

Department/Program: College of Health and Human Services	Chair/Director: Linda Delunas, Associate Dean	Assessment cycle/year:
	Email address: ldelunas@iun.edu	2012-13

Mission/Purpose

Student learning outcomes (Goals):

General Education Principle 1, Advanced Coursework; Intensive writing.

Goals: Intensive writing:

1. Use the writing process as a tool of inquiry to discover, explore, test, and develop ideas.
2. Draft and revise written texts that provide readers with effectively organized and clearly integrated support—in the form of illustrations and examples, relevant and sufficient data, and other pertinent sources of information and ideas—of a well-formulated thesis.
3. Incorporate the words and ideas of others correctly and effectively, as support of the text’s thesis.
4. Edit written texts for clarity and appropriateness of style, precision of language, and correctness in grammar and punctuation, and adhere to the expectations of an appropriate documentation style.

Which Student learning outcomes (Goals) did you assess this year?

Principle 1, advanced coursework—Intensive writing

Assessment Summary

Outcomes/Objectives	Measure(s)	Findings	Action Plans
Students will demonstrate proficiency in written communication.	Rubric applied to designated intensive writing course writing samples.	See attached rubric and data.	<ol style="list-style-type: none"> 1. Results will be shared with the English Department lead faculty for W131 2. Results will be shared with faculty teaching designated IW courses. Make sure that all faculty understand the rubric, how it is being used, and that assignments are in alignment. 3. Results will be shared with faculty in all CHHS programs. 4. IW courses will focus on improving introduction/conclusion especially 5. Report will be given to WAC group 6. Lead writing faculty will be requested to create more sections of W231 that focus on writing in the social sciences (APA format and relevant assignments).

Analysis Questions

Based on your findings and action plans, what primary changes will you make for student learning? Program outcomes? Changes to the assessment process?

1. See above. In spring 2014 we will test inter-rater reliability of rubric.

**College of Health and Human Services
Intensive Writing Assessment Rubric**

Writing Standards	Excellent (3)	Good (2)	Fair (1)	Unacceptable (0)
Introduction and Conclusion	Introduction includes a well-formulated thesis statement and clearly sets the context for the paper providing a road map for what to expect in the paper. Conclusion accurately summarizes the paper, and includes discussion and conclusions about the significance of the topic of the paper.	Introduction introduces the topic of the paper and provides some context for the topic but either does not include a thesis statement or the thesis statement provided is not well-formulated. Conclusion includes a summary of the topic and an attempt to describe its significance.	Introduction introduces the topic but provides little context. Conclusion is mostly a summary with little discussion of the significance of the topic.	Introduction is unclear, provides no context for the topic. Conclusion is unclear or a vague summary. No discussion of the significance of the topic.
Organization	Paper is very well organized and integrated. The content provided flows logically from the thesis statement; paper uses appropriate subheadings (where needed) and is easily read	Paper is fairly well organized and integrated, uses subheadings where needed and is generally readable. However, the information does not flow naturally from the thesis statement	Parts of the paper are not well organized or integrated and it does not reflect a well-formulated thesis. Subheadings are missing or confusing. Some sections are readable, but others are hard to follow.	Paper is disorganized and sections do not relate to each other making it difficult to read.
Supporting Evidence	Content/assertion is supported throughout by strong and appropriate evidence through use of relevant illustrations, examples, and sufficient data; appropriately incorporates the words and ideas of others	Assertions are, for the most part, supported by appropriate evidence that relates to content/assertions and, in general, appropriately incorporates the words and ideas of others	Some assertions are supported by evidence, some assertions are opinion only and evidence used does not relate to content/assertions and/or does not appropriately incorporate the words and ideas of others	No supporting evidence for assertions or assertions are opinion only.
Language/Voice	Writing reflects the consistent use of professional terms/language, and overall word choice is excellent.	For the most part, professional terms/language used and overall word choice is good.	Word choice is less than what is expected; does not consistently reflect professional terminology/language.	Word choice is poor and/or confusing with little or no professional terminology or language.
Structure and Format	Essentially error free in regards to grammar, spelling, punctuation, structure, and/or format. References are cited	Only a few, minor surface errors in regards to grammar, spelling, punctuation, structure, and/or format.	Several errors (some significant) in regards to grammar, spelling, punctuation, structure, and/or	Significant, glaring errors in regards to grammar, spelling, punctuation, structure, and/or format. No evidence that

	in text and on the reference page.	References generally are cited appropriately.	format. Paper needed further proofreading and editing.	paper was proofread or edited.
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Directions: Randomly select about eight end-of-semester papers from whatever course in your major is designated as an IW course. Score the paper according to the rubric. Note: this is separate from whatever content-specific rubric you are using to assign a grade to the paper for your course. This rubric is for assessment of general education learning outcomes; we will aggregate data at the College level

Scoring: Score the paper according to each of the five dimensions above (introduction and conclusion, organization, etc). Record item and item mean scores, as well as total scores on the table below.

Writing Standards	Paper 1	Paper 2	Paper 3	Paper 4	Paper 5	Paper 6	Paper 7	Paper 8	Item Mean
Introduction and Conclusion									
Organization									
Supporting Evidence									
Language/Voice									
Structure and Format									
Total									

The Assessment Committee will combine item scores for papers from all programs to calculate overall item mean scores and overall total mean scores for the College. This information will then be used for improvement in IW experiences for students.

CHHS Intensive Writing Assignment Rubric

	Intro and Conclusion	Organization	Supporting Evidence	Language/Voice	Structure and Format	Total
Paper 1- N	3	3	2	3	0	11
Paper 2- N	2	3	3	3	2	13
Paper 3- N	1	2	3	3	2	11
Paper 4- N	1	2	3	3	2	11
Paper 5- N	1	2	2	3	1	9
Paper 6- N	1	2	2	3	1	9
Paper 7- N	3	3	3	3	3	15
Paper 8- N	2	3	3	3	2	13
Paper 1- R	2	3	3	3	2	13
Paper 2- R	3	3	3	2	2	13
Paper 3- R	3	3	3	3	3	15
Paper 4- R	2	3	3	2	2	12
Paper 5- R	3	3	3	3	2	14
Paper 6- R	3	3	3	3	3	15
Paper 7- R	3	3	3	3	2	14
Paper 8- R	3	3	3	3	3	15
Paper 1- SP	2	1	3	3	2	11
Paper 2- SP	3	4	4	3	2	16
Paper 3- SP	2	3	3	3	3	14
Paper 4- SP	2	4	3	3	2	14
Paper 5- SP	1	2	3	3	2	11
Paper 6- SP	2	2	3	3	3	13
Paper 7- SP	3	4	2	3	3	15
Paper 1- SW	0.5	3	3	2	1	9.5
Paper 2- SW	2.5	2.5	3	3	2.5	13.5
Paper 3- SW	2.5	3	3	3	3	14.5
Paper 4- SW	3	3	3	1.5	2	12.5
Paper 5- SW	3	3	3	3	3	15
Paper 6- SW	0	3	3	3	3	12
Paper 7- SW	0	3	3	2	1.5	9.5
Paper 8- SW	3	2	3	3	3	14
Mean	2.113	2.790	2.903	2.823	2.194	12.823
Total possible	3	3	3	3	3	15

Department/Program: Dental Education	Chair/Director: Juanita Robinson	Assessment cycle/year:
	Email address: jurobin@iun.edu	2012-13

Mission/Purpose

Student learning outcomes (Goals):

- Ex. Program will produce well-prepared graduates. (Add more lines as needed.)*
- Goal 1. The ability to recognize the roles of the dental health team and function as a team member through effective interpersonal communication *and*, The ability to respond to the needs of the patients through effective interpersonal communication and respect the rights of others.
- Goal 2. The ability to respect members of the dental health tem and function as a valuable and cooperative team member *and*, The ability to respond to the needs of the patients through effective interpersonal communication and respect for others.
- Goal 3. The ability to provide or perform a particular, but complex, service or task *and*, The ability to evaluate and identify conditions of that service or task.
- Goal 4. The ability to value continual learning, professional development and self-evaluation and personal goals.

Which Student learning outcomes (Goals) did you assess this year?

Competence in the practice of the profession of dental hygiene and dental assisting.

Assessment Summary

Outcomes/Objectives	Measure(s)	Findings	Action Plans
<i>Ex. Students will demonstrate proficiency in oral communication.</i>	<i>Rubric applied to capstone project presentations.</i>	<i>60% of students scored a 3 or higher.</i>	<i>Provide tutorials and practice sessions for oral presentations once a month through the tutoring center.</i>
1. Licensure examination scores and clinical competency assessments	Direct observation, preceptor evaluation, student self-evaluation, and examinations. Other ways to assess achievement of student outcomes related to clinical competence are: graduate, employer and patient surveys	The second year dental hygiene students completed patient and radiographic requirements with at least 89% accuracy in the fall semester The second year dental hygiene students completed patient and radiographic requirements with at least 93% accuracy in the spring semester The first year dental hygiene students completed patient and radiographic requirements with at least 85% accuracy in the spring semester The first year dental hygiene students completed patient and radiographic	Provide educational seminars for faculty and students Provide guest speakers for professional organization meetings Continuing education for faculty (mandatory for licensure renewal) Revise curriculum content to stay abreast of the ever changing profession of dental hygiene and dental assisting

		<p>requirements with at least 87% accuracy in summer I semester</p> <p>The dental assisting students completed radiographic requirements in summer II semester with 90% accuracy.</p> <p>100% of the second year dental hygiene students passed the National Board Examination, the clinical portion and the computerized portion of the North East Regional Examination</p>	
2.			
3.			
4.			
5.			

Analysis Questions

Based on your findings and action plans, what primary changes will you make for student learning? Program outcomes? Changes to the assessment process?

1. In-service seminars to keep faculty knowledgeable and current in new technology so they can share this knowledge with students and each other.
2. Changes in competencies (knowledge, attitude, psychomotor and communication skills) to evaluate what is learned and make sure the students are doing what they are taught to do, evaluate dexterity in instrumentation and evaluate the student's performance in adequately sharing learned information with patients.

Department/Program: Health Information Management		Chair/Director: Margaret A. Skurka	Assessment cycle/year: 2012-2013
		Email address: mskurk@iun.edu	
Mission/Purpose			
To provide educational experiences designed to prepare students to achieve the Domains, Subdomains, and Tasks for Registered Health Information Administrators and Technicians as described by the Commission on Accreditation for Health Informatics and Information Management Education.			
Student learning outcomes (Goals):			
<i>Ex. Program will produce well-prepared graduates. (Add more lines as needed.)</i>			
Goal 1. The HIM curriculum will include, at minimum, the required knowledge clusters that include content and experiences to enable students to meet the current entry-level competencies of the profession.			
Goal 2. To prepare students to successfully write the national certification examinations of the AHIMA for certification as an RHIA or RHIT			
Goal 3. To prepare competent entry level health information technicians and administrators in the cognitive, psychomotor, and affective learning domains.			
Goal 4. 80% of the program graduates who desire employment will obtain employment in an HIM related setting			
Goal 5. The program will demonstrate responsiveness to the needs of the community(ies) of interest			
Which Student learning outcomes (Goals) did you assess this year?			
Goals 1, 2, and 5			
Assessment Summary			
Outcomes/Objectives	Measure(s)	Findings	Action Plans
<i>Ex. Students will demonstrate proficiency in oral communication.</i>	<i>Rubric applied to capstone project presentations.</i>	<i>60% of students scored a 3 or higher.</i>	<i>Provide tutorials and practice sessions for oral presentations once a month through the tutoring center.</i>
1. Graduates will demonstrate an 80% pass rate for RHIT exam. No students will write the RHIA exam until after Program Accreditation later in the Spring of 2014. After that point, the outcome applies to both programs.	Meet at least the AHIMA National Mean Pass rate of 75%	Pass rate was 100% for 20 graduates who were first time takers of the RHIT exam in 2012-2013 year.	Continue to urge early testing post-graduation as that correlates significantly with success rate on the exam. Exam should be taken within 3 months of graduation. Continue to monitor employer surveys for improvement opportunities in the entry level knowledge of the graduates.
2. Reassess program curriculums annually, based on student feedback,	Obtain and review student evaluations,	Review done at faculty meeting on July 15, 2013. Adjunct faculty meeting held	No changes recommended to the curriculum at this time, except that in all core courses,

to ensure alignment with required curriculums as set by CAHIIM.	obtain and review feedback from all faculty, and monitor credentialing exam by knowledge clusters	on August 19, 2013. Additional meetings scheduled for Spring and Summer 2014	course content must stay current with significant changes in the professional content of HIM. An informatics minor should be designed for CIS students and a CIS minor should be designed for HIA students
3. Create and document an outreach plan for our defined community of interest	Present draft outreach plan to the advisory board and finalize after review by the board.	ICD-10-CM course added as evening offering for community; students provided assistance each spring to Regional HIM meeting; On site visits performed to all clinical facilities;	CE activity to be offered in the Spring of 2014 to all clinical site credentialed individuals; Continue to offer the ICD-10-CM course as long as there is community need. Next Advisory meeting scheduled for October 25, 2013
4.			
5.			

Analysis Questions

Based on your findings and action plans, what primary changes will you make for student learning? Program outcomes? Changes to the assessment process?

1. The Clinical Coordinator will conduct annual, in person site visits to practicum sites and solicit informal feedback from practitioners on recommendations that will improve graduate performance as they move from classroom to professional.

2. Not all graduates seek employment as some continue their education, or choose to seek other employment. Faculty need to continue to work with area employers in identifying excellent position opportunities for graduates. Continuing outreach into the community for continued relevance of educational content of the program and the ability to present a qualified entry-level professional for employment.

3. No immediate changes are planned for the assessment practices, rather the volume of data available from current assessment needs to continue to be used most effectively for maximum benefit for the students, faculty and program.

Department/Program: Nursing	Chair/Director: Linda Delunas PhD RN CNE	Assessment cycle/year:
	Email address: ldelunas@iun.edu	2012-13

Mission/Purpose

The mission is to form partnerships for preparing students for diverse professional nursing roles in the 21st century.

Student learning outcomes (Goals):

Ex. Program will produce well-prepared graduates. (Add more lines as needed.)

Goal 1. A critical thinker who is able to demonstrate intellectual curiosity, rational inquiry, problem-solving skills, and creativity in framing problems.

Goal 2. A competent provider of health care who assumes the multiple role dimensions in structured and semi-structured health care settings.

Goal 3. A culturally competent person who provides holistic nursing care to a variety of individuals, families, and communities.

Goal 4. A knowledgeable coordinator of community resources who facilitates individuals, families, and communities access to resources necessary to meet health care needs.

Goal 5: A politically aware individual who participates in the profession and practice of nursing with a global perspective.

Goal 6: An individual who practices within an ethical and legal framework of the nursing profession.

Goal 7: An effective communicator who is able to share accurate information.

Goal 8: A professional role model who promotes a positive public image of nursing.

Goal 9: A responsible manager who balances human, fiscal, and material resources to achieve quality health care outcomes

Which Student learning outcomes (Goals) did you assess this year?

A critical thinker who is able to demonstrate intellectual curiosity, rational inquiry, problem-solving skills, and creativity in framing problems

A competent provider of health care who assumes the multiple role dimensions in structured and semi-structured health care settings

General Education Principle 4 Diversity ***See attached report submitted to Academic Affairs Feb 2013***

Assessment Summary

Outcomes/Objectives	Measure(s)	Findings	Action Plans
NCLEX-RN pass rates is above ISBN criteria for accreditation	NCLEX-RN results	National pass rate 88.49 %, IU Northwest SON results 94.3% (66/70).	Use ATI standardized testing program to assess readiness for NCLEX, and to provide remediation where indicated.
The group scores for the RN Comprehensive Predictor will remain at or above the national mean of 69.7%	RN Comprehensive Predictor results	The group mean was from 74.1 to 75.6 % which remains above the national mean.	Continue ATI program providing aggregated student learning outcome assessment data.
The group percentile rank on the Critical Thinking standardized test will remain above the nation mean of 70.3%	Critical thinking ATI results	The group mean was from 70.7 to 76.2% which remains above the national mean.	Continue to allow learning opportunities appropriate for achievement of program outcomes.
Students will have at least 1	Simulation surveys	Sophomores have 8 hours of simulation	Increase utilization of simulation in clinical

simulation day each semester		for fundamentals course and 1 hour of simulation for physical assessment course. Juniors have a skills review day for eight hours each semester, and the OB course has a 1 hour simulation. Seniors have 16 hours of simulation for the Medical-Surgical clinical, and 8 hours of disaster simulation for the Community course. See student evaluation data attached, and refer to attached Table "Assessment Data: Disaster Simulation".	rotation to meet unit strategic initiative.
Students will be 100% satisfied with program and program outcomes	Exit survey results	36 exit surveys were completed with 95% satisfaction (strongly agree or agree) for the 9 nursing student learning outcomes. There is a trend for a dissatisfier related to the outcome for politically aware individual.	Continue to make programmatic changes to ensure program satisfaction of graduates. Curriculum revision in progress. All outcome data being used to inform curriculum decisions.

Analysis Questions

- Based on your findings and action plans, what primary changes will you make for student learning? Program outcomes? Changes to the assessment process?*
1. In order to continue to involve students in simulation, we have students participate in one simulation per clinical experience. We have implemented a new program Simulation Learning Systems (SLS) to use in conjunction with our new high fidelity simulators. This new system provides learning simulation experiences to use with all levels of students, and is connected to the textbooks utilized in the course. We have also implemented the use of the objective structured clinical examination (OSCE) as a means of assessing students in simulation.
 2. Continue to develop and pilot a formal clinical evaluation tool, used by students, faculty, and preceptors.

B230 Developmental Issues in Health
General Education Principle 4- Diversity
Crystal Shannon PhD, MBA, RN
Indiana University Northwest
College of Health and Human Services
School of Nursing
crshanno@iun.edu
(219) 980- 6961

Introduction

B230-Developmental Issues in Health is an introductory nursing course designed to educate first year nursing students on the theoretical perspectives of growth and developmental issues across the lifespan. Additionally, this course evaluates the influence of culture and diversity on health care decision-making, family patterns, and the aging process. Traditional nursing students are required to take the course in the second semester of their sophomore year.

In the spring of 2013, I conducted a study on the knowledge, perception, awareness, and comfort level of students on issues related to diversity awareness. Students were evaluated using a variety of assessment methods (test questions, short answer discussion questions, and service learning activity).

Purpose

A moderate portion of the course is related to the concepts of culture and diversity and was chosen as the nursing course for evaluation of general education principle 4 on diversity awareness. This report will outline the strategies, methods, and evaluation criteria for assessment of learning about concepts related to diversity and cultural awareness.

The definition of diversity identified by IU Northwest is:

- Valuing the diversity of human experience, as exemplified in race, ethnicity, social class, language, religion, gender, sexual orientation, age, or disabilities; understanding how these categories are often used to create injustice; recognizing our common human heritage and the interconnectedness of communities in the region, the nation, and the world.

Students completing a degree at IU Northwest are expected to:

- Demonstrate understanding of cultural diversity in a variety of contexts.
- Demonstrate understanding of the relationships between social structures, social justice, and human rights.
- Demonstrate understanding of racial minority experiences and diverse worldviews and the manner in which they shape U.S. culture and the world.

Methods

First year baccalaureate nursing students (n=64) were assessed on their knowledge, awareness, and perception of cultural diversity using the following methods:

- Pre/Post course survey
- Formative/ Summative test questions and assignments
- Community Based Service Learning Activity
- Short answer discussion questions

A variety of methods were chosen due to the varied experiences of the class, learning methods reported by students, and course content. The assessment methods were embedded into course material for ease of student use and comprehension. Quantitative data were analyzed using descriptive statistics and qualitative data analyzed using content analysis.

Pre/Post Course Survey

The pre/post course survey (See Appendix A) was delivered to the students prior to the start of classes. The survey was created and delivered via Oncourse Tests and Surveys and was a seven question, 5-point Likert scale (SA, A, U, D, SD) that asked about:

- Confidence in knowledge of culture in diverse settings

- Comfort level getting to know other races
- Impact of culture on delivery of nursing care

Student submissions were anonymous and data were collected from December 15th 2012 to January 17th 2013. All data were exported to excel and evaluated using descriptive statistics.

Formative/ Summative Test Questions and Assignments

Students received course content related to the influence and delivery of culturally sensitive and aware nursing care. This included completion of a required Culturally Competent Nursing Care online course (See Appendix B) that was offered by the U.S. Department of Health and Human Services- Office of Minority Health. The online course included 6 modules in which participants gain cultural insight and use case studies to practice the delivery of nursing care with culturally diverse people in a variety of settings. Students were able to complete this required assignment over the duration of the entire spring semester. Each module included pre/post test material and students received a total of 30 points (out of 1000) for completion of all 6 modules.

Enrolled students also received diversity specific test (See Appendix C) questions via quizzes (10) and exams (5). The test questions evaluated concepts related to:

- Stereotyping
- Cultural Competence
- Ethnicity
- Ageism
- Racism
- Diversity

- Homosexuality
- Sexism

Additionally, students worked together in learning teams of 6-7 complete a series of discussion questions (See Appendix D) related to course content. They were able to choose one of 2-3 discussion questions (DQ's) for completion using a rubric (See Appendix D) to craft their response and reflections on principles of social justice and culturally competent nursing care.

Community-Based Service Learning Activity

While working within their small learning teams, all students were expected to collaborate with a local community (or campus) based agency over the entire spring semester to create and deliver a health promotion activity. The activities and agencies varied in terms of client culture, settings, and diversity of participants. At the end of the semester each team was required to present (See Appendix E) their project and address:

- Their improved understanding of cultural diversity in a variety of contexts.
- Their improved understanding of the relationships between social structures, social justice, and human rights.

Results

Pre/Post Course Survey

Upon course delivery 91% of enrolled students either agreed or strongly agreed that they felt confident in their knowledge on the delivery of culturally sensitive care in diverse settings. After completing the course, 82% either agreed or strongly agreed about their confidence level. This suggests that the course materials and activities challenged initial

perceptions of awareness and abilities related to diversity. Students possibly developed a renewed “reality” or “awareness” of limitations and biases.

Ninety six percent of students reported lack of discomfort when getting to know someone of another race (vs. 91% at course onset). A small percentage of students (7%) reported feelings of discomfort when getting to know someone from a race other than their own. After completion of the course, this number decreased to 2%.

When asked about feelings of discomfort while working with patients of other racial groups, 18% of students either agreed or strongly agreed they felt uncomfortable prior to course delivery. After course completion, only 3% of students reported these feelings of discomfort.

At the onset of the course 86% of students reported they either agreed or strongly agreed they currently (prior to course delivery) possessed enough knowledge about other cultures to provide adequate care. After completing the course readings, activities, tests and projects, only 32% of students reported they had enough knowledge. This suggests increased awareness of their own limitations and knowledge and a need for continued education related to culture and diversity.

Formative/ Summative Test Questions and Assignments

Quiz and test questions related to diversity were delivered over the entire semester. Due to attrition and one student not completing the Culturally Competent Nursing Care modules, 62/ 64 (97%) students completed all exams, quizzes, and course materials. Grade distributions were as follows:

A+: 0	A: 0	A-: 0	W: 1
B+: 1	B: 3	B-: 20	I: 0
C+: 24	C: 10	C-: 0	S: 0
D+: 0	D: 0	D-: 0	F: 4

Two DQs questioned students about their perceptions of social justice and cultural competence. Although they had a choice of three DQ's, 50% (5 out of 10) of the Learning Teams chose to respond to a DQ about the importance of culture in nursing. The major themes from the students' postings include:

- Role and responsibility of the nurse
- Using culture to understand and affect health
- Recognize his/her own biases

One team of students wrote:

“Nurses are in a unique position to not only help their patients experience physical relief due to illnesses, but also connect on a level that reaches into the core of the person. This encompasses being sensitive to cultural differences and taking care of each patient effectively without any bias to different ethnic, cultural, or heritage backgrounds. We believe the overall understanding of this concept will develop with experience” (unidentified nursing student, Spring 2013)

When answering the DQ about the influence of social justice the top common themes/phrases that emerged from the initial postings were:

- Equality
- Justice and human rights

- Chronic disease and illness
- Reduction of health disparities

Students shared personal reflections of injustice and beliefs in the responsibility of the health care system for improved awareness and increased action.

Community Based Service Learning Activity

Student presentations occurred at the end of the spring semester and each presenting team (100%) was able to address and give a specific example of improved understanding of cultural diversity and the relationships between social structures, social justice, and human rights. One student dropped the course due to a failing status at midterm but 98% of enrolled students completed the activity with an average score of 49/50 possible points.

Discussion

If students are more personally aware of their own limitations, perceptions, and abilities they might be more inclined to have increased exposure to other cultures and diverse settings. Coming into the course many students verbalized their concerns about needing to learn “more culture” and why is there such a big focus on the subject. However, these results show that students (as well as others) may have preconceived ideas, biases and other issues related to diversity awareness that might go unnoticed if not given the opportunity to become enlightened.

Limitations

This course is traditionally a difficult and transition course for new nursing students. For spring 2013, the course was redesigned from a fully face-to-face option into a hybrid model where all course content was delivered online (recorded lectures, videos,

etc.) and class time was devoted to active learning processes. As this was the first offering of the redesigned course, it may have had some negative influence on student results.

Plans for Future Delivery

Student feedback was encouraging and classroom discussions were very active. Although I intend to maintain the variety of assessment measures, I plan to change some of the pre/post questions for improved specificity. I also plan to include more specific summative questions related to culture and diversity.

Appendix A

Pre/ Post Course Survey Questions

1. Please rate your past experience in providing culturally sensitive care to diverse persons in diverse settings?
 - a. Strongly Disagree
 - b. Disagree
 - c. Undecided
 - d. Agree
 - e. Strongly Agree

2. Getting to know someone of another race is uncomfortable for me.
 - a. Strongly Disagree
 - b. Disagree
 - c. Undecided
 - d. Agree
 - e. Strongly Agree

3. My prior experiences have offered me a clear understanding of the impact of culture on healthcare decisions.
 - a. Strongly Disagree
 - b. Disagree
 - c. Undecided
 - d. Agree
 - e. Strongly Agree

4. I believe my cultural awareness will impact the nursing care I provide to others.
 - a. Strongly Disagree
 - b. Disagree
 - c. Undecided
 - d. Agree
 - e. Strongly Agree

5. I feel uncomfortable working with patients of racial groups different than my own.
 - a. Strongly Disagree
 - b. Disagree
 - c. Undecided
 - d. Agree
 - e. Strongly Agree

6. I believe I currently possess enough knowledge about other cultures to adequately provide nursing care.

- a. Strongly Disagree
- b. Disagree
- c. Undecided
- d. Agree
- e. Strongly Agree

Appendix B

Culturally Competent Nursing Care Online Course

U.S. Department of Health & Human Services
Office of Minority Health

www.hhs.gov
minorityhealth.hhs.gov

Culturally Competent Nursing Care: A Cornerstone of Caring

TCH Home Course Home Credit Info

Course Login

New Users
[Register Here](#)

Returning Users
Username:
Password:
[Forgot Password?](#) [Login](#)

Getting Started

- Technical Requirements
- Help / FAQs

"Providing effective and respectful nursing care to our country's increasingly diverse population is of paramount importance to the ANA. The OMH curriculum offers nurses the most comprehensive program regarding culturally competent nursing care."

Rebecca M. Patton, MSN, RN, CNOR
President, American Nurses Association

Why Culturally Competent Care?

Have you ever experienced a situation where you were unsure about the best way to approach a patient and family because of racial or ethnic concerns? Was there ever a time when language differences prevented you from effectively communicating with a patient?

You play a very important role in the health delivery system. Nurses spend more time in direct patient care than other groups of health professionals and are employed in a variety of settings. Increasingly diverse racial, ethnic, and sociocultural backgrounds of patients, colleagues, and staff may present challenges to you as you strive to provide care. Cultural and language differences may engender misunderstanding, a lack of compliance, or other factors that negatively influence clinical situations and impact patient health outcomes.

Cultural competence

is a set of behaviors, attitudes, and skills that enables nurses to work effectively in cross-cultural situations (OMH Web site).

Case Highlights



A 17-YEAR OLD VIETNAMESE MALE WHO IS HIV POSITIVE AND HAS BEEN TAKING HERBAL REMEDIES.

Vu Nguyen is being treated for HIV. The patient and his family showed

Cultural Insight

Asian and Pacific Islander cultures, among others, use traditional therapies including acupuncture to treat illness (Kaiser Permanente, 2003).

Why Use this Web site?

The Culturally Competent Nursing Modules (CCNMs) were developed to effectively equip you with awareness, knowledge, and skills to better treat your increasingly diverse patient population.

The CCNMs include an Introduction

Appendix C

Culture and Diversity Test Questions

1. If a healthcare provider fails to order a test or screening because he assumes that a female patient must have already had one is engaging in:
 - f. Gender discrimination.
 - g. Cultural formulation.
 - h. Cultural pain.
 - i. Gender formulation.
 - j. None of the above. x
2. Homosexuality is:
 - k. A mental illness, according to the DSM-IV.
 - l. A treatable medical condition.
 - m. A type of sexual identity. x
 - n. An expression of cultural pain.
3. Members of the LGBT population sometimes avoid seeking medical care because:
 - o. They believe in and practice homeopathic healthcare.
 - p. Of insensitivity and discrimination among some healthcare workers.
 - q. They tend to be healthier than members of the general population.
 - r. They discriminate against non-LBGT healthcare workers.
 - s. None of the above. x
4. Social scientists believe that racial identity is socially constructed through
 - t. Political and legal institutions.
 - u. Economics.
 - v. Social organizations.
 - w. Scientific institutions.
 - x. All of the above. x
5. Immigration and birth rate statistics suggest that cross-cultural encounters between and among patients and healthcare workers are expected to:
 - y. Decrease.
 - z. Stay about the same.
 - aa. Increase slightly.
 - bb. Increase greatly. X
6. Cultural Matching Exercise

Stereotyping
Cultural Competence
Ethnicity
Race
Culture
Diversity
Homophobia
Sexism
Racism

- A. The ability to interact effectively with people of different cultures. Comprises an awareness of one's own cultural worldview, attitude towards cultural differences, knowledge of different cultural practices and cross-cultural skills. (Cultural Competence)
- B. A set of beliefs, behaviors, and interactional patterns that identify a person with a larger social or ethnic group. (Culture)
- C. The belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race. (Racism)
- D. Fear or hatred of, aversion to or prejudice and/or discrimination against people who are homosexual. (Homophobia)
- E. The belief in the inherent superiority of one sex (gender) over the other and thereby the right to dominance. (Sexism)
- F. One of four groups: White; Black; American Indian and Alaska Native; and Asian and Pacific Islander. (Race)
- G. Occurs when we use misinformation to judge everyone who belongs to a specific group. (Stereotyping)
- H. Selected cultural and sometimes physical characteristics used to classify people into ethnic groups or categories. American ethnic groups include Native Americans, Hispanics, Indians, Latinos, Chinese, African Americans, European Americans and so on. (Ethnicity)

Appendix D

Discussion Questions and Rubric

1. Explain how the principals of social justice and human rights protection reduce health disparities.
2. What is your definition and description of a culturally competent nurse and how do you believe that might impact the level of care provided to patients, families and communities?

Rubric

The forum is open Sunday 8a through Saturday 5pm. Comments posted outside of these parameters will not count toward DQ points.

Online Postings/ Discussion Boards

Substantive responses are required when responding to online postings. Substantive comments are those that aid in clarifying course concepts and their applications. In other words, you must send in messages demonstrating your regular analyzing, and reading of others' notes. Your messages must add value to the collective learning experience; this would consist of new ideas, your perspectives, pointed follow-up questions, etc. A message, which says simply, "I agree", for example would not constitute participation, since it does not add anything of substance to the discussion. Submissions of at least two (2) references are required to support your substantive post. APA format is expected and required. ***As a learning team answer 1 of 3 discussion questions (DQ). There should be only 1 answer per team! You are responsible for your own 2 follow up responses.***

CATEGORY	Well distributed (2 points)	Somewhat distributed (1 point)	Not distributed (1 or less points)
Replies to peers:	2 or more replies well distributed throughout the week. At least one reply per day for 2 or more days. Posts are substantive (100+ words), contribute to discussion, and are professionally presented.	1-2 replies, somewhat distributed throughout week (1-2 days). Posts are mostly substantive (<100 words), sometimes contribute to discussion, and are professionally presented.	1 or no replies not distributed throughout week (all posted on one day). Posts are not substantive, may not contribute to discussion, and are not always professionally presented
CATEGORY	Excellent contribution (6-8 points)	Good contribution (4-6 points)	Below standard contribution (3 or less)

			points)
Team DQ Answers:	<p>Clearly understands concepts and incorporates them in discussion.</p> <p>Advances discussion with questions, sharing of resources, and/or personal experiences/examples.</p> <p>Presentation of answer is professional looking with no grammatical or spelling errors. Text is divided into easy to read paragraphs and may have headings.</p> <p>Length: 100 words or more</p>	<p>Somewhat understands concepts and incorporates them in discussion</p> <p>Includes examples and real life examples; may not be completely related and question may not be completely answered.</p> <p>Presentation of answer is somewhat professional looking and has a few grammatical errors</p> <p>Length: 51-99 words</p>	<p>Not evident concepts are understood. Responses have little to do with concepts. Does not advance discussion. Presentation of answer is not professional looking and has quite a few grammatical errors. Length: 25-50 words</p>

Appendix E

Community Based Service Learning Activity Presentation Rubric

Title	Points	Total/ Comments
Learning Team Charter	1	
Project Planning Sheet	1	
Comprehensive Care Plan	10	
Class Presentation: Please include the following information in the presentation material: <ul style="list-style-type: none"> • Your improved understanding of cultural diversity in a variety of contexts. • Your improved understanding of the relationships between social structures, social justice, and human rights. 	10	
Learning Team Updates	3	
Project Summary	5	
Health Assessment/ Promotion Project Completion	50	
Learning Team Evaluation (minus 2 points for missing individual form)	20	
TOTAL	100	

Comments:

Spring 2013

Student Post-Simulation Survey **471 DAY 2 FALL 2013**

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Learning Objectives					
Identify clinical indicators of critical illness	14				
Identify nursing and collaborative interventions for the clinical indicators in a client who is hemodynamically compromised.	14				
Improve clinical reasoning for client's who are hemodynamically compromised	14				
Discuss the Hs and Ts before, during , and after a cardiac arrest	14				
Define closed loop communication during a crisis or near crisis situation	14				
Exercise delegation in a client situation	14				
Design					
I clearly understood the purpose and objectives of the simulations.	14				
I was supported in the learning process.	14				
Feedback provided was constructive.	14				
The simulations resembled a real-life situation.	14				
Educational Design					
I actively participated in the debriefing session after the simulations.	14				
I received cues during the simulations in a timely manner.	13	1			
The objectives for the simulations experience were clear and easy to understand.	13	1			
I had the chance to work with my peers during the simulations.	13	1			
Student Satisfaction and Self-Confidence					
The teaching methods used in this simulation were helpful and effective.	13	1			
The enjoyed how my instructors taught the simulations.	13	1			
Working with the simulations improved my ability to function as a member of a health care team.	14				

Comments:

It was a great learning experience. This was my favorite simulation. Prof Deluna is excellent at running these simulations. The environment is calm and informative is better absorbed.

Prof Deluna provided a great learning environment. Gave material in helpful, calm manner.

Awesome experience! Love the codes! I learned many important things when debriefing!! ☺

The code situation really helped me understand how they are managed & why everything is done during a code.

This was an improvement from previous sim labs. Large groups worked well.

I feel today overlapped last sims and it really help bring it all together. It was very helpful and it a learning experience

The sim day was very well organized. For the high-fidelity sim. Professor Deluna was a great instructor and I

learned a lot from the code simulation.

I really enjoyed the last simulation. It provided an excellent learning environment and I felt like I really got something out of the simulation? Overall, the day provided a great learning experiences.
Best Sim EVER learned a lot!

FROM STUDENT JOURNALS, ANSWERS TO THE QUESTION “How would you improve the simulation experience?”

I think this simulation lab was improved from the first lab. I don't think it needs improvement. Everything was well organized, books were handy, information was available, questions were answered, we debrief afterwards, and we worked as a team and communicated well. We had a lecture that was applied during simulation and we learned much more and enhanced our learning from the first simulation.

I really enjoyed this learning experience and I learned that insulin could decrease potassium levels, I learned how to use the parkland formula, how to respond to code and was able to apply without using logarithms, and the critical illness were just all popping up. This level of thinking really helps to better understand what to do in different situations. Thanks to all the staff for time.

- I think this simulation day went way better than the first. It felt more organized and the actual simulation was a better learning experience. Prof. Delunas provided a great learning environment/experience in the simulation. She provided us with the information we needed but forced us to draw the right conclusions ourselves. She made me think out loud which seemed to help me organize my thoughts and actions further. I also like how on the last simulation everyone was able to verbalize their thoughts on the proper care; this helped me feel the chaos of a code and having everyone giving their educated opinions at once. I also like how the four smaller simulations were done in pairs forcing every person to participate.

- I thought this simulation day offered many different learning experiences for me. I thoroughly enjoyed the code simulation since it put us through a real-time code where we were required to critically think, and critically think fast. This was an excellent simulation day. I thought the code situation where everyone was required to manage the other nursing students was an excellent addition since it put everyone in the position where they had to be assertive and tell people what they should be doing to get the job done correctly. I can't think of anything that would improve the simulation since I thought it required much critical thinking and fast acting, especially in the code simulation.
-
- Overall, I really liked this clinical experience because of the similarities of working with patients in a hospital (receiving report, previous report containing mistakes). To make an even better learning experience, I think that it would be interesting to have one of the stations be an area where each student would take turns being the patient and the nurse. There could be two separate sheets of instructions

available that each student for when they acted as a patient. The patient would receive instructions on their signs and symptoms, vitals, and diagnosis. During this situation, while the student was acting a nurse, they could practice performing blood pressure and other vitals, but the student acting as the patient would state the scenario blood pressure rather than the actual one. The chart with labs and medications would be available, just as they were on this simulation day. Each patient could then evaluate the nurse's performance. By doing this, I believe that the patient will retain the information that they read and the steps the nurse took, and vice versa. This way, both students are equally participating in the situation. This is just an idea, but I think it would be a good learning experience.

- And I liked the idea that we had partners and that we worked together to help heal our patients (this was also different). Both simulations were good learning experiences.

I honestly do not know how I would improve the simulations. Both simulations were great. I have learned so much. Not only did I learn from my peers, but I also learned so much from the professors who were involved.

- This simulation rocked! I loved the hands-on learning experience. Working with my peers in a larger group and rotating the team leader and recorder was awesome. I am so proud of our improvement throughout the day. My classmates and I worked together as a true team helping each other and learning from each other's achievements and mistakes. It was phenomenal. This simulation was very different than the previous one. I felt that I learned much more by actually "doing" in SIM day #2. What remained the same was reviewing prior to the simulation. I continue to think that is a great idea. It helps us get our minds focused and refreshes what information we already know. This time was different than last because of the way the groups were split up. By being together and rotating roles, we were ALL able to master the team leader role. It was awesome to see!

Honestly, this simulation was so fantastic. I think if we were able be in two code situations simultaneously that would be great. However, it is hard having only one mannequin that works with the computer. I think mastering one or two situations would be better than having the one code and five other smaller scenarios. However, I did learn a lot from the burn patient scenario. I learned how to calculate the fluid therapy needed for a burn patient. Also, the pulmonary embolism patient was something Cynthia and I worked very well with. Professor Parks mentioned that we were the only ones to focus on telling the physician through SBAR that this patient had a hemorrhagic stroke one month ago and that she could not be placed on an anticoagulant.

- How would you improve the simulation experience? Instead of having the doctor orders typed, maybe having them written out like the doctors write them with abbreviations and "messy handwriting" would make it an even more realistic experience. In the hospital, I have noticed that it is not as easy as it looks to read the

doctors orders. It would be great to practice and try to figure out what the doctor has ordered for the patient. Also, if the orders could actually be carried out it would be a great learning experience. If there is any way that the medications could be administered to the patients following the six rules of medication administration because there was a lot of different routes of medications which would be good to practice. It would also be great to practice prioritizing the orders for the patient. It's always important to know what needs

NLN – SDS and EPSS questions

Student Post-Simulation Survey **471 DAY 1 SUMMER 2013**

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Learning Objectives					
Identify clinical indicators of critical illness	11	1			
Identify nursing and collaborative interventions for the clinical indicators in a client who is hemodynamically compromised.	11	1			
Improve clinical reasoning for client's who are hemodynamically compromised	11	1			
Discuss the Hs and Tx before, during , and after a cardiac arrest	11	1			
Define closed loop communication during a crisis or near crisis situation	11	1			
Exercise delegation in a client situation	11	1			
Design					
I clearly understood the purpose and objectives of the simulations.	10	2			
I was supported in the learning process.	10	2			
Feedback provided was constructive.	11	1			
The simulations resembled a real-life situation.	11	1			
Educational Design					
I actively participated in the debriefing session after the simulations.	10	2			
I received cues during the simulations in a timely manner.	11	1			
The objectives for the simulations experience were clear and easy to understand.	11	1			
I had the chance to work with my peers during the simulations.	11	1			
Student Satisfaction and Self-Confidence					
The teaching methods used in this simulation were helpful and effective.	10	1			
The enjoyed how my instructors taught the simulations.	11	1			
Working with the simulations improved my ability to function as a member of a health care team.	11	1			

Comments:

Need harder Math questions more often!!

More work with electronic monitor

ECG monitor practice was very helpful.

More work of reading the screens for ECG

EKGs were very helpful

I appreciate the ECG rhythms on the monitor and CPR review

I love simulations – great for critical thinking almost like brain teas

NLN – SDS and EPSS questions

Student Post-Simulation Survey **353 DAY 2 FALL 2013 (5 clinical groups)**

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Learning Objectives					
Recognize abnormal findings in the post-operative patient	47	17	2		
Prioritize and implement appropriate interventions for the post-operative patient.	43	23			
Promote safety for patient, self, and others.	42	24			
Function effectively as a member of the health care team	42	24			
Simulation Design					
I clearly understood the purpose and objectives of the simulations.	52	9	5		
I was supported in the learning process.	52	14			
The simulations resembled a real-life situation.	51	15			
Educational Design					
I actively participated in the debriefing session after the simulations.	51	15			
I had the chance to work with my peers during the simulations.	55	11			
Student Satisfaction and Self-Confidence					
The teaching methods used in this simulation were helpful and effective.	51	15			
The enjoyed how my instructors taught the simulations.	54	12			
Working with the simulations improved my ability to function as a member of a health care team.	52	13		1	

Comments:

The sim was very helpful and enjoyable! FUN LEARNING! Jillian is awesome!

Would have been better if four different scenarios.

☺ had an awesome learning experience

Enjoyed → just long

Sim was great!

The sim lab was very long and the instructors were not clear. Everyone was confused about where to go and what to do. The actual stations were good and all the instructors and student's were nice and helpful. Next time, I recommend more organizations and better instructions.

The scenario was a great tool to HELP INCREASE SKILLS

Great learning experience

Was conducted very!

NLN – SDS and EPSS questions

Student Post-Simulation Survey **Fundamentals Summer 2013 Day 2 OSCE**

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Learning Objectives					
Analyze client data and laboratory results to guide nursing interventions	12	8			
Apply content from foundation courses to simulated case scenarios	16	4			
Develop priority nursing diagnosis	14	5	1		
Implement nursing measures to improve patient outcomes	14	16			
Design					
I clearly understood the purpose and objectives of the simulations.	9	10			
I was supported in the learning process.	17	3			
Feedback provided was constructive.	14	6			
The simulations resembled a real-life situation.	17	3			
Educational Design					
I actively participated in the debriefing session after the simulations.	11	8	1		
I received cues during the simulations in a timely manner.	15	5			
The objectives for the simulations experience were clear and easy to understand.	7	11	2		
I had the chance to work with my peers during the simulations.	17	3			
Student Satisfaction and Self-Confidence					
The teaching methods used in this simulation were helpful and effective.	16	4			
The enjoyed how my instructors taught the simulations.	19	1			
Working with the simulations improved my ability to function as a member of a health care team.	18	2			

Comments:

NLN – SDS and EPSS questions

Student Post-Simulation Survey **471 DAY 1 SUMMER 2013**

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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Learning Objectives					
Identify clinical indicators of critical illness	6	3	1		
Identify nursing and collaborative interventions for the clinical indicators in a client who is hemodynamically compromised.	7	2	1		
Improve clinical reasoning for client's who are hemodynamically compromised	7	2		1	
Discuss the Hs and Tx before, during , and after a cardiac arrest	7	1	1		
Define closed loop communication during a crisis or near crisis situation	10	1			
Exercise delegation in a client situation	9	1			
Design					
I clearly understood the purpose and objectives of the simulations.	10	1			
I was supported in the learning process.	10	1			
Feedback provided was constructive.	10	1			
The simulations resembled a real-life situation.	10	1			
Educational Design					
I actively participated in the debriefing session after the simulations.	10	1			
I received cues during the simulations in a timely manner.	9	2			
The objectives for the simulations experience were clear and easy to understand.	9	2			
I had the chance to work with my peers during the simulations.	11				
Student Satisfaction and Self-Confidence					
The teaching methods used in this simulation were helpful and effective.	9	2			
The enjoyed how my instructors taught the simulations.	10	1			
Working with the simulations improved my ability to function as a member of a health care team.	10	1			

Comments:

I love simulations – great for critical thinking almost like brainteasers

Need harder Math questions more often!

More work with electronic monitor

ECG monitor practice was very helpful.

More work of reading the screens for ECG

EKGs were very helpful

I appreciate the ECG rhythms on the monitor and CPR review

[NLN – SDS and EPSS questions](#)

Student Post-Simulation Survey 471 SPRING 2013

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Learning Objectives					
Identify clinical indicators of critical illness	18	2			
Identify nursing and collaborative interventions for the clinical indicators in a client who is hemodynamically compromised.	16	2			
Improve clinical reasoning for client's who are hemodynamically	18	2			

compromised					
Discuss the Hs and Tx before, during , and after a cardiac arrest	18	2			
Define closed loop communication during a crisis or near crisis situation	18	2			
Exercise delegation in a client situation	18	2			
Design					
I clearly understood the purpose and objectives of the simulations.	19	1			
I was supported in the learning process.	19	1			
Feedback provided was constructive.	19	1			
The simulations resembled a real-life situation.	19	1			
Educational Design					
I actively participated in the debriefing session after the simulations.	18	2			
I received cues during the simulations in a timely manner.	18	2			
The objectives for the simulations experience were clear and easy to understand.	18	2			
I had the chance to work with my peers during the simulations.	18	2			
Student Satisfaction and Self-Confidence					
The teaching methods used in this simulation were helpful and effective.	18	2			
The enjoyed how my instructors taught the simulations.	18	2			
Working with the simulations improved my ability to function as a member of a health care team.	18	2			

Comments:

I think it was a great learning experience

I think for the sims we should make it more real to have people assigned to positions such as lab, respiratory, EKG person while the leaders are working. Then we can get vital information...I think things are forgotten sometimes because we are trying to figure out the problem and then someone doesn't know what labs are.

[NLN – SDS and EPSS questions](#)

H362 Simulation Spring 2013

Results of H362 Simulation Day Surveys

Question	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Design					
Clearly understood purpose and objectives	24	11		1	
Supported in learning process	27	9			
Identify appropriate interventions	25	9	1		1
Constructive feedback	26	9	1		
Real-life simulation	23	12	2		
Educational design					
Actively participated in debriefing	21	13	1		
Received cues in timely manner	24	9	2	1	
Clear objectives	23	8	1	1	1
Chance to work with peers – 1 did not respond	26	8			
Student satisfaction and self – confidence					
Helpful and effective	25	8			2
Enjoyed teaching	27	7			1
Help improve clinical judgment	25	8		1	1
Improved ability to function as member of health care team	25	8		1	1

Comments

- I feel today was great learning. Maybe work with med giving.
- Gave a great overview of skills! Very fun
- More actual simulation situations
- I basically thought this was an excellent learning experience. I feel more comfortable.
- *The sim was drawn out. Foleys are sophomore level and was pointless, you could have done different skills to do. We sat through half the day doing nothing cut day in half*
- *I would like simulations more often*
- I liked the simulations. It helped me get a picture of what a more urgent situation would be like.
- Long day but a good one
- I did not find the skills labs helpful. I feel like I have enough practice with the mannequins. I liked the competency help + explanation
- We should have a pot luck planned & specific understanding & purpose ahead of time. Also, foley for everyone ☺!!
- New kits
- The simulation that involved the mannequin makes me nervous because everyone is watching me. What I experience with the simulation that involves the mannequin is just me. I just do not know what to start with or how to begin, but with the actual person at least I will have a better understanding.
- I had a great time. Need new foley.
- I like how it wasn't stressful. Very conducive to learning
- Loved simulation
- Need new foley kit for each day
- Need new foley. Pot luck lunch

Assessment Data: Disaster Simulation

Disaster Simulations (Fall 2012-Spring 2013): Total 3 simulations, 63 participants

- 62 students completed the post simulation survey

Measurement tools included:

- 5-point Likert scale (from 5 strongly agree to 1 strongly disagree) on 3 areas of focus
 - Simulation Design
 - Critical thinking/ decision making
 - Support in the learning process
 - Constructive feedback
 - Simulation time allotment
 - Realistic environment and conducive to learning
 - Educational Practices
 - Variety of ways to learn
 - Received simulation cues in a timely manner
 - Observation as beneficial as active participation
 - Improved understanding of classroom material
 - Objectives easily understood
 - Student Satisfaction/ Confidence
 - Teaching methods helpful and effective
 - Enjoyment of teaching methods and simulation design
 - Improved confidence in disaster care
 - Improved ability to function within the health care team
 - Able to learn from mistakes made

Results

	Agree	Neutral	Disagree
Simulation Design	93%	5%	2%
Educational Practices	86%	12%	2%
Student Satisfaction/ Confidence	97%	3%	0%

Specific areas of focus:

- 98% reported increased critical thinking and decision making
- 85% valued observation as highly as active participation
- 95% reported enhanced comprehension of classroom material
- 98% reported improved ability to function within health care team
- 98% reported ability to learn from their mistakes

Descriptive Analysis

	n	Mean (on 5pt scale)	SD
Simulation Design	62	4.62	0.66244
Educational Practices	62	4.42	0.80215
Student Satisfaction/ Confidence	62	4.62	0.53997

Open-ended qualitative responses

- 4 major themes
 - Challenge
 - Critical Thinking
 - Realism
 - Situational Awareness
- Sub-Themes
 - Lack of readiness
 - Perception of ability
 - Teamwork
 - Leadership

Feedback from students:

- Liked
 - Surprise
 - Realism
 - “Thinking on my feet”
- Disliked
 - “self-doubt”
 - Realization of lack of skills...their response
 - Feelings of being unprepared

Most frequently reported comments (written)

- Unique opportunity
- Increased critical thinking
- Thinking on “my feet”
- Made “me think”
- Tested situational awareness
- Prioritizing
- Chaotic
- Increased “my confidence”
- Learned a lot
- Teamwork
- Collaboration

- Challenging
- Utilize knowledge under pressure
- Learn and evaluate “areas of knowledge deficit”
- Realistic environment

Department/Program: Radiologic Sciences/Radiography		Chair/Director: Arlene Adler	Assessment cycle/year:
		Email address: aadler@iun.edu	2012-13
Mission/Purpose			
The Associate Degree Radiography Program offered by Indiana University Northwest is designed to prepare students for professional careers as radiographers in the medical field. By providing pertinent learning experiences, the program faculty strives to develop students' interests in lifelong learning through the professional societies and continuing education.			
Student learning outcomes (Goals):			
<i>Ex. Program will produce well-prepared graduates. (Add more lines as needed.)</i>			
Goal 1. Students will demonstrate clinical competence. (SLO 1-6)			
Goal 2. Students will demonstrate effective communication skills. (SLO 7-8)			
Goal 3. Students will demonstrate critical thinking and problem-solving skills (SLO 9-10)			
Goal 4. Students will demonstrate professional values. (SLO 11-12)			
Goal 5. Students will be involved in professional continuing education activities to instill a desire for lifelong learning. (SLO 13)			
Goal 6. Students will be involved in the community we serve. (SLO 14)			
Goal 7. The program will provide the medical community with individuals qualified to perform radiographic procedures. (15-19 Program Effectiveness Measures)			
Which Student learning outcomes (Goals) did you assess this year?			
All of the goals were assessed based on the Student Learning Outcomes identified below.			
Assessment Summary			
Outcomes/Objectives	Measure(s)	Findings	Action Plans
<i>Ex. Students will demonstrate proficiency in oral communication.</i>	<i>Rubric applied to capstone project presentations.</i>	<i>60% of students scored a 3 or higher.</i>	<i>Provide tutorials and practice sessions for oral presentations once a month through the tutoring center.</i>
1. Students will demonstrate proper positioning skills.	R 101 and R201 Lab Competencies Class average above 45/50 points R 281 and R290 Specific Competency Evaluations (SCE) P/F	Fall, 2012 Average = 45.5/50 Spring, 2013 Average = 45.4/50 All SCE's completed	Benchmark met. No action required. The lab competencies are a good tool for early assessment of positioning skills
2. Students will demonstrate continued competence in positioning skills.	R 281 and R290 General Competency Evaluations (GCE) P/F	All GCE's completed.	Benchmark met. No action required.
3. Students will select appropriate technical factors.	R 281 and R290 Specific Competency Evaluations P/F	All SCE's completed.	Benchmark met. No action required.
4. Students will demonstrate continued competence in selecting appropriate technical factors.	R 281 and R290 General Competency Evaluations P/F	All GCE's completed.	Benchmark met. No action required.
5. Students will evaluate radiographic images for quality	R290 Comprehensive Final Exam Class average above 85%	2013 = 87.3% 2012 = 85.6%	Benchmark met. Average has gone up and all 2013 grads passed the ARRT Exam on 1 st attempt.

factors.			
6. Students will practice radiation protection.	R260 Final Exam Class average above 85%	2013 = 91.0% 2012 = 89.1%	Benchmark met. No action required.
7. Students will demonstrate written communication skills.	R202 Case Study Class average above 85% and R205 Pamphlet class average above 40/45 points	R202: 2013 = 86.1%/2012 = 85.4% R205: 2012 = 37.8/45	R202 Benchmark met. No action required. R205 Benchmark not met. A few students were found to have plagiarized by not properly citing their sources and this action lowered their individual grades and therefore the class average was lowered.
8. Students will demonstrate oral communication skills.	R281 and R290 Professional Skills Evaluation Item 3 a-e Class average above 85% and R205 Pamphlet class average above 4/5 points	R281: 2013 = 87.1%/2012 =88.3% R290: 2013 = 91.6%/2012 =89.8% R205: 4.65/5	R281/R290 Benchmark met. No action required. Students did well on R205 Pamphlet presentations.
9. Students will detail procedural and technical adaptations for a trauma patient.	R 290 Critical Thinking Scenario Assignment Class average above 85%	2013 = 89.3% 2012 = 89.1%	Benchmark met. No action required.
10. Students will evaluate radiographic images for quality factors.	R290 Comprehensive Final Exam Class average above 85% on first attempt	2013 = 87.3% 2012 = 85.6%	Benchmark met. No action required. Class average was higher as this was a stronger group.
11. Students will demonstrate appropriate professional values in the clinical setting.	R281 and R290 Professional Skills Evaluation Mid-term and Final Class averages above 85%	R281: 2013 = 88.3%/2012 =88.2% R290: 2013 = 91.5%/2012 =89.6%	Benchmark met. No action required.
12. Students will detail the ethical obligations described in the ARRT Code of Ethics.	R 182 Critical Thinking Scenario Assignments Class average above 85%	2012 = 91.3%	Benchmark met. The class did well on this assignment.
13. Students will participate in professional continuing education.	R222 Assignment – ISRT Annual Meeting or Directed Journal Reading Class participation above 90%	2012 = 100%	Benchmark met. Although this benchmark is met, there is still faculty concern that students are more focused on getting the course points rather than participating in the activity.
14. Student will participate in community service activities.	R205 Assignment – Breast Walk or similar activity Class participation above 90%	2012 = 100%	Benchmark met. Although this benchmark is met, there is still faculty concern that students are more focused on getting the course points rather than participating in the activity.
15. Students will pass the ARRT certification examination on the 1 st attempt.	ARRT Certification Exam	5-yr Average = 97.8% (177/181)	Benchmark met. Students continue to perform well on the exam. 100% of the Class of 2013 passed on first attempt despite the higher ARRT pass rate that was implemented this year.
16. Students will successfully	Retention Rates	5-yr Average = 85.0% (181/213)	Benchmark met. With the high applicant

complete the program in a three year time frame.			numbers, we have seen the retention increase as well. In the past, retention was a bigger concern when applicant numbers were lower.
17. Employers will express confidence in the overall quality of graduates' skills.	Employer Survey -80% of employer responses will indicate that graduates are above average or excellent for Overall Performance.	2013: 71.9% (23 of 32)	Benchmark unmet. With the redesign of the survey and the data collection method there is a much larger response and much improved average. Although still not at the benchmark, no employer rated a graduate as below average or poor.
18. Graduate will express confidence in the overall quality of their skills.	Graduate Survey - 85% of graduate responses will indicated that they are above average or excellent for their Overall Performance	Class of 2012 = 100% (12 of 12) Class of 2011 = 84.6% (11 of 13)	Benchmark met. Graduates continue to seem happy with the education that they receive.
19. Of those pursuing employment, students will be gainfully employed within 6 months post-graduation.	Graduate Survey and Word of mouth	5-Year Average = 89%	Benchmark met. The market is continuing to improve and through word of mouth, many of the 2013 grads have found employment with some getting full time opportunities upon graduation. A large number of graduates continue to pursue the BS degree option upon graduation and have, therefore, do not seek full time opportunities. 14 of 32 graduates from the Class of 2013 are enrolled in the BS degree concentrations.

Analysis Questions

Based on your findings and action plans, what primary changes will you make for student learning? Program outcomes? Changes to the assessment process?

1. We increased our assessment methods of oral and written communications skills to include a new measurement tool. Students in R205 Radiographic Procedures III prepare a pamphlet on an advanced procedure and do an oral presentation describing the pamphlet. We will continue to monitor this activity for assessing communication skills.
2. In 2013, the American Registry of Radiologic Technologists (ARRT) is increasing the pass cut-off score which will increase the difficulty level of the exam. This is likely to have an impact on our student averages on their first attempt to pass the exam. Despite the increase in the cutoff score, the Class of 2103 all 32 passed the exam on first attempt.
3. Employer Surveys are done every other Spring. The employers were surveyed in the Spring of 2013. The redesigned form and collection method has raised the average although not to the benchmark yet. We will use the same process for the next survey and review results to see if additional changes are needed.

Department/Program: Bachelor of Social Work		Chair/Director: Andrea Tamburro	Assessment cycle/year:
		Email address: atamburr@iun.edu	2012-13
Mission/Purpose			
<i>The education mission of the Bachelor of Social Work program of Indiana University is to prepare students for generalist social work practice with vulnerable people in Indiana and beyond and prepare graduates as critical thinkers and lifelong learners, who reflect a global perspective, recognize strengths, enhance opportunities, create change, and contribute to the empowerment of the people they serve.</i>			
Student learning outcomes (Goals):			
<i>Ex. Program will produce well-prepared graduates. (Add more lines as needed.)</i>			
The Educational Objectives for the BSW degree program are derived from the Council on Social Work Education's (CSWE) competencies and as articulated in the Educational Policy and Accreditation Standards document (CSWE, 2008). The BSW program is evaluated using these competencies, which are demonstrated upon graduation.			
Competency #1: Identify as a professional social worker and conduct oneself accordingly.			
Competency #2: Apply social work ethical principles to guide professional practice.			
Competency #3: Apply critical thinking to inform and communicate professional judgments.			
Competency #4: Engage diversity and difference in practice.			
Competency #5: Advance human rights and social and economic justice.			
Competency #6: Engage in research-informed practice and practice-informed research.			
Competency #7: Apply knowledge of human behavior and the social environment.			
Competency #8: Engage in policy practice to advance social and economic well-being and to deliver effective social services.			
Competency #9: Respond to contexts that shape practice.			
Competency #10(a): Engage with individuals, families, groups, organizations and communities.			
Competency #10(b): Assess with individuals, families, groups, organizations and communities.			
Competency #10(c): Intervene with individuals, families, groups, organizations and communities.			
Competency #10(d): Evaluate with individuals, families, groups, organizations and communities.			
Which Student learning outcomes (Goals) did you assess this year?			
The Council on Social Work Education requires that all competencies be assessed each year. In conjunction with the College of Health and Human Services additional assessment was focused upon written communication skills.			
Assessment Summary			
Outcomes/Objectives	Measure(s)	Findings	Action Plans
<i>Council on Social Work Education developed competencies adopted by IUSSW</i>	<i>Rubric applied to students taking the Field Placement Courses S481 and S482 (a 2 semester placement, one agency)</i>	<i>Goal – all students will be competent in all competencies. 5 or above is considered competent.</i>	
Competency #1: Identify as a	1 Not demonstrated	100% of the students scored 5 or above	

<p>professional social worker and conduct oneself accordingly.</p>	<p>Offers no evidence of engagement with practicum experience Examples include the following: Does not show-up to practicum when scheduled; Does not complete identified learning activities 2 3 Apprentice Demonstrates the following: Imitates behavior of instructor and/or colleagues; Provides limited evidence of mastery in the activities selected to demonstrate this practice behavior 4 5 Proficient (passing) Demonstrates the following: Understands overarching professional competency; Displays commitment to mastery of practice behavior; Profiles evidence of mastery in activities related to practice behavior assessment 6 7 Distinguished Exceeds expectations by: Proactively engages and excels in learning activities related to practice behavior; Extending this behavior to other activities throughout the practicum experience</p>	<p>in the practice behaviors associated with this competency. Therefore 100% of the students were competent.</p>	
<p>2. Competency #2: Apply social work ethical principles to guide professional practice.</p>	<p>7 scale rubric as identified in #1</p>	<p>100% of the students scored 5 or above in the practice behaviors associated with this competency. Therefore 100% of the students were competent.</p>	

3. Competency #3: Apply critical thinking to inform and communicate professional judgments.	7 scale rubric as identified in #1	100% of the students scored 5 or above in the practice behaviors associated with this competency. Therefore 100% of the students were competent.	
4. Competency #4: Engage diversity and difference in practice.	7 scale rubric as identified in #1	100% of the students scored 5 or above in the practice behaviors associated with this competency. Therefore 100% of the students were competent.	
5. Competency #5: Advance human rights and social and economic justice.	7 scale rubric as identified in #1	100% of the students scored 5 or above in the practice behaviors associated with this competency. Therefore 100% of the students were competent.	
6. Competency #6: Engage in research-informed practice and practice-informed research.	7 scale rubric as identified in #1	100% of the students scored 5 or above in the practice behaviors associated with this competency. Therefore 100% of the students were competent.	
7. Competency #7: Apply knowledge of human behavior and the social environment.	7 scale rubric as identified in #1	100% of the students scored 5 or above in the practice behaviors associated with this competency. Therefore 100% of the students were competent.	
8. Competency #8: Engage in policy practice to advance social and economic well-being and to deliver effective social services.	7 scale rubric as identified in #1	100% of the students scored 5 or above in the practice behaviors associated with this competency. Therefore 100% of the students were competent.	
9. Competency #9: Respond to contexts that shape practice.	7 scale rubric as identified in #1	100% of the students scored 5 or above in the practice behaviors associated with this competency. Therefore 100% of the students were competent.	
10. Competency #10(a): Engage with individuals, families, groups, organizations and communities. Competency #10(b): Assess with individuals, families, groups, organizations and communities. Competency #10(c):	7 scale rubric as identified in #1	100% of the students scored 5 or above in the practice behaviors associated with this competency. Therefore 100% of the students were competent in all of these areas.	

<p>Intervene with individuals, families, groups, organizations and communities.</p> <p>Competency #10(d): Evaluate with individuals, families, groups, organizations and communities.</p>			
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Analysis Questions

Based on your findings and action plans, what primary changes will you make for student learning? Program outcomes? Changes to the assessment process?

The 2012-13 outcome data affirm that 100% of the 2013 graduates met the benchmarks established for the practice behaviors that measure the ten competencies established by the Council on Social Work Education. As planned the 41 practice behaviors were revised in 2012-13 reducing these to 21 and simplifying the program's field instrument, the Learning Plan and Evaluation Tool. This revised tool is being used during the current 2013-14 academic year. As planned the previous year:

- An APA Writing Workshop was offered both fall and spring semesters, during the 2012-13 academic year;
- Two sections of ENG W231 Professional Writing were designated as social work and nursing sections and focused upon use APA instead of MLA;
- A social work specific writing text was published and made available to all social work majors;
- The SWK-S460 Scholarly Writing Seminar was revised and offered over a nine week summer term. This course was recommended, and in some cases required, of students evidencing writing challenges.
- The uniform writing rubric established by the CHHS Assessment Committee was used in the intensive writing courses (SWK S 352 and S 423) with a random sample of students to evaluate their written assignments. A mean of 12.5 out of a possible mean score of 15 was reported on these data. Concerns were raised regarding the failure to use the rubric to rate introductions and conclusions in 352 thus resulting in an overall lower mean score. The expectation to require introductions and conclusions on written assignments was not clearly communicated to the instructor, who has now adjusted written assignments so the rubric can be used fully as intended and address all criteria on the rubric during the 2013-14 academic year. This should provide better outcome data for the following year for analysis.

The CHHS Assessment Committee is in the process of developing a presentation rubric that will be used to assess oral communication in at least one upper division social work class. This instrument will be piloted during the 2013-14 academic year.

While not directly related to the 2012-13 outcome date, an evaluation of the required social work general education and support courses revealed repetition of content in three key areas: diversity, human development, and economic theory. As a result three support course requirements were eliminated:

- ANTH A 104 – this course was used as a required support course prior to the creation of SWK S 102 Understanding Diversity;
- ECON E 103 or ECON E 104 – this course was required prior to the use of social work policy textbooks which integrate economic theory;
- PSY P 102 – this course focuses primarily upon human development and duplicates the course content for SWK S 221.

LET outcomes will be analyzed to see if the elimination of these support courses have any impact of competency scores.

Department/Program: School of Public and Environmental Affairs		Chair/Director: Barbara Peat	Assessment cycle/year: 2012-13
Course in which assessment occurred: J439 – Crime and Public Policy and V261 – Technology in Public Affairs		Email address: bpeat@iun.edu	
Mission/Purpose			
The mission of the School of Public and Environmental Affairs Program is to sustain a diverse, collaborative community of learning that provides professional education to develop ethical, motivated, and effective leaders and to impact our changing region, nation and world through community engagement and research.			
Student learning outcomes (Goals):			
<i>Ex. Program will produce well-prepared graduates. (Add more lines as needed.)</i>			
Goal 1. Demonstrate technological competency applied to content specific information			
Goal 2. Demonstrate competency in written and verbal communication skills as appropriate to their major			
Goal 3. Demonstrate competency in critical analysis specific to the discipline			
Which Student learning outcomes (Goals) did you assess this year?			
Demonstrate competency in written skills as appropriate to the major			
Demonstrate technological competency applied to content specific information			
Assessment Summary			
Outcomes/Objectives	Measure(s)	Findings	Action Plans
1. Students will demonstrate proficiency in writing skills appropriate to the discipline	CHHS common rubric	50% of students scored a C or better	Course level expectations focused on the development of written and oral communication skills with increasing emphasis on demonstration of competency in the 300 and 400 level courses with expected proficiency demonstrated in the capstone courses of the majors
2. Students will demonstrate technological competency applied to content specific information	Homework and in-class assignments	91% of students scored a C or better	Course level expectations focused on the development of technological skills needed for oral and written presentations and reports with expected proficiency demonstrated in the capstone courses of the majors
Analysis Questions			
<i>Based on your findings and action plans, what primary changes will you make for student learning? Program outcomes? Changes to the assessment process?</i>			
1. Require short writing assignments in the SPEA introductory courses (J101, J102, and V170) and provide students with feedback using a common rubric. Increase the number and length of writing requirements in the 200 and 300 level courses with drafts required in a select number of courses, providing the students feedback based on a common rubric. Use the capstone course to determine “proficiency” in writing appropriate to the discipline based on the			

assignments giving and using the CHHS common rubric.

2. Students are required to demonstrate skill development in V261 in providing written and oral presentations with the use of technology; Several other 200 and 300 level courses will require assignments that require students to demonstrate their proficiency in using technology in written and oral communications; assignments in the capstone course will be used to determine “proficiency” in the use of technology appropriate to the discipline.