

**Assessment Report: Baccalaureate of Science in Nursing**  
**October 31, 2007**  
**Brief Summary of the Assessment Plan for the BSN**

**Introduction:**

The Assessment Plan for the Baccalaureate of Science in Nursing is somewhat complex. This summary provides an abbreviated overview of the assessment plan, and also attempts to focus the reader on aspects of the plan that will be addressed in this report. Data are routinely gathered for each BSN cohort. This report serves both the Assessment Council and the Evaluation Committee, and therefore may contain elements that one or another group will not find useful. The plan for assessment in the BSN has undergone significant change in the past few years, and several measures have changed, as well. The 2007 graduates are the second group to use the new evaluation measures, and so the findings from this year are trended with previous year's findings in a few areas. Trended data will be reported more extensively in future years. Trended data reports are available for past years. Furthermore, we gather data one year post graduation, and this information is not available for the 2007 graduates until next year. The 2006 graduates' reports are included in that section (and this has been indicated on the report). Where measures are different from one year to the next or are changing, an explanation is given. Also, this year we have presented a new assessment plan for the RN-BSN students, and this report will not include those students' data. We will have an assessment report for the RN-BSN students separately NEXT year, as our new measures are just being gathered.

**The Assessment Plan for the BSN Overview:**

In the profession of nursing, guidelines for program goals and core competencies have been published by the American Association of Colleges of Nursing (The Essentials of Baccalaureate Education for Professional Nursing Practice, 1998). The accrediting agency for the IU Kokomo School of Nursing BSN, the CCNE, requires use of a guiding framework, such as the Essentials. Use of such a framework ensures that entry level nurses are capable and prepared. Our curriculum ties to the Essentials in the following ways: 1. recognizes the need for liberal education; 2. teaches and reinforces the professional values of Altruism, Autonomy, Human Dignity, Integrity, and Social Justice; 3. addresses the professional core competencies of critical thinking, communication, assessment, and technical skills; 4. incorporates core knowledge in the areas of health promotion, risk reduction, disease prevention, illness and disease management, information and health care technologies, ethics, human diversity, global health care, and health care systems and policy; and 5. considers role development in the areas of provider of care, manager of care, and member of a profession. By using such a framework, we prepare professional nurses to practice at an entry level (BSN), to practice in a variety of settings, and to address the professional development of nurses in North Central Indiana. One important way that professional development in our region is achieved is through the RN-BSN program.

Furthermore, in order to gain entry to practice the profession of nursing, the National Council of State Boards of Nursing tests graduates of approved programs for licensure. The testing plan for this examination is based on studies of practicing nurses, and is intended to be directly relevant to the capability of nurses to practice nursing in a variety of settings. This test plan also serves as a means to check relevance of core knowledge and competency (as listed in the Essentials).

If desired, the reader may refer to the complete Assessment Plan, which includes the full plan. When reading the program goals, student learning outcomes, and components, please note that there is a matrix available that ties these items to the Essentials (AACN, 1998)—see Appendix 1 of the Assessment Plan. Furthermore, there is a matrix that ties the NCLEX blueprint to the curriculum—see Appendix 2 of the Assessment Plan.

Although there are leveled competencies for the Sophomore, Junior, and Graduate, this report will focus only on End of Program Outcomes for the 2007 graduating group of regular BSNs.

## **Program Goals and Student Learning Outcomes for the Graduating Senior**

**Program Goal 1** A member of the profession of nursing who promotes a positive image of nursing, is an effective communicator of accurate information, and participates in the profession and practice of nursing with a broad perspective (IU Outcomes 4, 6, 8).

**Student Learning Outcome 1A:** The student will become a member of the profession of nursing who promotes a positive image of nursing.

**Components: Senior**

**1A.a.sen:** Compares and contrasts the public image of nursing.

**1A.b.sen:** Develops a broad perspective of nursing practice that contributes to the health and well-being of people.

**Student Learning Outcome 1B:** The student will become a member of the profession of nursing who is an effective communicator of accurate information

**Components: Senior**

**1B.a.sen:** Consistently produces written work that demonstrates clarity of thoughts, coherency of arguments, organization of ideas, grammatical accuracy, and APA format when applicable.

**1B.b.sen:** Communicates respectfully and clearly with individuals, families, communities and other health care providers.

**1B.c.sen:** Uses information technology in managing information, data sets, and problem-solving activities.

**1B.d.sen:** Incorporates therapeutic communication techniques with clients across all settings.

**Student Learning Outcome 1C:** The student will become a member of the profession of nursing who participates in the profession and practice of nursing with a broad perspective.

**Components: Senior**

**1C.a.sen:** Identifies actual and potential strategies to influence healthcare policies.

**1C.b.sen:** Relates the impact of broad-based trends to national and international healthcare issues.

**1C.c.sen:** Examines the political processes that shape health care policies at the agency, community, and national level.

**1C.d.sen:** Advocates for individuals, families or communities to positively impact healthcare.

**Program Goal 2:** A competent provider of care in structured and semi-structured healthcare settings who demonstrates critical thinking abilities, and provides holistic, culturally competent nursing care to a variety of individuals, families, and communities within the ethical/legal framework of the profession (IU Outcomes 1, 2, 5, 7).

**Student Learning Outcome 2A:** The student will become a member of the profession of nursing who is a competent provider of care in structured and semi-structured healthcare settings who demonstrates critical thinking abilities

**Components: Senior**

**2A.a.sen:** Completes an accurate assessment; gathers subjective and objective data from a variety of sources in client aggregates across multiple settings.

**2A.b.sen:** Intervenes with multiple clients in various settings to reduce health risk behaviors.

**2A.c.sen:** Analyzes, within a theoretical framework, assessment data to develop nursing diagnoses/problem statements for aggregate and specialized populations.

**2A.d.sen:** Prioritizes nursing care for multiple patients, aggregates and specialized populations.

**2A.e.sen:** Individualizes plan of care to meet client needs in aggregates and specialized populations.

**2A.f.sen:** Provides safe and effective care for multiple clients across various settings.

**2A.g.sen:** Constructs and implements teaching plans to meet aggregate learning needs in various settings.

**2A.h.sen:** Evaluates outcomes and proposes revisions to plan of care.

**2A.i.sen:** Critiques and applies research findings that affect overall nursing practice.

**Student Learning Outcome 2B** The student will become a member of the profession of nursing who provides holistic, culturally competent nursing care to a variety of individuals, families, and communities.

**Components: Senior**

**2B.a.sen:** Incorporates the cultural beliefs of the client in provision of care across various settings.

**2B.b.sen:** Applies holistic concepts in nursing practice across multiple settings and client populations.

**Student Learning Outcome 2C:** The student will become a member of the profession of nursing who within the ethical/legal framework of the profession

**Components: Senior**

**2C.a.sen:** Uses appropriate decision models to resolve ethical dilemmas in various health care situations.

**2C.b.sen:** Articulates personal beliefs and values and their effect on nursing and health care across multiple settings.

**2C.c.sen:** Incorporates ANA standards and legal regulations as a basis for nursing practice across multiple settings.

**2C.d.sen:** Evaluates and recommends the need for changes in policies and procedures applicable to each clinical setting.

**2C.e.sen:** Demonstrates responsibility and accountability for nursing care across multiple settings.

**Program Goal 3** A knowledgeable coordinator of community resources and a responsible manager who balances human, fiscal and material resources to achieve quality health care outcomes for individuals, families, and communities, based on nursing knowledge (Outcomes 3, 9).

**Student Learning Outcome 3A:** The student will become a member of the profession of nursing who is a knowledgeable coordinator of community resources and a responsible manager who balances human, fiscal and material resources to achieve quality health care outcomes or individuals, families, and communities, based on nursing knowledge.

**Components: Senior**

**3A.a.sen:** Plans care for groups of people utilizing knowledge of available human, fiscal and material resources.

**3A.b.sen:** Assesses and utilizes community resources that maximize the health of individuals and groups.

**3A.c.sen:** Incorporates knowledge of cost-benefit issues in planning nursing care.

**Parts B, C, and D. Performance Characteristics, Benchmarks, Point of Measurement, and Numeric Assessment Results**

Part B contains several Tables that have columns for the Performance Characteristics, Benchmarks, Points of Measurement, and Numeric Assessment results on an Outcome by Outcome basis. Since our assessment plan is complex, a brief discussion of the measurement process is provided here. After the numeric data, there is a narrative summary of the meaning or interpretation of the results. In the School of Nursing, we believe that data from a variety of sources/stakeholders is important in evaluating program success. A brief summary of the types of assessments currently in use follows here.

- I. ATI assessments:** In the School of Nursing each one of our students purchases the ATI program every semester in Nursing School. With this program, students get a myriad of study resources and individualized, Nationally normed test results in all of the major content areas for nursing, as well as critical thinking. Students take proctored, online content exams toward the close of most nursing courses. In terms of program assessment, we have access to overall performance ratings in every one of the areas tested. The performance ratings are reported in a detailed manner that ties nicely to our program outcomes, and includes objective scoring (% scores by topic), National Group Percentile Rankings, and now criterion referenced **Competency Levels**. These are the definitions: Proficiency Level 3—indicates student is likely to exceed NCLEX-RN® in this content area. Students are performing at a high level. Proficiency Level 2--indicates a student is fairly certain to meet NCLEX-RN® standards in this content area. This is a good level of performance and represents our new benchmark for individual students. **Our goal will be that 75% of our students reach proficiency level 2.** Proficiency Level 1-- indicate a student is likely to just meet NCLEX-RN® standards in this content area. Students are encouraged to develop and complete a rigorous plan of focused review in order to achieve a firmer grasp of this content. This is just below our desired benchmark, though it does represent adequate performance by industry standards. Below Proficiency Level 1—this is inadequate performance and indicates a need for thorough review of this content area. Students are strongly encouraged to develop and complete an intensive plan for focused review.
- We have not yet set a benchmark for the critical thinking test: faculty wanted to see what our baseline performance looked like before doing so. Note: this year the data will be presented both in terms of competency level and also National Percentile Rank, to allow comparison over time.

- II. Graduate Survey:** Near the close of the senior year, students complete a **self report instrument** in which they **rate their own abilities in each of the student learning outcome areas**. This scale includes several items per program goal, and is available on request. This is scaled a four point Likert scale, with 1=strongly agree, 2=agree, 3=disagree, and 4=strongly disagree. Since an important part of professional development is identifying one's own strengths and weaknesses and since our students engage in self rating across the curriculum, this is an appropriate measure. However, being self report, there is an issue of validity. Therefore, when possible, this measure is considered with other measures. Currently our **benchmarks are set at achievement of a Mean of 2.0 or less** in all areas.
- III. Alumni Survey:** One year post graduation, BSN alumni are mailed a survey similar to the graduate survey though somewhat shorter, that includes self report items for every program goal. A similar Likert rating scale is used. Currently our **benchmarks are set at achievement of a Mean of 2.0 or less** in all areas.
- IV. Employer Survey:** Every August, managers, administrators, and supervisors from area health care agencies are surveyed regarding the performance of the new IU Kokomo graduates that they have hired. The questions on the survey incorporate all of the program goals, and many of the student learning outcomes. A similar Likert rating scale is used. Currently our **benchmarks are set at achievement of a Mean of 2.0 or less** in all areas. **Please note that in the 2006 data, which is also included in this year's report for comparison purposes, the number values are not directly comparable to the 2007 data. We are working toward having the number values match the written descriptor attached across multiple measures, and this scale had to be adjusted. So, while the numbers are fairly different from 2006 to 2007, we now have the numbers set to match the descriptor that we believe is correct.**
- V. Writing Score:** Each year a selected senior assignment from a class is used as data for assessment of the writing ability of the group (Student Learning Outcome 1B.a). All of the papers for this assignment are collected. A neutral faculty member reads each paper and completes the "writing scoring rubric" regarding each. Then the scores are averaged, and a note is made re how many students met the competency level and how many did not. Our Benchmark is set at a score of 95% of students meeting 18.
- VI. NCLEX Pass Rate:** Our students take a national licensure exam designed to measure important aspects of practice. We receive data about their performance, both a pass rate and later detailed information about performance. The detailed analytic data arrives over a year late, so we have just received the 2005 grad data (which is folded into this report where applicable). However, we actively track the current pass rate, since the data is publicly available online. All of our 2006 graduates have tested so we have a final percent pass rate that is reported. Comparative pass rate data will be published by NCLEX much later. **Our benchmark is to meet the national average pass rate on a year by year basis.**

## Characteristics of the BSN Class of 2007

This report summarizes the program outcome performance of our regular BSN students for the class of 2007, (not the RN-BSN group). This group began with 40 sophomores and 36 seniors from the regular BSN program graduated in 2007 (for an approximate graduation rate of about 90%). This graduation group is mostly female (one male), and the mean age is 28.76 years. Prior to beginning this degree program, 25% had no prior healthcare background; 42.5% had CNA experience (nursing assistant), and 17.5% had other experience in healthcare, such as social work, medical unit secretary, etc. The work status at the time this group was surveyed indicated that 17.5% were working full time, 27.5% were working part time, 20% were working on call, and 10% were looking for a job. The others were either not working by choice or did not provide an answer for that question. Of those working, 52.5% were employed at a community hospital and 7.5% in a specialty hospital. The others were employed in a diverse variety of settings. Of those working, 27.5% were in a medical-surgical setting, 10% were in a women's health setting. Other specialty areas were also reported at low frequencies. Most of those employed were involved as student nurse externs/direct care.

Data about the initial performance of the 2007 graduates was obtained from a sample of 5 local employers, who completed the "employer survey" about their experiences with this graduating class, and discussed their needs and findings with a focus group September 26, 2007.

Data from the 2006 graduates who completed their BSN degree in 2006 have also been included in this report. Thirty one surveys were sent out to basic BSN graduates and 12 were returned for a return rate of 39% for this group. When reviewing this part of the results, it is important to realize that data for this group was gathered during the fall of 2007, but the graduates surveyed were not the same class as those featured throughout most of the report.

# INDIANA UNIVERSITY KOKOMO SCHOOL OF NURSING

## Baccalaureate in Nursing: 2007 Assessment Results (2006 results in italics for comparison, with some graphic data that follows)

OUTCOME ASSESSMENT AREA (ORGANIZED BY STUDENT LEARNING OUTCOME)	PRIMARY TOOLS FOR PROGRAM EVALUATION* <b>SR=SELF REPORT</b> <b>OR=OBSERVED REPORT</b> <b>P=PERFORMANCE ON TEST, PAPER, OR SKILL CHECK</b>	WHEN IS THE MEASURE TAKEN?	BENCHMARKS AND MEASUREMENT COMMENTS FOR EACH TOOL IN PROGRAM EVALUATION:	DATA FROM GRADUATING CLASS
<b>1A: promotes a positive image of nursing</b>	ATI Fundamentals sub section on Professional Responsibilities  Grad Survey (SR)  Alum Survey: 1 year (SR)  Employer Survey (OR)	End of Sophomore year  Month prior to grad Mailed at 1 year post grad. Every August	Nationally normed measure of knowledge in this area. <b>Benchmark: 75% of students reach proficiency level 2</b>  Each of these three rating sheets has a "1" as highest rating, and "4" as the lowest, with scores of 2.00 or less rated as good. <b>Benchmark: means at 2.00 or less on all three measures.</b>	This group did not take the ATI Fundamentals Test <b>2007 Grad Survey:</b> <b>1A.a.sen:</b> Compares and contrasts the public image of nursing. Mean: 1.49 ( <i>2006 Mean: 1.77</i> ) <b>1A.b.sen:</b> Develops a broad perspective of nursing practice that contributes to the health and well-being of people. Mean: 1.54 ( <i>2006 Mean: 1.67</i> ) <b>2006 "one year" Alumni Findings:</b> Promotes a positive image of nursing Mean 1.92 ( <i>2005 Mean 1.38</i> ) <b>2007 Employer Survey:</b> Mean of Items for this outcome: <b>Mean 2.2</b> ( <i>2006 1.71</i> ).
<b>1B: Effective Communicator</b>	Writing Score (P)  ATI Test (P) Sub topic communication (subtopic also measured throughout the program)  Grad Survey (SR)  Alumni Survey (SR)  Employer Survey (OR)	Paper from class in senior year.  Spring semester year of graduation  Month prior to graduation  1 year after graduation Every August	Writing score uses one senior paper and objective faculty raters score the paper on our writing rubric. <b>Benchmark: score of 18 meets standard—benchmark is that 95% meet standard.</b>  ATI Comprehensive Predictor test is a nationally normed test given to seniors in capstone class. <b>Benchmark is currently set at attaining a mean score at 60% (for sub topics on this test, competency levels are not identified).</b> Each of these last three rating sheets has a "1" as highest rating, and "4" as lowest, with scores of 2.00 or less rated as "good." <b>Benchmark: means of 2.00 or less on all three measures.</b>	<b>Writing Score Average:</b> 20.5 ( <i>2006 mean 21.11</i> ) 87% of the papers reviewed met the benchmark of "18" While we had hoped for 95%, the two papers that did not meet the benchmark were very close. Qualitatively, we are sitting right near the benchmark. <b>ATI Comprehensive Predictor Communication Sub Topic:</b> 2007 mean: 71.9% ( <i>2006 mean 70.1%</i> ) <b>Grad Survey:</b> <b>1B.a.sen:</b> Consistently produces written work that demonstrates clarity of thoughts, coherency of arguments, organization of ideas, grammatical accuracy, and APA format when applicable. Mean: 1.64 ( <i>2006 Mean 1.70</i> ) <b>1B.b.sen:</b> Communicates respectfully and clearly with individuals, families, communities and other health care providers. Mean 1.41 ( <i>2006 Mean 1.37</i> ) <b>1B.c.sen:</b> Uses information technology in managing information, data sets, and problem-solving activities. Mean 1.49 ( <i>2006 Mean 1.60</i> ) <b>1B.d.sen:</b> Incorporates therapeutic communication techniques with clients across all settings. Mean 1.51 ( <i>2006 Mean 1.53</i> ) <b>2006 "one year" Alumni Findings:</b> communicates accurately and effectively... <b>Mean 2.17</b> ( <i>2005 Mean 1.69</i> ) <b>2007 Employer Survey:</b> Mean of Items for this outcome: <b>Mean is 2.99</b> ( <i>2006 mean 1.26</i> )

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<b>1C: Broad Perspective</b>	Grad Survey (SR)  Alum Survey (SR)  Employer Survey (OR)	Month prior to grad Mailed at 1 year post grad. Every August	Each of these three rating sheets has a "1" as highest rating, and "4" as the lowest, with scores of 2.00 or less rated as good. <b>Benchmark: means at 2.00 or less on all three measures.</b>	<b>Grad Survey:</b> <b>1C.a.sen:</b> Identifies actual and potential strategies to influence healthcare policies. Mean: 1.74 (2006 Mean: 1.90) <b>1C.b.sen:</b> Relates the impact of broad-based trends to national and international healthcare issues. Mean 1.79 (2006 Mean 2.00) <b>1C.c.sen:</b> Examines the political processes that shape health care policies at the agency, community, and national level. <b>Mean 2.02 (2006 Mean 2.13)</b> <b>1C.d.sen:</b> Advocates for individuals, families or communities to positively impact healthcare. Mean 1.46 (2006 Mean 1.60) <b>2006 "one year" Alumni Findings:</b> Practices with a broad perspective <b>Mean 2.5</b> (2005 Mean 1.92) <b>2007 Employer Survey:</b> Mean of Items for this outcome: <b>Mean is 2.8 (2006 mean 1.75)</b>



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<b>2A Competent Provider/Critical Thinker</b>	<p>ATI Test Comp Predictor (P) overall performance</p> <p>ATI Critical Thinking (P)</p> <p>ATI Test Specific (see other table for results)(P)</p> <p>Grad Survey (SR)</p> <p>Alumni Survey (SR)</p> <p>Employer Survey (OR)</p> <p>NCLEX pass rate (P)</p>	<p>Spring Semester the year of graduation</p> <p>During soph yr and Spring Semester Year of graduation</p> <p>(multiple exams used throughout the curriculum)</p> <p>Month prior to graduation</p> <p>1 year after graduation</p> <p>Every August</p> <p>Report from National Council on Licensure</p>	<p>ATI Comprehensive Predictor test is a nationally normed test given to seniors in capstone class. <b>Benchmark: National Percentile Rank of 60 overall</b> (06 Benchmark was National Percentile Rank of 60 overall)</p> <p>ATI Critical thinking test is a nationally normed critical thinking test given in the last semester. <b>Benchmark is currently set at attaining a Group Percentile Rank (National) of 60%.</b> <i>(note: this is replacing the California Critical thinking test)</i></p> <p><b>See Appendix 3 for this information, since it is detailed and extensive.</b></p> <p><b>Benchmark: means of 2.00 or less on all three measures</b></p> <p>We receive quarterly reports on pass rates. <b>Benchmark: Meet the National Average for Pass Rate (varies from year to year)</b></p>	<p><b>Comprehensive Predictor</b> (overall performance): 2007 group mean 64.7 National Percentile Rank 66 <i>(2006 Group mean 64.9; National Percentile Rank: 70)</i></p> <p><b>NCLEX Pass Rate:</b> 2007 Current first time pass rate is 90% (30 have taken in state and 27 have passed. Three moved out of state and there will be no data for those students. The current National pass rate for 2007 first time BSN takers is 86.9 with the last quarter data not in). <i>(2006 was 87% National pass rate for first time BSN takers was 88.3%).</i></p> <p><b>ATI Critical Thinking Exit Exam</b> . 2007 Group score was 74.4% and National Percentile Rank was 79. <i>(2006 Group score was 73.5% National Percentile Rank: 73)</i></p> <p><b>2006 “one year” Alumni Findings</b> “Critical thinking” <b>Mean 2.58</b> (2005 Mean “demonstrates critical thinking” 2.00)</p> <p><b>Graduate Survey:</b>  <b>2A.a.sen:</b> Completes an accurate assessment; gathers subjective and objective data from a variety of sources in client aggregates across multiple settings. 2007 mean 1.56 (2006 Mean: 1.53)  <b>2A.b.sen:</b> Intervenes with multiple clients in various settings to reduce health risk behaviors. 2007 Mean was 1.56 (2006 Mean: 1.70)  <b>2A.c.sen:</b> Analyzes, within a theoretical framework, assessment data to develop nursing diagnoses/problem statements for aggregate and specialized populations. 2007 Mean 1.64 (2006 Mean: 1.67)  <b>2A.d.sen:</b> Prioritizes nursing care for multiple patients, aggregates and specialized populations. 2007 Mean was 1.51 (2006 Mean: 1.63)  <b>2A.e.sen:</b> Individualizes plan of care to meet client needs in aggregates and specialized populations. 2007 Mean was 1.64 (2006 Mean: 1.63)  <b>2A.f.sen:</b> Provides safe and effective care for multiple clients</p>

				<p>across various settings. 2007 Mean was 1.64 (2006 Mean: 1.50)</p> <p><b>2A.g.sen:</b> Constructs and implements teaching plans to meet aggregate learning needs in various settings. 2007 Mean was 1.59 (2006 Mean: 1.60)</p> <p><b>2A.h.sen:</b> Evaluates outcomes and proposes revisions to plan of care. 2007 Mean was 1.59 (2006 Mean: 1.63)</p> <p><b>2.A.i.sen:</b> Critiques and applies research findings that affect overall nursing practice. 2007 Mean was 1.77 (2006 Mean: 1.97)</p> <p><b>2006 “one year” Alumni Findings</b> “provides competent care” Mean 2.4 (2005 Mean was 2.00)</p> <p><b>2007 Employer Survey:</b> Mean of Items for this outcome: Mean is 2.83 (2006 mean was 1.3)</p>
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<b>2B Holistic, Culturally Competent</b>	ATI Fundamentals Test Sub Section on Transcultural Care  Grad Survey (SR)  Alum Survey: 1 year (SR)  Employer Survey (OR)	End of Sophomore Year  Month prior to grad Mailed at 1 year post grad. Every August	ATI Fundamentals Test is a Nationally Normed test that measures knowledge in this area. <b>Benchmark: 75% of students reach proficiency level 2</b>  Each of these three rating sheets has a "1" as highest rating, and "4" as the lowest, with scores of 2.00 or less rated as good. <b>Benchmark: means at 2.00 or less on all three measures.</b>	This group did not take the ATI Fundamentals Test, as ATI is being phased in and this test is early in program.  <b>Grad Survey:</b> <b>2B.a.sen:</b> Incorporates the cultural beliefs of the client in provision of care across various settings. 2007 Mean is 1.59 (2006 Mean: 1.70) <b>2B.b.sen:</b> Applies holistic concepts in nursing practice across multiple settings and client populations. 2007 Mean is 1.54 (2006 Mean: 1.63) <b>2006 "one year" Alumni Findings:</b> "care is holistic and specific to cultural needs" Mean 1.83 (2005 Mean: 1.69) <b>2007 Employer Survey:</b> 2007 Mean of Items for this outcome: <b>Mean is 2.4</b> (2006 mean of items for this outcome 1.87)
<b>2C: Ethical/Legal Framework</b>	Grad Survey (SR)  Alum Survey: 1 year (SR)  Employer Survey (OR)	Month prior to grad Mailed at 1 year post grad. Every August	Each of these three rating sheets has a "1" as highest rating, and "4" as the lowest, with scores of 2.00 or less rated as good. <b>Benchmark: means at 2.00 or less on all three measures.</b>	<b>Grad Survey:</b> <b>2C.a.sen:</b> Uses appropriate decision models to resolve ethical dilemmas in various health care situations. 2007 Mean is 1.74 (2006 Mean: 1.83) <b>2C.b.sen:</b> Articulates personal beliefs and values and their effect on nursing and health care across multiple settings. 2007 Mean is 1.61 (2006 Mean: 1.67) <b>2C.c.sen:</b> Incorporates ANA standards and legal regulations as a basis for nursing practice across multiple settings. 2007 Mean is 1.59 (2006 Mean: 1.70) <b>2C.d.sen:</b> Evaluates and recommends the need for changes in policies and procedures applicable to each clinical setting. 2007 Mean is 1.79 (2006 Mean: 1.93) <b>2C.e.sen:</b> Demonstrates responsibility and accountability for nursing care across multiple settings. 2007 Mean is 1.56 (2006 Mean: 1.47) <b>2006 "one year" Alumni Findings:</b> "work within legal/ethical framework of the profession" Mean 1.92 (2005 mean was 1.69) <b>2007 Employer Survey:</b> Mean of Items for this outcome: <b>Mean is 2.13</b> (Mean for 2006 was 1.8)

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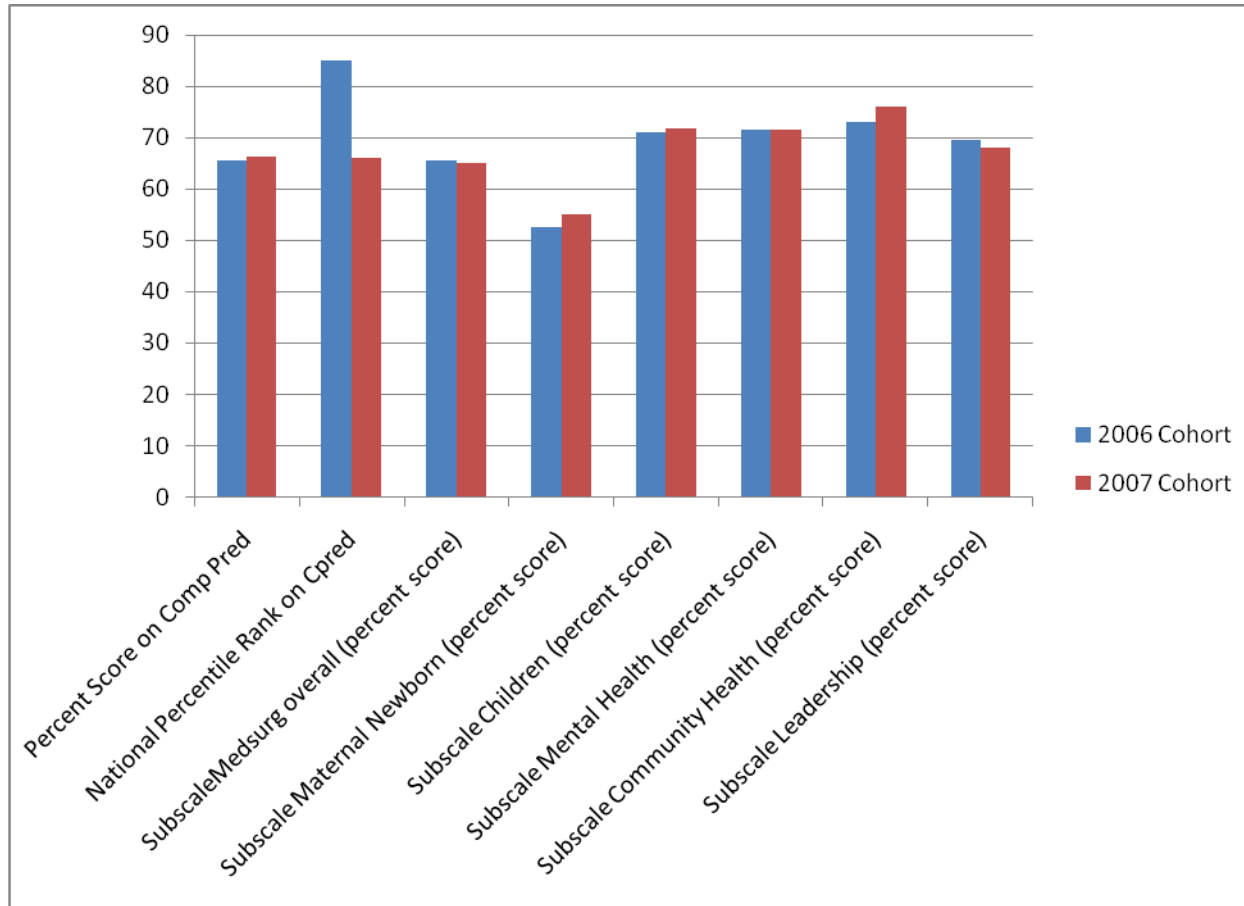
OUTCOME ASSESSMENT AREA (ORGANIZED BY STUDENT LEARNING OUTCOME)	PRIMARY TOOLS FOR PROGRAM EVALUATION* <b>SR=SELF REPORT</b> <b>OR=OBSERVED REPORT</b> <b>P=PERFORMANCE ON TEST, PAPER, OR SKILL CHECK</b>	WHEN IS THE MEASURE TAKEN?	BENCHMARKS AND MEASUREMENT COMMENTS FOR EACH TOOL IN PROGRAM EVALUATION:	DATA FROM GRADUATING CLASS
<b>3A: Manager who Balances resources</b>	ATI Test: sub category on Comprehensive Predictor  ATI Leadership Test  Grad Survey (SR)  Alum Survey: 1 year (SR)  Employer Survey (OR)	Spring Semester Year of grad  Spring Semester Year of Grad  Month prior to grad Mailed at 1 year post grad. Every August	The Comprehensive Predictor does not offer proficiency levels, so the benchmark is a group National Percentile Rank of 60%.  ATI leadership test: Benchmark for 2006 set at attaining a Group Percentile Rank (National) of 60%. <b>Benchmark 2007: 75% of students reach proficiency level 2</b>  Each of these three rating sheets has a "1" as highest rating, and "4" as the lowest, with scores of 2.00 or less rated as good. <b>Benchmark: means at 2.00 or less on all three measures.</b>	<b>Comprehensive Predictor: Leadership</b> subset: <b>2007 National Percentile Rank: 55</b> (2006 National Percentile Rank: 80)  <b>ATI Leadership Test:</b> 2007 52.8% of students achieved at proficiency level 2 or better; 97.22% achieved at a proficiency level of 1 or better, the National Percentile Rank was 70.6% (2006 National Percentile Rank: 77 -this does include human and fiscal resource management, delegation, decision-making, change, and advocacy)  <b>Grad Survey:</b> <b>3A.a.sen:</b> Plans care for groups of people utilizing knowledge of available human, fiscal and material resources. No specific item on survey. <b>3A.b.sen:</b> Assesses and utilizes community resources that maximize the health of individuals and groups. 2007 Mean is 1.60 (2006 Mean: 1.63) <b>3A.c.sen:</b> Incorporates knowledge of cost-benefit issues in planning nursing care. Mean: No specific item on survey. <b>2006 "one year" Alumni Findings:</b> Mean coordinate resources 2.5; Mean Manage 2.25 (2005 "coordinate community resources" Mean 1.84; "manage resources" Mean 2.00) <b>2007 Employer Survey:</b> Mean is 2.73 (2006 Mean of Items for this outcome: 1.46)

**Indiana University Kokomo School of Nursing  
Baccalaureate in Nursing: Assessment Plan Appendices  
Appendix 3: ATI Test Results by Course Test Plan/Results for 2006 and 2007 Graduates\***

ATI						
Which ATI Tests are Administered?	Comp. Predictor 2006	Comp. Predictor 2007	Pharmacology 2006	Pharmacology 2007	Leadership 2006	Leadership 2007
<b>Overall Performance on Test (group percentile rank-National)</b>	<b>70</b>	<b>66</b>	<b>84</b>	<b>72</b>	<b>77</b>	<b>57</b>
Cognitive Level Performance	70	70.28	84	64	77	71.05
Critical Thinking Performance	70	66.56	84	67	77	64.1
Therapeutic Nursing Interventions	66	66.9	76	66.4	65	50
Communication Skills	73	71.9	55	66.4	81	66.7
Nursing Process	70	70.08	84	65	77	68
NCLEX Blueprint: overall	70	66.2	84	65.6	77	71.6
Pharmacology and Parenteral	83	66.3	83	66.2	80	
Risk reduction	68	65.7		31.9	15	
Physiological adaptation	56	62.5		36.1	8	

Note: Areas that are blank are not reported for that particular exam. Also, the National Percentile Rank is a “moving target,” so year to year comparisons must be considered with that in mind. If a true year to year comparison is desired, percent scores may be more accurate. The graph that follows contains data that are more comparable.

### Comparison of Subscales on Comprehensive Predictor Exam for 2006 and 2007 in Major Content Areas



**Part E: Executive Summary of Student Performance for Each Outcome with Faculty Interpretation**

OUTCOMES	OVERALL COMPARISON WITH BENCHMARK: MET, SIGNIFICANTLY EXCEEDED, OR AREA FOR IMPROVEMENT	POTENTIAL AREAS FOR ACTION* THESE WILL BE DISCUSSED IN OUR EVALUATION MEETING 11-07.
<b>Student Learning Outcome 1A:</b> The student will become a member of the profession of nursing who <u>promotes a positive image</u> of nursing.	Mostly Met	
<b>Student Learning Outcome 1B:</b> The student will become a member of the profession of nursing who is an <u>effective communicator</u> of accurate information	Mostly Met	Comparative scores from last year on actual measures of performance are stable and fairly good; alumni and employer’s evaluations are not quite at the benchmark (they fall between average and good, however).
<b>Student Learning Outcome 1C:</b> The student will become a member of the profession of nursing who <u>participates in the profession and practice of nursing</u> with a broad perspective.	Area for Improvement	The self rating of the competency “Examines the political processes that shape health care policies at the agency, community, and national level” has fallen below the benchmark x2, and employer/alum ratings, while average to above average, do not meet the high standard we hope to achieve.
<b>Student Learning Outcome 2A:</b> The student will become a member of the profession of nursing who is a <u>competent provider of care</u> in structured and semi-structured healthcare settings <u>who demonstrates critical thinking abilities</u>	Mostly Met, with a few areas for improvement	We had good results, overall, in this area in terms of actual student performance. We need to revisit the benchmark that is new (“75% perform at level 2 or better”) as it may be setting the bar too high—and while our overall scores are similar to last year, the benchmark was much more difficult to meet). There are some areas for improvement and vigilance, since our NCLEX pass rates have not been <i>consistently</i> good. We already have been aware of the ever increasing expectations for new grads in the health care settings, <i>and are evaluating our clinical preparation in detail and in an objective manner this year, with the goal of improving clinical performance of new grads.</i> One aspect of the data to bear in mind

		is that perceptions of employers tend to be global responses about new grads in general~managers don't easily recall who is a BSN grad from IU Kokomo when they have new grads from 3 or 4 schools. On the other hand, we hope to provide graduates who are well prepared to step into the practice arena and this is an area for growth.
<b>Student Learning Outcome 2B</b> The student will become a member of the profession of nursing who <u>provides holistic, culturally competent nursing care</u> to a variety of individuals, families, and communities.	Mostly Met	The only measure that was not at benchmark was the employer responses, which were in the average to good range (N=5).
<b>Student Learning Outcome 2C:</b> The student will become a member of the profession of nursing who within the <u>ethical/legal framework of the profession</u>	Mostly Met	The only measure that was not at benchmark was the employer responses, which were close to the benchmark in the average to good range (N=5).



OUTCOMES	OVERALL COMPARISON WITH BENCHMARK: MET, SIGNIFICANTLY EXCEEDED, OR AREA FOR IMPROVEMENT	POTENTIAL AREAS FOR ACTION* THESE WILL BE DISCUSSED IN OUR EVALUATION MEETING 11-06.
<b>Student Learning Outcome 3A:</b> The student will become a member of the profession of nursing who is a knowledgeable coordinator of community resources and a responsible <u>manager who balances human, fiscal and material resources</u> to achieve quality health care outcomes for individuals, families, and communities, based on nursing knowledge	Not Met= Area for Improvement	We did not perform as well as previously in this area, and not only were the overall perceptions less favorable, but performance measures were not at benchmark and not as good as last year. We need to discuss if this was a “fluke” or whether some action is needed.

**Section IV: Using Assessment for Program Improvement For 2007-2008:** this will be our second full year with the new ATI program, and the goal would be full and excellent implementation; continue to work on effectiveness of the benchmarks we have set with ATI, and using the data we have for program improvement. We have changed the RN to BSN plan to a portfolio model and we are collecting data now. We are undertaking a study of our clinical education opportunities and effectiveness, which will fit in with our main measures, but will also address the concerns employers and alumni have about transitioning to professional practice. We will have data beginning summer 08. Also, we are slowly phasing in more evaluation of performance, not just test ability. We have purchased 2 simulation men for this purpose, and have just started to integrate this into the curriculum. More work is needed, but we also have a number of unfilled positions, and must use care to move at a reasonable pace for the faculty, who are working very hard already.

Data were gathered for all the outcome criteria with changes in measures as noted above. The report generated includes data from 2006 (italicized), even though our focus is 2007. Our measures are improved a great deal, and have important external validity with opportunity for student engagement. We will be working on minor adjustments to measures, benchmarks, etc. We recently changed from a benchmark that compared us to other schools (national percentile rank) to a benchmark that looks at set proficiency levels. We may have set out benchmark a bit high here. We need more time with our new program to really see what else needs work.

We now have 2 years worth of data under the new assessment plan, and we could begin to consider change based on findings. Our NCLEX results have already improved dramatically, and we attribute this to two factors: increased rigor in several courses, especially sophomore and medical surgical nursing, and ATI, which provides an intervention for finding and diminishing deficiencies early. **The ATI program is, in itself, an intervention, not just a measurement tool, which we recently implemented.** The approach uses competency testing coupled with remediation at the end of every course. Students can tell how they are doing throughout the entire curriculum and can correct deficient areas. Faculty can see areas where their instruction is more or less in line with standards in the profession. We have already identified several areas of weakness and have begun to craft curricular improvements. Since the IU School of Nursing has changed in structure, we now have the ability to make substantive change without engaging all the IU Schools of Nursing across the state for agreement. One recommendation is that we take the time to really look at our

curriculum with an eye toward the future. The BSN Essentials that our current curriculum is based on is under revision, and when that is complete, we will be ready to move forward. We are working toward more close alliance with our large employers.

## **Section V: Dissemination of Results:**

This report will be distributed to all regular faculty members prior to our meeting to discuss findings (the meeting for this is Nov 07). At next year's employer meeting, we will share a short report of these findings (as we did with the results from last year). We will also hold a focus group with BSN students from each class to share a short version of this report, and seek input (as we did last year). We put a short version of last year's report on the website for Nursing and will do so again this year. The report will need to be a brief synopsis of our performance, since this long version is burdensome to read. There are further supporting documents available on request.