation

- b. Benchmark with national mean – 66.4; may want to establish specific outcome benchmarks such as “clinical judgment/critical thinking”
- c. Establish program benchmark over time R/T student performance
- d. Use results to guide remediation of students
- e. Ability to evaluate outcomes related to Major Content Areas was discussed and possibility of setting benchmark on a content area such as Adult Medical-Surgical will be considered.
3. Enhance socialization of students into role of professional role of RN

Recommendation

- a. Integrate new curriculum concepts into courses
- b. Integrate **Nurse Logic** (NL) modules into selected courses
 - 1) Module 2 - 6 QSEN, Leadership, Professionalism, Patient teaching, and Priority setting
 - 2) Module 3 - Priority setting in detail
 - 3) Require students to take related NL tests; both beginning and advanced (enhanced rationales provide additional teaching about knowledge and cognitive skills needed to answer questions)
- c. Integrate Real Life into courses

Recommendation

- d. Introduce **Real Life** into Role Transition course with C-Diff (Beginning level)

- e. Use throughout all content-related courses
 - f. Heavily use RL Nursing Care of Children and Maternal Newborn in respective courses
- Recommendation
- g. Integrate **Nurses' Touch** into courses
 - h. Integrate Becoming a Professional Nurse and Professional Communication strongly into Role Transition course
 - 1) Becoming a Professional Nurse – Modules 1 and 2
 - 2) Professional Communication – Modules 1 and 2
 - i. Integrate remaining modules throughout various courses (ie: Organizational Communication into Leadership)
4. Significant number of ESL students
- Recommendation
- a. Have faculty and students review Chapter 5 of Achieve
 - b. Review webinar on ATI Academy, "Using the Cummins Model for Nursing Student Success: English Language Learner"
 - c. Encourage student use of talking glossary (Learning Systems); enunciator (Skills Modules)
 - d. Think-Pair-Share with one ESL students and one native English-speaking student
 - e. One Minute Paper – Describe what was not understood in class; possibility of posting questions posed in One Minute Paper as well as student postings of questions in D2L in Discussion Threads was discussed.
5. Support transition to student role with Nurse Logic, Achieve and possibly Learning Strategies
- Recommended
- a. NurseLogic**
 - 1) Module 1 - Learning strategies for success
 - 2) Module 4 – Testing and Remediation Strategies (classroom AND standardized tests/NCLEX)
 - 3) Learning Strategies – Paperback vs. electronic resource
 - b. Achieve**
 - 1) Module 1,2,3 – includes Test Taking Skills, Study Skills, Classroom Skills
 - 2) Module 4 - Preparing for Clinical Experiences
 - 3) Module 5 – Challenges for ESL Students
 - c. Learning Strategies**
 - 1) Most faculty felt students had access to computers but would keep in mind that a text base resource is available with similar content.

Evaluation of curriculum configuration and related issues – Recommendations

- 1. Re-evaluate heavy focus on Nursing Process in Transition and subsequent courses
 - a. Enhance focus on critical thinking, clinical reasoning and clinical judgment
 - b. Enhance development of cognitive bridges with concept maps (decrease number of care plans – integrate NCP into concept map)

- c. Systems disorder concept map from ATI website was reviewed – faculty felt this was a tool that could be used in clinical preparation
- 2. Develop Professional Integrity Contract – list issues such as plagiarism, cheating on an exam, etc.
 - a. Possibility of using a Professional Integrity Contract was discussed – faculty felt that the Student Handbook adequately addressed these issues.
 - b. Faculty also noted that papers are automatically run through TurnItIn on all papers submitted through D2L.
- 3. Encourage use of more active, engaging instructional strategies
 - a. **NurseLogic** EIG was reviewed and Faculty Implementation and Student Learning Strategies sections examined in regard to using active, engaging instructional strategies. How to access location of EIGs on ATI Homepage was demonstrated.
 - b. **ATI Academy** was accessed and listing of webinars, videos and self-paced resources reviewed. Variety of webinars available and relevant topics, along with ability to get CEs was discussed.
- 4. Following ATI resources were also demonstrated:
 - a. **Custom Assessment Builder (CAB)** was demonstrated as an option to help develop items for quizzes and course exams. Ability to develop a test specific to a weak area indicated by a low score on a proctored CMS assessment was discussed.
 - b. Ability to set benchmarks for proctored assessments was also demonstrated.
- 5. Revise Clinical Evaluation Tool to reflect concepts and subconcepts
 - a. Clinical evaluation tools should be revised to reflect 6 main concepts and subconcepts.
 - b. Subconcepts would provide direction for clinical objectives.
- 6. Review number of assignments
 - a. Faculty verbalized assignments were vehicle to increase content coverage
 - b. Recommendation was made to evaluate if assignments require lower or higher levels of cognitive processing – the latter being preferred to increase rigor and enhance higher level thinking skills
- 7. Credit Allocation and Course Content – All courses and their credit hours were reviewed. Concern was voiced by consultants regarding number of credits if NLNAC accreditation is solicited in the future. Following recommendations were made by consultants in regard to credit allocation. Faculty discussed recommendations and changes to be considered are as follows:

Course	Current Credit Hours	Recommended Credit Hours
RN 29 Transition	T = 3 C = 1	T = 3 C = 1
RN 30/30L Geron-Community	1 = T 1 = C	1 = T 1 = C Love this course
RN 31R/RL	T = 2 C = 3	T = 2 C = 3 Would flipping number of credits provide more class time?

RN 32	T = 2	T = 3 Faculty suggestion – take credit from RN 42 for a total of 3 credits
RN 33/33L	T = 2 C = 2	T = 2 C = 2.5 - formally acknowledge OB “review” with RL simulations - change name to Family Health to encompass OB and Peds
RN 40/40LC	T = 2 C = 1.5	T = 2 C = 2 Recommend Mental Health as name
RN 41/41LC	T = 3 C = 4.5	T = 3 C = 4.5 Faculty discussion indicated need to retain 4.5 clinical credits for this course
RN 42	T = 2	T = 1 -Remove Leadership from this course -Rename course: Seminar 4: Preparation for the NCLEX

Evaluation Methodologies

- ATI Assessments
 - Comprehensive Predictor, in both report forms (NCLEX Content Areas and Medical Model), was reviewed. Statistical meaning of National and Program Group Percentile Ranks was discussed. Value of the Medical Model report and its subscales in identifying weak areas in curriculum was discussed.
 - SJVC Student Remediation Checklist indicated requirements for students to complete tutorial, skills modules, and ATI assessments. Level 2 benchmark for assessments and 90 % on Comprehensive Predictor have been established.

Systematic Evaluation Plan (SEP)

1. BRN Program Review Plan was reviewed briefly for its use for program evaluation. Following recommendations were made.
 - a. Add word “Benchmark” to column that is currently called “Data Analysis”
 - b. Add additional parameter to benchmarks to indicate numerical goal related to value on Likert scale (ie: 90% achievement of Level 2; 80% satisfaction level as indicated by mean of 4.0/5.0 or greater)

Items for Faculty to Follow-Up on:

1. Concepts need to be defined.
2. Table of concepts can be developed into a Conceptual Framework with the addition of additional text.
3. Some outcomes require additional edits plus outcome related to Informatics needs to be developed.
4. Subconcepts placed under concepts in red are recommendations and need to be reviewed
5. Course descriptions need to reflect the concepts and subconcepts of the curriculum as appropriate. Lengthening of the descriptions was also recommended to include more detailed description of course focus.
6. Learning outcomes should also be more comprehensive and include the concepts and subconcepts of the curriculum.
7. Use terminology more consistent with curriculum concepts- Address “risks” as “safety issues”; critical thinking as the triad of critical thinking, clinical reasoning, and clinical judgment; “change of shift report” to “hand off” reports.
8. Support move to a 3 day academic week; discourage long commutes; and discourage full time employment of LVN to RN students.
9. Support more stringent admission criteria including addition of STEP test
10. Enhance socialization of students into role of professional role of RN via use of NurseLogic, Nurses’ Touch, Real Life, and Achieve.
11. Have faculty and students review Chapter 5 of Achieve, Challenges for the ESL student.
12. Review webinar on ATI Academy, “Using the Cummins Model for Nursing Student Success: English Language Learner”
13. Encourage more active, engaging instructional strategies through use of ATI products via the recommendations made in the Educator Implementation Guides
14. Re-evaluate heavy focus on Nursing Process in Transition and subsequent courses. Enhance focus on critical thinking, clinical reasoning and clinical judgment
15. Revise curriculum evaluation tools to reflect 6 main concepts and related subconcepts.
16. Review changes in credit allocation for selected with faculty for discussion and approval.
17. Edit BRN Systematic Evaluation Plan to include adding the word “Benchmark” to column that is currently called “Data Analysis” and adding additional parameter to benchmarks to indicate numerical goal related to value on Likert scale (ie: 90% achievement of Level 2; 80% satisfaction level as indicated by mean of 4.0/5.0 or greater)

Please remember that you have an additional four hours of virtual consultation forthcoming which you can schedule when you are ready. Feel free to call or e-mail if any of this is not clear, you have additional questions, or need additional documents.

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