PROAC Form 1

PROGRAM NAME: Nursing (Oct 2012-Sept 2013)

Protocol Route Slip	Name	Title	Initial	Date
Received by PROAC Chair:				
Reviewed by Head of Division:				
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Reviewed by PROAC Member: _____   Date reviewed: _____

NMC MISSION STATEMENT	Northern Marianas College, through its commitment to student learning, provides high quality, affordable and accessible educational programs and services for the individual and people of the Commonwealth.
PROGRAM MISSION STATEMENT (Column 1)	The mission of the Nursing Department is to advocate for locally educated and licensed nurses to work in the various health care provider agencies in the Commonwealth of the Northern Mariana Islands as well as in the Pacific Region by providing career guidance, education and nursing knowledge and skills necessary to be eligible to take the National Council Licensure Examination in support of the Northern Marianas College.

INTENDED PROGRAM/SERVICE OUTCOMES (Column 2)	MEANS OF ASSESSMENT AND SUCCESS CRITERIA (Column 3)	SUMMARY OF DATA COLLECTED (Column 4)	USE OF RESULTS (Column 5)

NU PLO 1: Practice professionally based on standards of nursing and the legal, ethical, and regulatory nursing framework
 	
FY 2012 Operational Plan Goals & Objectives
 	
1. Student Success
   1.2-Address diverse student needs
   1.4– Remove barriers that impede on student success
 	
4. Focus on CNMI Workforce Needs
   4.1 – Increase job placement rates.
   4.4 – Develop partnerships with key entities
	1.1 Demonstrate professional behaviors
	
	Assessment Method:
	1.Clinical Performance Rubric for Inpatient areas – weekly clinical reports; professionalism – attendance, dress code, compliance with hospital/clinic policies
	2.Clinical Performance Rubric for Outpatient areas – weekly reflection paper; attendance, dress code, compliance with hospital/clinic policies
	
	Category:
	Presentation/Performance
	
	Criterion:
	100% of our students (first year and second year will demonstrate professional behaviors in their assigned healthcare setting during clinical/practicum experience.
		2nd year Nursing Students – Arriving to lecture on time and to clinical 15 minutes early was a challenge for many of the 2nd year nursing students (graduated May 2013). About 27 students (27/37) or 72% met this requirement. However, there were 10 students (10/37) or 28% that were never consistent in meeting this expectation, regardless of being aware that attendance is being counted in their final grade and requiring them to sign in on attendance sheet and note their time of arrival.
		
		Complying with "Proper Dress Code Policy" during clinical was a constant challenge with 2nd year students. About 30 students (30/37) or 81% that met this criteria. The remaining 7 students (7/37) or 19% had so many excuses of "why" they were not dressed properly, including not wearing proper shoes. This was also reflected when they come to the hospital and do prep the night before clinical. Regardless of being made aware of this requirement, they still did not want to comply.
			As a result of looking at this outcome, it is routine practice now that our students have to sign in on attendance sheet and note time of arrival for both lecture and clinical. Attendance record is reviewed with individual students by course and clinical instructors during mid-term and final evaluations. Feedback is provided to improve attendance.
			
			Dress code for nursing students in attending lecture on campus was implemented fall 2012 for first year nursing students. 100% of these students met this requirement. Students were made aware that disregarding dress code policy will result in student being sent home and a grade of zero for clinical will be given. For lecture, student will be also send home and receive an absent for the day. This is a requirement now and Department Chair communicates this requirement to students

			when first admitted into the program. There is also a separate dress code for students while in clinical. Department Chair communicates this expectation as well to students when first admitted into the program.
		Complying with the "Official Languages of English, Chamorro, and Carolinian Policy" as the only approved languages to be spoken in patient care units was also a constant challenge with 2nd year students. Majority of our students were Filipinos and it did not help at all when we were trying to enforce the policy with our students and the nurses at CHC were also not following the policy. About 60% of our students tried to comply with this language policy, while the remaining 40% claimed that the nurses were talking to them in Filipino and they just answered back in Filipino. Students have been made aware that anyone heard speaking Tagalog language in patient care units will result in being sent home and a zero grade for clinical will be given. **1st year Nursing Students** – Arriving to lecture on time and to clinical 15 minutes early was a challenge also in the beginning of fall semester 2012 for the 1st year nursing students, but this soon changed when they realized that this is being counted in their final grade for the course (lecture & clinical). The 1st year nursing students have greatly improved in their attendance where 19 out of 22 or 86% met this requirement. However, three out of 22 or 14% occasionally came late, even after constant reminder of need to demonstrate professional behavior during mid-term and final evaluations. Instructors for both course and clinical repeatedly reminded students of this expectation and ensure that students sign in and note their time of arrival to lecture and clinical pre-conference. This is addressed to students again in mid-term and final evaluations.	Clinical instructors are to enforce this policy and expect 100% compliance by our students. Noncompliance of this CHCC language policy by our students can affect their Medicare Certification and we do not want our students to be one of the contributing factors leading to their deficiencies. Any student heard speaking in any languages outside the three official languages while in patient care units will result in being sent home and receive a zero grade for clinical for that day.

NU PLO 2: Assess clients and families comprehensively including physical, developmental, cultural, and spiritual knowledge
 	
2012 Operational Plan Goals & Objectives:
 	
1. Student Success
   1.2-Address diverse student needs
   1.4– Remove barriers that impede on student success
 	
4. Focus on CNMI Workforce Needs
   4.1 – Increase job placement rates.
   4.4 – Develop partnerships with key entities
	2.1 Analyze comprehensive client assessment data
	
	Assessment Method:
	   1. Clinical Prep Forms
	   2. Clinical Day Papers
	Category:
	Presentation/Performance
	
	Criterion:
	90% of our students (first year and second year will demonstrate the ability to perform assessment of assigned patients in the inpatient care areas (medical/surgical unit, pediatric unit) at the hospital during clinical/practicum experience.
		Both **1st year Nursing Students** and **2nd year Nursing Students** had a difficult time performing hands- on comprehensive assessment of their assigned patients during clinical.
		One of the major factors for this deficiency is their lack of physical assessment skills practice in Skills Lab. They do not take the initiative to schedule a time with their assigned partner and practice physical assessment skills in Skills Lab while the department is open during regular office hours. The only time they practice is during lecture when instructor demonstrates a skill being covered, assigned days for Skills Lab or during actual day for test out on return demonstration of assigned skills.
		
		Second factor is the lack of a full-time Clinical Lab Teaching Assistant for our Skills Lab. Two faculty resigned – one in July of 2012 and another faculty resigned – August 2013. This left the remaining full-time faculty and Department Chair unable to be available for Skills Lab, but focusing mostly in classroom lectures and supervision of students in clinical.
		
		In general, we can say that 90% of both first year and second year nursing students can perform simple focus assessments on their assigned patients and carry out the necessary medical plan of care as ordered.
			If we do get a new full-time faculty on board to replace those that have resigned, we want this person to coordinate lab hours, set-up skills practice stations and supervise students in practice, check off students on return demonstration of assigned skills, and assist with supervision of students during clinical.
			
			It has been recommended in the past that we require a certain number of hours for students to come to Skills Lab and practice their skills before they test out on return demonstrations of assigned skills. This is something that we may consider implementing to get our students to practice their skills before going to clinical.

NU PLO 3: Plan and provide nursing care for clients and families across the lifespan in the hospital, community or home integrating biological, sociological, cultural, and spiritual knowledge.
 	
2012 Operational Plan Goals & Objectives:
 	
1. Student Success
   1.2-Address diverse student needs
   1.4– Remove barriers that impede on student success
	3.1 Write Nursing Care Plan and provide nursing care
	
	3.2 Provide individualized client/family education
	
	Assessment Method:
	   1. Clinical Prep Forms
	   2. Clinical Day Papers
	   3. Clinical Performance Rubric for Inpatient areas
	   4. Reflection Papers
	
	Category:
	Presentation/Performance
		Both of our first year and second year nursing students have demonstrated 90% of the time the ability to write nursing care plan and follow that plan of care. However, the quality of the written care plan still requires improvement especially in the area of following the North American Nursing Diagnosis Association (NANDA) Approved List of Nursing Diagnosis. Students have to show the proper "Cause & Effect Relationship" to make it a correct and acceptable format of writing nursing diagnosis for the	Our clinical prep sheet and clinical day sheet both addresses writing of nursing care plan. Students are required to demonstrate this skill for each of their assigned patients very early on in their nursing training.
			This is introduced in NU 105 Basic Nursing Concepts & Skills course. The skill is to be improved on in all subsequent nursing courses that include clinical/practicum experience. The goal of the program is for our students to be proficient in writing nursing care plans for patients with various medical

4. Focus on CNMI Workforce Needs
 	
    4.1 – Increase job placement rates.
    4.4 – Develop partnerships with key entities
	Criterion:
	90% of our students (first year and second year will demonstrate the ability to write Nursing Care Plans according to the North American Nursing Diagnosis Association (NANDA) for their assigned patients in the Medical/Surgical unit and Pediatric unit during clinical/practicum experience.
		patient's nursing care plan.	conditions and integrate the medical plan of care into their nursing care plan. We evaluate performance in detail for the program during NU 203 Maternal-Child Nursing, Pediatric Unit rotation and again during NU 212 Medical/Surgical Nursing III course, medical/surgical unit rotation and overall performance prior to graduation.

INTENDED PROGRAM/SERVICE OUTCOMES (Column 2)	MEANS OF ASSESSMENT AND SUCCESS CRITERIA (Column 3)	SUMMARY OF DATA COLLECTED (Column 4)	USE OF RESULTS (Column 5)

NU PLO 4: Utilize critical and creative thinking to facilitate problem solving and decision making.
 	
2012 Operational Plan Goals & Objectives:
 	
2. Student Success
  1.2-Address diverse student needs
  1.4– Remove barriers that impede on student success
 	
4. Focus on CNMI Workforce Needs
 	
  4.1 – Increase job placement rates.
  4.4 – Develop partnerships with key entities
	4.1 Make clinical decisions to assure safe and accurate nursing care
	
	Assessment Method:
	1. Clinical Performance Rubric for Inpatient areas
	2. Clinical Prep Forms
	3. NCLEX-RN Program Report
	4. Employer Survey
	
	Category: - Presentation/Performance
	
	Report Review
	
	Criterion:
	1. 90% of our students (second year) will demonstrate acquisition of this skill by scoring 3 or above on the elements relating to critical and creative thinking skills on the Clinical Performance Rubric.
	2. 90% of our students (second year) will demonstrate acquisition of this skill as evidenced in their written nursing care plan and their documentation in the patient's medical record (problem-oriented SOAPE charting).
	3. 50% of the graduated nursing students will have passed the NCLEX-RN exam on their first attempt.
	4. 50% of employers expressed satisfaction in the work performance of our new RN graduate in their demonstration of critical and creative thinking skills in the care of their assigned patients or clients.
		Both of our first year and second year nursing students have demonstrated 80% - 90% of the time the ability to make clinical decisions that were basically safe to provide basic entry level patient care.
		
		With additional training/in-service education and ongoing expose from employers, our 2nd year graduating students will be able to improve further their ability to utilize critical thinking as they advance on in their nursing career and nursing practice.
			We need to closely monitor this PLO and find additional learning experiences that will challenge our students in improving this essential skill.
			
			Department Chair and faculty need to plan and implement an NCLEX-RN exam review sessions while the students are still in the program to encourage them to take this exam right after graduation – at least two months after graduation, like the month of July.
			
			Dept. Chair and faculty need to work on developing our department's Employer Satisfaction Survey and implement it to evaluate or assess how our graduates are doing with job placements within one year of graduation.