

**ASSOCIATE OF SCIENCE IN NURSING ANNUAL REPORT
ST. MARY'S/MARSHALL UNIVERSITY COOPERATIVE ASN PROGRAM
2009-2010**

I. CONSISTENCY WITH UNIVERSITY'S MISSION:

The mission of St. Mary's/Marshall University Cooperative ASN Program (hereafter referred to as St. Mary's SON) is consistent with the mission of Marshall University (MU). The mission of St. Mary's SON is:

We prepare students to assume roles as caring nurses, respecting the worth and dignity of human life.

The mission statement is supported by the Statement of Philosophy of St. Mary's SON. The philosophy statement is:

PERSON

Each person is a unique individual, capable of rational thoughts and self-directed behaviors, with physiological, psychosocial and spiritual needs. Each individual has a varying capacity to respond to environmental changes. A person's response to environmental changes affects the ability to meet basic needs. Basic needs are defined as those physiological, psychosocial and spiritual requirements that are essential to optimal health throughout the life span.

ENVIRONMENT

Environment is the surroundings, conditions and influences which affect the individual. There are interacting and reciprocal processes within the environment which continually occur and affect individuals. People in the environment are often joined in social networks of families, groups and communities.

HEALTH

Health is a dynamic state which is dependent on genetic, physical, emotional and sociocultural factors. A person's state of health is determined by responses to environmental factors that affect the ability to meet basic needs. Unmet basic needs result in alterations in physiological and psychosocial functioning.

NURSING

Nursing is both a caring art and a science. It is a blend of scientific knowledge, nursing theory and clinical practice. The nurse, as a member of the discipline of nursing, assumes the roles of provider and manager of care in a variety of health care settings. The ultimate role of nursing is to assist clients to achieve an optimal level of health within the environment. The nursing process is an integral component in the provision and management of client care.

EDUCATION

Education is an interactive process which includes formal instruction and experiential learning. Education enhances learning in the cognitive, affective and psychomotor domains. Learning involves the translation of new knowledge, insights, skills and values into one’s conduct. This active process takes place within the learner and is fostered when consideration is given to individual differences. Learning is facilitated through repetition and practical application, when new knowledge is relative to previous knowledge and when learning is goal directed. The need and ability to learn continues throughout life. The role of faculty in nursing education is to facilitate the students’ learning experience through systematic guidance in their endeavors to acquire those knowledge, skills and judgments necessary for competence in the practice of nursing.

Associate degree nursing education is based on knowledge from the humanities and the natural, social, behavioral and nursing sciences. Associate degree education prepares a graduate whose practice is characterized by critical thinking, clinical competence, collaboration, accountability, and a commitment to the value of caring and to professional growth. The role of the graduate encompasses practice in both acute and long-term care settings where policies and procedures are specific and guidance is available. (Coxwell & Gillerman (Eds), (2000. *Educational competencies for graduates of associate degree nursing programs*. Jones & Bartlett: Boston)

Table I includes a sample of phrases from the MU mission and St. Mary’s SON mission and philosophy that demonstrate consistency.

TABLE I: COMPARISON OF MU AND ST. MARY’S SON MISSION

Marshall University Mission Statement	St. Mary’s School of Nursing Mission Statement
Provide affordable, high quality undergraduate education appropriate for the state and the region.	Prepare students to assume roles as caring nurses. Associate degree education prepares a graduate, whose practice is characterized by critical thinking, clinical competence... The nurse assumes the role of provider and manager in a variety of health care settings.
Improve instruction through the use of innovative teaching methods that require students to become actively involved in the learning process and develop critical thinking skills necessary for life-long learning.	The role of faculty in nursing education is to facilitate the students’ learning experience through systematic guidance in their endeavors to acquire those knowledge, skills and judgments necessary for competence in the practice of nursing.
Enhance the quality of health care in the region	The ultimate role of nursing is to assist clients to achieve an optimal level of health within the environment.
Educates a citizenry capable of living and	Each person is a unique individual, capable

working effectively in a global environment.	of rational thoughts and self-directed behaviors, with physiological, psychosocial and spiritual needs.
--	---

II. PROGRAM’S STUDENT LEARNING OUTCOMES:

There are eight (8) program/curriculum Student Learning Outcomes for St. Mary’s SON. Each of the eight has one (1) to two (2) competencies with each major component. Each clinical nursing course has outcomes which flow to the next clinical nursing course with the culmination being the program/curriculum outcomes.

See Tables II in the Appendices for a list of the Student Learning Outcomes. .

III. ASSESSMENT ACTIVITIES:

These outcomes are assessed by a variety of methods: teacher made tests/exams, quizzes, case studies, standardized exams, clinical evaluations, skits, and simulations. The benchmark for passing any of the nursing courses is a 76% or higher for objective tests/exams. The Assessment Technology Incorporated (ATI) standardized exams are also part of the course grades for the designated courses. Standardized examinations include content mastery examinations in the following areas: Fundamentals, Pharmacology, Medical-Surgical, Mental Health, Leadership, Maternal-Newborn, and Nursing Care of Children. The students earn a grade based upon the level they earn on the content exam. For example, a Level 3 earns a grade of 90%. Clinical evaluations are graded “Satisfactory” or “Unsatisfactory” based on specific behaviors that students are expected to demonstrate. Students evaluate their ability to meet the objectives on course evaluations administered at the end of each course and at graduation. The benchmark for course evaluations is 3.0 or lower on a Likert Scale of 1=Strongly Agree to 5= Strongly Disagree.

Each outcome is assessed on tests/exams. The two outcomes assessed for this report are Assessment and Clinical Decision Making. It is difficult to pull out individual unit exam questions related to assessment or clinical decision making. Each area is evaluated weekly in the lab (clinical) area. If a student passes the course and graduates from the program, they have had to pass the course with a 76% or higher and lab (clinical) with an overall “Satisfactory”. See Tables II, III, and IV in the Appendices for assessment of Student Learning Outcomes.

Analysis/Planned Action:

Overall, students did well on standardized examinations. Those students who did not achieve the benchmark of Level 2 on the Content Mastery Exams were required to remediate and then take a second practice exam. The students who did not achieve the 95% probability on the Comprehensive Predictor were required to remediate and share that remediation with their assigned advisor before they were allowed to take a second exam. If they did not achieve the benchmark with the second examination, they were required to do additional remediation and then took a third exam. Two students did not achieve the benchmark on the third administration- those two were required to take an NCLEX-RN Review Course (Kaplan) and achieve a 60% on

the Kaplan Readiness Exam. Until the two students took the review course and achieved a 60%, their grades were reported as an “Incomplete”. Both students did take the Kaplan Review Course and both achieved the required score of 60% or higher. Of the 40 students who graduated in May 2010, all of them passed the NCLEX-RN (National Council Licensing Examination for Registered Nurses) but one for a 98% first time pass rate on the NCLEX. One of those students was one of the two who had to take the review course. The faculty did vote in May to only allow two attempts of the Comprehensive Predictor. If a student does not achieve the benchmark after two attempts, he/she will be required to take a review course.

Assessment is measured on ATI tests. The times when the benchmark was not met is marked in yellow or the lighter shaded areas on Table III. The percent of students who did not meet the benchmark occurred with the Mental Health Exam both Fall 2009 and Spring 2010. The benchmark was not met for the Nursing Care of Children during the Spring 2010 semester.

Clinical Decision Making (CDM) was measured by four areas on ATI Examinations: Analysis/Diagnosis, Planning, Evaluation and Clinical Judgment. The means for all four areas are listed on the table. The mean for CDM was calculated by this author. The benchmark measuring Analysis/Diagnosis was not met for the following exams: Leadership, both Fall 2009 and Spring 2010 semesters; Comprehensive Predictor both semesters. The benchmark was not met in the area of Planning for the following exams: Mental- Health, Fall 2009; Maternal-Newborn, Spring 2010; Nursing Care of Children, Spring 2010; and Comprehensive Predictor, both semesters. The benchmark for Clinical Judgment was not met for the Comprehensive Predictor both semesters. The mean CDM benchmark was not met for the following exams: Leadership, Fall 2009 for the student and the Spring 2010 semester; Maternal-Newborn in Spring 2010; and both semesters for the Comprehensive Predictor.

There is a program goal that states that the class will exceed the national mean on any standardized exam. As is noted on Tables III, that goal was achieved on all Content Master and Comprehensive Predictor exams. There was one test, Critical Thinking –Exit, where a class did not exceed the national mean (See Table V). That particular class was the LPN to RN Bridge group who graduated in December 2009. The LPN to RN Bridge curriculum was discontinued with the December 2009 class.

The end of course evaluations completed by students did meet the benchmark. The benchmark is 3 or less on a Likert scale: 1=Strongly Agree to 5=Strongly Disagree. This tool is an indirect measure of student learning outcomes.

Faculty members in three of the nursing courses are piloting the use of a rubric when evaluating students in the clinical areas. This was attempted initially by one course and required some revising by that faculty. It is now being piloted by three nursing courses and continues to be revised.

Faculty members have also started collecting data from the ATI examinations and the National Council of State Boards of Nursing reports sent to the school twice a year to trend areas that continue to be low. A Topical Course Review for Each Course is completed at the

conclusion of each semester and areas that are low or did not meet the benchmark are to be addressed at that time.

IV: OVERVIEW OF CHANGES IMPLEMENTED IN YOUR PROGRAM THIS PAST YEAR BASED ON RESULTS AND PLANNED ACTION SPECIFIED IN LAST YEAR'S REPORT.

A five year Program Review was completed for the academic year of 2009-2010. It was suggested in the 2008-2009 Annual Review that the next annual report focus on two student learning outcomes as opposed to discussing all of them. There was also a suggestion that specific tools be used to measure outcomes as opposed to grades or indirect measures such as student course evaluations. As noted earlier, the faculty is in the process of developing a grading rubric for use in the clinical lab portion of nursing courses.

St. Mary's SON completed a National League for Nursing Accrediting Commission (NLNAC) Self Study in August of 2010. A site visit was conducted by NLNAC in September of 2010. The visitors recommended a full eight year approval without any recommendations to the Evaluation Review Panel of NLNAC which meets in February for the second step in the accreditation process.

The faculty of St. Mary's SON has begun a review of its Systematic Evaluation Plan, as well as its curriculum in light of new guidelines just published by the National League for Nursing (NLN). There are new competencies for all nursing schools.

V: SPECIFY ANY CHANGES/MODIFICATIONS MADE TO YOUR PROGRAM BASED SPECIFICALLY ON DATA OBTAINED DURING ASSESSMENT DAY ACTIVITIES.

Assessment Day activities include the evaluation of learning outcomes. In addition to the student learning outcomes, there are program goals evaluated annually which include critical thinking, communication, caring, and provision of patient care. Faculty has identified critical thinking as a method of problem solving which includes the application of the nursing process and clinical decision making. Other concepts evaluated are effective communication, ability to provide patient care and ability to be a caring professional. Questionnaires are used to evaluate the student's perception of how well they have developed these competencies. A Likert Scale is used with a benchmark of 3 or lower; 1 = Strongly Agree to 5 = Strongly Disagree.

	Lowest Score	Highest Score
Critical Thinking	2.548	1.42
Communicate Effectively	2.335	1.54
Ability to Provide Patient Care	2.387	1.358
Ability to Be a Caring Professional	1.358	2.370

Another tool used by St. Mary's SON is Alumni Surveys and Employer Surveys. The return rate for the Alumni Survey is low, but we will continue to send it to graduates six months after their graduation. Employer Survey returns rates have also been low in the past, but we tried another method of getting results this past year. A survey was sent electronically to each clinical manager of local hospitals where the majority of our graduates are employed. The clinical manager was asked to respond to a short survey and return it either electronically or by regular mail. The response rate increased from 5 in 2008 to 16 in 2009. Additionally, the faculty invited nurse managers from SMMC to a luncheon to enhance communication and provide an avenue to improve data collection related to our graduates. Verbal comments supported the results from the surveys that indicated delegation was an area in which to improve. As a result, all faculty members assessed how delegation was taught in their respective courses and additional methods will be utilized in the future to assist our students in having better delegation skills. The following tables depict the results.

Alumni Survey Results:

Component Evaluated	Mean
Ability to apply nursing process	1.6
Demonstrate caring	1.4
Effective Communication	1.5
Critical thinking	1.2
N for combined classes of 2008-2009	17

Employer Surveys:

Component Evaluated	Class 2008 MEAN	Class 2009 MEAN
Knowledge Base	1.6	1.81
Problem Solving Skills	1.8	2.06
Assessment Skills	1.6	1.94
Decision Making Ability	1.6	2.25
Appropriate Delegation Skills	2.4	2.5
Effective Communication Skills	1.6	1.81
Organization	1.8	1.81
Safe Practice	1.8	1.80
Compassion	1.2	1.63
Hospitality	1.2	1.75
Respect for Patients and Peers	1.2	1.75
Asks for Assistance When Needed	1.2	1.73
Helps Others When Able	1.2	1.69
Trustworthy	1.2	1.67
Interview SMCSON Graduate First	1.3	1.60
Look Forward to Hiring SMCSON Graduates	2.0	1.8
Hire Only With Faculty Recommendation	2.7	2.60
Number Respondents	5	16

VI: ASSISTANCE NEEDED WITH ASSESSMENT:

Faculty appreciate timely reports of data and evaluators' comments. Faculty members would also appreciate any assistance you might be able to provide related to the collection and analysis of data, especially of student learning objectives.

APPENDICES

TABLE II: ASSESSMENT OF PROGRAM'S STUDENT LEARNING OUTCOMES FOR 2009-2010

Program's Student Learning Outcome	Year Evaluated	Assessment Measures (Tools)	Benchmarks	Results	Analysis/Planned Actions
<p>Assessment: Complete comprehensive assessments</p>	2009-2010	<p>ATI Examinations- Direct Measure</p> <p>Each course unit examination and final examination, as well as weekly lab evaluations assess this outcome- Direct Measure</p> <p>End of course evaluations completed by students- Indirect Measure</p>	<p>Level 2 for all Content Mastery Examinations and 95 percent probability (74.0%-75.3%) for the Comprehensive Predictor</p> <p>A passing (benchmark) on each exam is 76%. A "Satisfactory" is the benchmark for lab.</p> <p>The benchmark for course evaluations is 3 or less.</p>	See Tables III & IV	See discussion on page 3.
<p>Clinical Decision Making: Utilize assessment data and evidence-based information to make decisions that ensures safe, effective, individualized care. Evaluate effectiveness of care and modify client care as needed.</p>	2009-2010	<p>ATI Examinations- Direct Measure</p> <p>Each course unit examination and final examination, as well as weekly lab evaluations assess this outcome- Direct Measure</p> <p>End of course evaluations completed by students- Indirect Measure</p>	<p>Level 2 for all Content Mastery Examinations and 95 percent probability for the Comprehensive Predictor</p> <p>A passing (benchmark) on each exam is 76%. A "Satisfactory" is the benchmark for lab.</p> <p>The benchmark for course evaluations is 3 or less.</p>	See Tables III & IV	See discussion on page 3.
<p>Caring Interventions: Provide care that assists the client in meeting needs. Implement caring behaviors that are nurturing, protective, compassionate</p>	2010-2011	<p>ATI examinations</p> <p>Each course unit examination and final examination, as well as</p>	<p>Level 2 for all Content Mastery Examinations and 95 percent probability for the Comprehensive Predictor</p>		

and person-centered.		<p>weekly lab evaluations assess this outcome</p> <p>End of course evaluations completed by students</p>	<p>A passing (benchmark) on each exam is 76%. A “Satisfactory” is the benchmark for lab.</p> <p>The benchmark for course evaluations is 3 or less.</p>		
<p>Teaching Learning: Implement an individualized teaching plan based on assessed needs of the client and significant others. Provide assistive personnel with a relevant instruction to support achievement of client outcomes.</p>	2010-2011	<p>ATI examinations</p> <p>Each course unit examination and final examination, as well as weekly lab evaluations assess this outcome</p> <p>End of course evaluations completed by students</p>	<p>Level 2 for all Content Mastery Examinations and 95 percent probability for the Comprehensive Predictor</p> <p>A passing (benchmark) on each exam is 76%. A “Satisfactory” is the benchmark for lab.</p> <p>The benchmark for course evaluations is 3 or less.</p>		
<p>Collaboration: Collaborate with the client, significant others and members of the health care team to plan, implement and evaluate client care. Function as an advocate, liaison, coordinator and colleague in working with the health care team toward achievement of positive client outcomes.</p>	2011-2012	<p>ATI examinations</p> <p>Each course unit examination and final examination, as well as weekly lab evaluations assess this outcome</p> <p>End of course evaluations completed by students</p>	<p>Level 2 for all Content Mastery Examinations and 95 percent probability for the Comprehensive Predictor</p> <p>A passing (benchmark) on each exam is 76%. A “Satisfactory” is the benchmark for lab.</p> <p>The benchmark for course evaluations is 3 or less.</p>		
<p>Managing Care: Assist the client to achieve positive outcomes by effectively utilizing human, physical, financial and technological resources.</p>	2011-2012	<p>ATI examinations</p> <p>Each course unit examination and final examination, as well as</p>	<p>Level 2 for all Content Mastery Examinations and 95 percent probability for the Comprehensive Predictor</p>		

Utilize the management process (Plan, organize, direct and control) to assist clients to interact effectively with the healthcare system.		weekly lab evaluations assess this outcome End of course evaluations completed by students	A passing (benchmark) on each exam is 76%. A “Satisfactory” is the benchmark for lab. The benchmark for course evaluations is 3 or less.		
Communication: Communicate effectively with members of the health care team utilizing appropriate methods and skills. Utilize therapeutic communication skills when interacting with clients and significant others.	2012-2013	ATI examinations Each course unit examination and final examination, as well as weekly lab evaluations assess this outcome End of course evaluations completed by students	Level 2 for all Content Mastery Examinations and 95 percent probability for the Comprehensive Predictor A passing (benchmark) on each exam is 76%. A “Satisfactory” is the benchmark for lab. The benchmark for course evaluations is 3 or less.		
Professional Behaviors: Practice nursing within ethical, legal and regulatory frameworks.	2012-2013	ATI examinations Each course unit examination and final examination, as well as weekly lab evaluations assess this outcome End of course evaluations completed by students	Level 2 for all Content Mastery Examinations and 95 percent probability for the Comprehensive Predictor A passing (benchmark) on each exam is 76%. A “Satisfactory” is the benchmark for lab. The benchmark for course evaluations is 3 or less.		

TABLE III:
ASSESSMENT OF PROGRAM'S STUDENT LEARNING OUTCOMES USING ATI EXAMINATIONS FOR 2009-2010

Student Learning Outcome		ATI Fundamentals Exam (Benchmark = Level 2 or 66.7%-78.3%)		ATI Leadership Exam (Benchmark = Level 2 or 70.0 %-78.3%)		ATI Mental Health Exam (Benchmark = Level 2 or 70.0%-83.3%)		ATI Medical Surgical Exam (Benchmark = Level 2 or 64.4% -72.2%)		ATI Maternal-Newborn Exam (Benchmark = Level 2 or 71.7%-83.3%)		ATI Nursing Care of Children Exam (Benchmark = Level 2 or 65.0% -76.7%)		*ATI Pharmacology Exam (Benchmark = Level 2 or 63.3%-75.0%)		*ATI Comprehensive Predictor Exam (Benchmark = 95 percent probability or 74%-75.3%)	
		Fall 2009	Spg. 2010	#Fall 2009	Spg. 2010	Fall 2009	Spg. 2010	Fall 2009	Spg. 2010	Fall 2009	Spg. 2010	Fall 2009	Spg. 2010	Fall 2009	Spg. 2010	Fall 2009	Spg. 2010
Assessment		83.7	83.0	Not Eval.	Not Eval.	61.9	58.6	77.8	66.7	Not Adm	77.9	Not Adm	59.2	Not Adm	81.1	78.8	77.1
**Clinical Decision Making (CDM)	Analysis/ Diagnosis	74.4	75.7	60.4/ 46.7	54.6	80.7	77.9	72.7	66.9		75.8		75.1		64.5	72.5	72.2
	Planning	70.8	71.5	81.4/ 72.7	79.1	67.3	70.6	75.9	78.3		48.2		64.5		56.1	71.1	73.3
	Evaluation	80.3	77.8	73.5/ 72.7	71.4	83.3	78.0	74.7	80.7		74.2		67.0		74.2	74.6	74.4
	Clinical Judgment	77.0	77.0	75.0/ 70.3	74.0	71.2	70.0	69.8	70.9		70.5		69.9		68.7	72.4	72.7
	Mean CDM	75.6	75.5	72.6/ 65.6	69.8	75.6	74.1	73.3	74.2		66.1		69.1		65.9	72.7	73.2
Mean for Total Exam	National	70.2	70.2	68.1	68.1	71.0	71.1	61.8	61.8		71.8		61.9		63.0	72.2	71.0
	Class	75.5	72.7	75.6/ 70.6	74.5	74.3	72.9	70.2	70.1		75.9		68.3		69.5	76.7	76.2
% Scoring Benchmark or Higher		94.0	86.8	88.9/ 56.5	85.7	85.7	70.2	72.2	87.8		71.8		69.2		82.9	66.7	68.3
Number of Students Tested		50	53	18/ 46	49	42	47	18	41		39		39		41	18	41

* Indicates summative exams for the program. The other exams are summative for specific courses, but are formative for the program.

** Clinical Decision Making is measured in four different areas on the ATI Examinations: Analysis/Diagnosis; Planning; Evaluation; Clinical Judgment. Each of those scores is included for each of those areas and then a mean is also provided.

indicates exam given to two groups this semester: LPN –RN Bridge students are first followed by basic students' scores.

TABLE IV: EVALUATION OF ACHIEVEMENT OF STUDENT LEARNING OUTCOMES FOR EACH COURSE 2009-2010

COURSES	OUTCOMES	FALL 2009	SPRING 2010
NURSING 101	I am able to implement appropriate time management strategies.	1.91	1.736
	I am able to identify my learning style.	1.60	1.679
	I am able to demonstrate appropriate study skills based on learning style for nursing theory and lab content.	1.72	1.717
	I am able to identify appropriate test taking strategies for NCLEX-RN style questions.	1.91	1.830
	I am able to describe appropriate use of the nursing process.	1.47	1.415
	I am able to apply critical thinking skills to selected nursing situations.	1.62	1.642
	I am able to identify measures to enhance self wellness.	1.51	1.596
	I am able to utilize required technology.	1.50	1.302
NURSING 120	Identify basic needs and responses indicating unmet needs of the adult patient.	1.41	1.212
	Analyze collected data to plan care that assists the patient to meet basic needs.	1.38	1.288
	Utilize caring behaviors that assist the patient in meeting basic needs.	1.35	1.173
	Demonstrate knowledge of teaching/learning process as it relates to meeting basic needs of the patient and/or significant support person(s).	1.43	1.385
	Work cooperatively with others during the provision of care.	1.32	1.154
	Identify resources that assist the patient to meet basic needs.	1.51	1.176
	Utilize appropriate communication skills.	1.47	1.212
	Practice within the ethical, legal, and professional frameworks which guide student nurse activities.	1.30	1.173
NURSING 220	Identify the patient's response patterns to specific health alterations that interfere with the ability to meet basic needs.	1.63	1.377
	Analyze data to plan care for patients with specified health alterations.	1.52	1.340
	Implement therapeutic and caring interventions for the adult patient experiencing health alterations.	1.57	1.358
	Implement the teaching/learning process as it relates to meeting the needs of the adult patient with specific health alterations.	1.71	1.50
	Work cooperatively with the client and members of the health care team to implement the nursing process.	1.64	1.333
	Demonstrate beginning skills in managing care of the adult patient.	1.57	1.321
	Utilize effective communication skills.	1.65	1.365
	Practice within the ethical, legal, and professional frameworks which guide student nurse activities.	1.60	1.321
NURSING 225	Develop a client data base that includes a mental health assessment.	1.97	2.085
	Utilize critical thinking in developing an individualized plan of care for the psychiatric client.	1.97	1.979
	Implement personalized, client-centered interventions for psychiatric clients.	1.97	1.844
	Assist in providing for the physical and mental health education needs of assigned clients, both individual and small groups.	1.95	1.867
	Collaborate with the client and mental health care team to plan and provide care.	1.92	1.682
	Assist the mental health care team in managing the care of assigned clients.	2.00	1.741
	Communicate effectively with clients and members of the mental health care team.	2.05	1.848
	Model behaviors and demonstrate individual responsibility and accountability for nursing practice according to ethical, legal, and regulatory frameworks.	2.03	1.766
NURSING 230	Identify patient data that indicate health alterations related to specific physiological systems.	1.6	1.565
	Analyze patient data to determine nursing activities which promote, maintain, and/or restore health.	1.629	1.532
	Implement caring behaviors that assist the adult patient to meet health care needs.	1.559	1.478
	Provide for the teaching/learning needs of adult patients related to specific health alterations.	1.618	1.5
	Collaborate with the patient and the health care team to plan and provide care.	1.559	1.565
	Manage the care for adult patients with specified health alterations.	1.6	1.489

	Demonstrate effective communication techniques with the patient, family and health care team. Utilize professional standards of practice.	* *	* *
NURSING 235	Develop a client data base that includes prenatal, perinatal, postpartum, neonatal and pediatric assessments. Utilize critical thinking in developing an individualized plan of care for the maternal/pediatric clients. Implement personalized, client-centered interventions for maternal/pediatric clients. Provide for health care educational needs of maternal/pediatric clients. Collaborate with the health care team, the maternal client, and the neonate and pediatric caregivers to plan and provide care. Assist the health care team in managing the care of assigned maternal/pediatric clients. Communicate effectively with maternal/pediatric clients, client caregivers, and members of the health care team. Model behaviors that demonstrate individual responsibility and accountability for nursing practice standards.	** ** ** ** ** ** ** ** **	2.129 2.258 2.258 2.233 2.233 2.233 2.290 2.226
NURSING 241	I am able to assess the client to develop a comprehensive data base. I am able to integrate client data to formulate clinical judgments that ensure positive outcomes. I am able to implement nursing care in a therapeutic manner. I am able to provide/implement the teaching/learning process to obtain desired outcomes for individuals, groups and the community. I am able to collaborate with the health care team, to implement client care for the individuals and groups of clients. I am able to manage the care of adult clients to achieve positive outcomes. I am able to communicate effectively with clients, significant others and the health care team. I am able to model behaviors that demonstrate accountability for nursing practice.	** ** ** ** ** ** ** ** **	1.727 1.788 1.781 1.750 1.750 1.750 1.719 1.719

- Questions not evaluated
- ** Course not taught this semester

Table V: ATI STANDARDIZED EXAMS ADMINSTERED 2009-2010

NAME OF TEST	CLASS	SEMESTER TAKEN	SEMESTER FOR STUDENT	NUMBER STUDENTS	NATIONAL MEAN-%	GROUP MEAN- %
TEAS	Class May 2011	Prior to Fall Semester	Prior to 1st Semester	60	72.1	78.3
Critical Thinking-Entrance	Class May 2011	Prior to Fall Semester	Prior to 1st Semester	62	68.0	72.3
Self Assessment Inventory	Class May 2011	Prior to Fall Semester	Prior to 1st Semester	60	No National Mean	No Group Mean
RN Leadership 2007 Form B	Class (Bridge) December 2009	Fall Semester	4th Semester	18	68.1	75.6
RN Adult Medical-Surgical 2007 Form B	Class (Bridge) December 2009	Fall Semester	4th Semester	18	61.8	70.2
Comprehensive Predictor	Class (Bridge) December 2009	Fall Semester	4th Semester			
Critical Thinking- Exit	Class (Bridge) December 2009	Fall Semester	4th Semester	18	70.3	67.4
RN Mental Health 2007 Form B	Class May 2010	Fall Semester	3rd Semester	42	71.1	74.3
RN Leadership 2007 Form B	Class May 2010	Fall Semester	3rd Semester	46	68.1	70.6
RN Fundamentals 2007 Form B	Class December 2010	Fall Semester	2nd Semester	50	70.2	75.5
TEAS 4.0	Class December 2011	Prior to Start of Spring Semester	Prior to 1st Semester	60	72.1	76.2
Critical Thinking-Entrance	Class December 2011	Prior to Start of Spring Semester	Prior to 1st Semester	60	68.0	71.3
Self Assessment Inventory	Class December 2011	Prior to Start of Spring Semester	Prior to 1st Semester	60	No National Mean	No Group Mean
RN Fundamentals 2007	Class May 2011	Spring Semester	2nd Semester	53	69.9	72.7

Form B						
RN Mental Health 2007 Form B	Class December 2010	Spring Semester	3rd Semester	47	71.0	72.9
RN Leadership 2007 Form B	Class December 2010	Spring Semester	3rd Semester	49	68.1	74.5
RN Maternal- Newborn 2007 Form B	Class May 2010	Spring Semester	4th Semester	39	71.8	75.9
Nursing of Children 2007 Form B	Class May 2010	Spring Semester	4th Semester	39	61.9	68.3
RN Adult Medical-Surgical 2007 Form A	Class May 2010	Spring Semester	4th Semester	41	61.8	70.1
Pharmacology- 2007 Form A	Class May 2010	Spring Semester	4th Semester	41	63.0	69.5
Comprehensive Predictor 2007- Form B	Class May 2010	Spring Semester	4th Semester	41	71.0	76.2
Critical Thinking- Exit	Class May 2010	Spring Semester	4th Semester	40	70.3	74.1