

# Assessment Findings and Curricular Improvements

## School of Nursing

### Undergraduate Program

#### Assessment Measures

The School of Nursing uses the following direct measures to assess undergraduate departmental learning outcomes:

#### Standardized Testing Plan for School of Nursing

The School of Nursing uses national standardized tests available from Health Education Systems Incorporated (HESI) to assess student learning in each year of the curriculum. These tests provide benchmarks that rank the School of Nursing student performance against national performance in undergraduate nursing programs. The categories tested are as follows:

- ✚ **Freshman basic knowledge to enter nursing** is tested in April of the freshman year using the HESI Nursing Program Admission Assessment that measures readiness to begin nursing courses and benchmarks first year CUA students against national performance in the following areas: Reading comprehension, vocabulary and general knowledge, grammar, basic math skills, biology, chemistry, anatomy and physiology.
- ✚ **Sophomore Specialty Exams** are given at the end of sophomore year in order to benchmark School of Nursing learning outcomes in the following sophomore content areas: Community Health, Pathophysiology, Pharmacology, Health Assessment.
- ✚ **Junior Specialty Exams** are given at the end of this year of study to benchmark CUA nursing students against national performance in the following clinical areas of study that are completed in junior year: Fundamentals of Clinical Nursing and Psychiatric/Mental Health Nursing
- ✚ **Senior Specialty Exams** are given in December to benchmark senior students against national performance in Maternity Nursing. Additionally a speciality examination in clinical critical thinking is given in December of the Senior year to benchmark CUA School of Nursing students against national norms for development of this skill. In April, CUA Seniors are given the national HESI Exit Examination that provides a summary assessment of learning across the nursing curriculum and benchmarks the CUA students against national norms.

The NCLEX National licensure examination is a major external assessment of our undergraduate program. The District of Columbia Board of Nursing requires that performance on the NCLEX be within 5% of the national average test scores in order to maintain certification through the District of Columbia as an approved School of Nursing.

**National licensure examination (NCLEX)** results are used to evaluate School of Nursing performance against both national and regional peers.

**Indirect measures of performance** include student course evaluations, survey of graduates and employers which is completed annually, correlation of course grades to performance in various examinations, and the annual review of the curriculum by the Baccalaureate Curriculum

Committee, and the annual survey of senior students completed by the Quality and Safety in Nursing Project funded by Robert Wood Johnson.

## Assessment Findings

### HESI Performance Analysis and NCLEX Pass Rates:

#### CUA HESI Exit Test Performance Analysis 2006-2008

Date	2006	2007	2008	Total/Average
# test takers	44	51	66	161
Median Score	755	783	680	739.33
Mean Score	757	757	696	736.67
S.D	155.19	139.18	119.66	
Percentile level	23.44	27.39	17.38	22.74

Prediction	2006	2007	2008	Probability of passing
>= 950	11%	8%	5%	Outstanding
900-949	5%	6%	2%	Excellent
850-899	4%	14%	6%	Average
800-849	16%	20%	6%	Below average
750-799	16%	8%	12%	Additional prep needed
700-749	5%	14%	15%	Serious prep needed
650-699	9%	8%	18%	Grave danger of failing Poor performance
<=649	30%	24%	36%	expected
	76%	74%	87%	Total at Risk

#### HESI composite

Higher than median	8	16	8
Lower than median	36	35	58

Score Detail	CUA Score	CUA Score	CUA Score	Recommended Score
Nursing Process				
Assessment	711	732	718	850
Analysis	767	744	665	850
Planning	788	755	715	850
Implementation	773	769	684	850
Evaluation	727	770	713	850

#### Speciality Areas

Community Health	802	771	506	900
Critical Care	683	765	564	900
Fundamentals	724	705	663	900
Geriatrics	726	700	435	900
Maternity	742	754	690	900
Med/Surg	766	740	698	900
Pathophysiology	932	697	611	900
Pediatrics	749	788	672	900
Professional Issues	782	788	741	900
Psychiatric/Mental Health	767	821	696	900

<b>AACN Core Knowledge</b>				
Ethics	629	739	813	900
Global Health Care Systems	773	882	848	900
Health Promotion/Prevention	780	758	696	900
Illness/Disease Management	757	755	681	900
Info and Health Care Tech	792	763	691	900
Health Care System/Policy	769	787	747	900
Human Diversity	737	666	509	900
<b>NCLEX Pass Rate/Annual</b>	90.70%	80.80%	Not yet available	

### **Curricular Improvements**

A major undergraduate curriculum revision was undertaken based on the observed downward trend in the NCLEX scores and the total students at risk based on HESI predictions, as well as the observations of the AACN Accreditation team during the accreditation visit in fall 2006. The report is attached as Appendix A.

Additionally ongoing curricular improvements are being made as a result of the School of Nursing participation in the QSEN Project. The exit survey of senior nursing students done in May, 2008 is also attached as Appendix B. As a result of this exit survey, increased simulation training is planned as well as increased exposure to quality assurance techniques and analysis.

This curricular improvement is planned for the 2008/2009 academic year.

Appendix A

Undergraduate Curriculum Revision Proposal



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## **SCHOOL OF NURSING**

Baccalaureate Curriculum Committee  
Task Force on Undergraduate Curriculum  
Report and Recommendations

February 22, 2007

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# The School of Nursing Undergraduate Curriculum Proposed Revision

## **Background**

The Catholic University School of Nursing has been providing outstanding undergraduate education in nursing since 1933. The aim of the baccalaureate program is prepare students for beginning professional nursing practice. In order to accomplish this aim the nursing faculty periodically revises the curriculum to match emerging trends in the science and art of nursing. The last major curriculum revision was implemented in the fall of 1996. This revision reflected the need to prepare nurses to function effectively in a health care system that was increasingly community-based and focused on primary care nursing. The healthcare system in the United States continues to evolve, within this dynamic environment three fundamental aspects of nursing practice have been identified by the American Association of Colleges of Nursing (AACN). These are: care of the sick in and across all environments, health promotion, and population-based health care.<sup>1</sup>

- ✓ Base practice on current knowledge, theory, and research
- ✓ Assume responsibility and accountability for practice
- ✓ Form partnerships with patients and with other health care professionals
- ✓ Serve as a member and leader within interdisciplinary health care teams
- ✓ Communicate, collaborate, and negotiate
- ✓ Practice across a variety of settings and with diverse populations
- ✓ Access, assemble, and evaluate health information
- ✓ Teach patients
- ✓ Advocate for patients within the health care delivery system
- ✓ Delegate and supervise patient care activities
- ✓ Allocate and manage physical, fiscal, and human resources
- ✓ Evaluate nursing care outcomes
- ✓ Participate in research and utilize research findings
- ✓ Assume responsibility for life-long learning and plan for professional career development
- ✓ Participate in political and regulatory processes
- ✓ Participate in shaping the health care delivery system.

The box on the left illustrates the skills identified by the AACN to fully implement the professional nursing role.

The baccalaureate faculty of the School of Nursing periodically reviews the entire baccalaureate curriculum to assure that graduates of the program have the requisite professional skills and abilities. The last such review was conducted in preparation for the accreditation visit of the AACN in the fall of 2006. At that time the faculty determined that a task force was needed to undertake a focused curricular review. This task was completed in February, 2007. The task-force recommendations and rationale for them are detailed in this proposal.

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<sup>1</sup> American Association of Colleges of Nursing. (1998). *The essentials of baccalaureate education for professional nursing practice*. Washington, D.C: Author.

## ***Specific curriculum recommendations and rationale***

1. Streamline and focus the undergraduate curriculum to reduce redundancy and increase content that is directly supportive to nursing education.
  - a. Credits required for graduation reduced to 120 from 129
  - b. General inorganic and organic chemistry (8) credits replaced with 4 credits of biochemistry for health sciences.
  - c. Eliminate N 373/374 (Nursing life-cycle courses) and replace with a Growth and Development course and increased content in clinical didactic courses.
2. Re-sequence courses to assure that basic nursing knowledge precedes clinical courses.
  - a. Pathophysiology/pharmacology moved to sophomore year, preceding the first clinical class.
  - b. Health assessment increased to 4 credits and offered both semesters of sophomore year (students may take the course either fall or spring)
  - c. Introduction to Nursing offered in freshman year increased to 2 credits so that content in basic medical terminology and medication administration calculation can be added.
  - d. Move the required Microbiology class to the second semester of freshman year to assure coverage of this material immediately before Pathophysiology.
3. Strengthen the focus on health promotion.
  - a. Move the basic community health and applied health promotion/community health content to the sophomore year.
  - b. Re-title Maternal/Child Nursing to Women's Health
  - c. Re-title Pediatric Nursing to Health of Children.
4. Strengthen the emphasis on medical/surgical nursing.
  - a. Re-sequence clinical courses to assure medical/surgical content in each semester of the upper division.
5. Retain the liberal arts core and enhance the ability of students to undertake a minor or alternatively to take graduate coursework in senior year.
  - a. Require 12 credits of directed elective courses to be undertaken in social sciences and/or nursing graduate study (this may include 500 level nursing courses).
  - b. Eliminate the requirement for Sociology 101 and Anthropology 101.
  - c. Retain the requirement for Psychology 210 and add a requirement for Growth and Development to be taught within the School of Nursing.
  - d. Retain the requirement for bioethics in the junior year.

## The proposed new curriculum

### Traditional Undergraduate Program

Year 1 Foundations Fall Semester	Credits	Year 1 Foundations Spring Semester	Credits	School of Nursing Staffing Requirements
Anatomy and Physiology I	4	Anatomy and Physiology II	4	0 (Arts and Sciences)
Philosophy Classical Mind	3	Philosophy Modern Mind	3	0 (Arts and Sciences)
Psychology 201	3	Microbiology	3	0 (Arts and Sciences)
Introduction to Nursing	2	English 101	3	2 credits
Biochemistry	4	Statistics	3	0 (Arts and Sciences)
Total First Year	16		16	2 credit SON staffing (.22 FTE)

Year 2 Nursing Basics Fall Semester	Credits	Year 2 Nursing Basics Spring Semester	Credits	School of Nursing Staffing Requirements
Patho/Pharm I	4	Patho/Pharm II	3	7 credits
Basic Community Nursing	2	<i>Applied Health Promotion/Community Health</i>	3	5 credits
Foundations	3	Applications	3	6 credits
Communication (A/B)	3	Communication (A/B)	3	6 credits
Nutrition (A/B)	2	Nutrition (A/B)	2	4 credits
Religion <261	3	Religion >261	3	0 (TBS)
Health Assessment (A/B)	4	Health Assessment (A/B)	4	8 credits
Total Second Year	17		16	12 FTE

Year 3 Basic Clinical Fall Semester	Credits	Year 3 Basic Clinical Spring Semester	Credits	School of Nursing Staffing Requirements
<i>Basic Med/Surg (7 weeks)</i>	2	<i>Intermediate Med/Surg (7 weeks)</i>	2	4 clinical (1 coordinator 8 sections)
<i>Mental Health/Psych Clinical (7 weeks)</i>	2	Research	3	3 credits lecture 2 clinical (1 coordinator 8 sections)
Didactic Mental Health	3	Bioethics	3	3 credits lecture
Evidence Based Care/Health Informatics	3	Growth and Development	3	6 credits lecture
Elective	3	Elective	3	0 unless nursing elective offered
Total Third Year	13		14	5 FTE plus 8 clinical instructors (4 M/S and 4 psych)

Year 4 Advanced Clinical Fall Semester	Credits	Year 4 Advanced Clinical Spring Semester	Credits	School of Nursing Staffing Requirements
<i>Advanced Med/Surg (7 weeks)</i>	3	<i>Med/Surg Leadership (7 weeks)</i>	3	4 clinical(1 coordinator 8 sections)
<i>Women's Health Clinical (7 weeks)</i>	2	<i>Health of Children Clinical (7 weeks)</i>	2	4 clinical (2 coordinators 8 sections)
Women's Health Didactic	3	Health of Children Didactic	3	6 credits
Leadership and Management	3	Professional Transition	3	6 credits
Spirituality in Nursing or Elective	3	Elective (Graduate level encouraged for 3.0 students)	3	3 credits (or graduate FTEs)
Total Fourth Year	14		14	6 FTE plus 12 clinical instructors (4 M/S., 4 peds., 4 women's health)

Total Credits = 120 (decreased by 9 credits)  
 Total Clinical Credits = 19 (unchanged)  
 Total Clinical Clock Hours = 855 (unchanged)



## Second Degree/Advanced Transfer Students (Must have a minimum of 55 transferable credits)

Must enter with 8 credits of A/P; 4 credits of biochemistry; Microbiology; Statistics; Growth and Development; 6 credits of Social Science; 6 credits of Humanities. Overall 3.0 with a science GPA of 3.0.

### Year 1

Fall Semester: Basic Clinical	Credits	Fall Semester: Basic Clinical	Credits	Additional FTEs
Patho/Pharm	4	Patho/Pharm	3	
Foundations	3	Applications	3	
Health Assessment (First 7 weeks)	4	Research	3	
Basic Med/Surg (Second 7 weeks)	2	Bioethics	3	
Basic Community Nursing	3	Applied Health Promotion	3	
		Intermediate Med/Surg (7 weeks)	2	
Total	16		17	

Summer Session	Credits			
Mental Health Integrated Experience	5			1 Coordinator/lecturer and 2-4 clinical instructors.

### Year 2

Year 4 Advanced Clinical Fall Semester	Credits	Year 4 Advanced Clinical Spring Semester	Credits	Additional FTEs
Advanced Med/Surg (7 weeks)	3	Med/Surg Leadership (7 weeks)	3	
Women's Health Clinical (7 weeks)	2	Health of Children Clinical (7 weeks)	2	
Women's Health Didactic	3	Health of Children Didactic	3	
Leadership and Management	3	Professional Transition	3	
Evidence Based Care/Informatics	3	Elective	3	
Total Fourth Year	14		14	

Total Credits for Second Degree = 66 (requires a minimum of 54 credits in transfer)

## ***Evaluation Methods***

The taskforce recommends that the new curriculum be evaluated using the following tools:

### a. HESI Exit Examination

The HESI Exit Examination is a standardized test that is administered to senior nursing students in their last semester of study. It has been shown to be highly predictive of performance on the nursing licensure examination (NCLEX). It also provides extensive analysis of student performance in specific areas of the curriculum. The following table outlines these areas and the relative percentage weights for them:

Subject Area	Number of Questions	% weight
Community Health	8	4.0%
<b>Critical Care (Med Surg)</b>	3	<b>1.5%</b>
<b>Fundamentals (Med/Surg)</b>	28	<b>14.2%</b>
<b>Geriatrics (Med/Surg)</b>	6	<b>3.0%</b>
<b>Medical/Surgical</b>	76	<b>38.7%</b>
<b>Total Med/Surg</b>		<b>57.4%</b>
Pathophysiology	1	.1%
Maternity	16	8%
Pediatrics	17	9%
Professional Issues	23	11.7%
Psychiatric/Mental Health	18	9.1%
Total	196	99.3

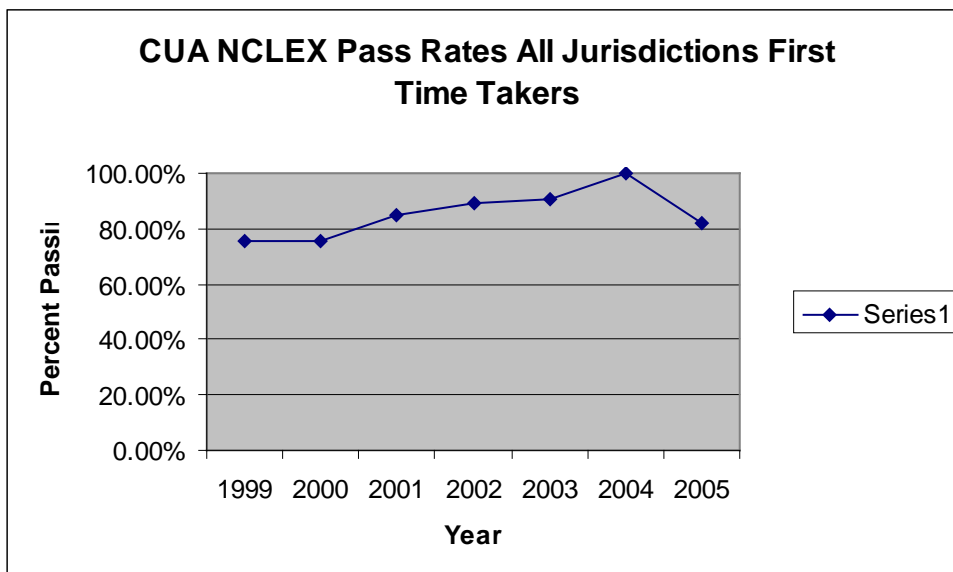
(does not equal 100% due to rounding).

The reorganization of the curriculum also assures that curricular areas map directly to HESI test areas which assures direct evaluative linkages from test performance to curricular content.

A baseline rate for the School of Nursing is available from the first test cohort. The School of Nursing scored in the 23.44<sup>th</sup> percentile of a national sample of test takers (n=40,034). The mean HESI score for our cohort was 757 out of a possible 1150. The goal for the School of Nursing should be at a mean of  $\geq 850$ .

b. NCLEX Performance

The five year NCLEX pass-rate for The Catholic University of America is shown below:



The observed trend continued in 2006 with a YTD pass rate of 89.74 (01-06 to 09-06)

National NCLEX passing rates are increasing due to the use of standardized exit tests as well as almost universal participation in NCLEX review courses. The goal for the School of Nursing should be passing rates  $\geq 90\%$

c. Student Evaluations

Students have been quite supportive of the nursing curriculum in the past. However, repetitive content in several courses has been a recurrent theme as has the need for content in basic medical terminology and increased attention to medication calculation methods. Students have also requested that clinical courses be focused on a single clinical area rather than combined as had been done in Performance III (Community and Mental Health) and Performance IV (Pediatrics and Maternal Child)

d. Accreditation

The AACN accreditation visit highlighted several curricular areas for improvement. One of the major areas was to increase the amount of preparation in evidence-based care. An additional course was added in this area in the proposed curriculum revision.

The accreditation report also highlighted the need to examine the combined clinical courses in order to clarify the content, objectives, and rationale for the combined content. The curriculum revision removed these combined courses and focused clinical content on distinct areas that map to HESI and NCLEX results.

e. Employer evaluations

Employer evaluations have been generally very positive regarding the performance of School of Nursing graduates. This trend will be closely monitored after curricular revision.

Appendix B: QSEN (Quality and Safety Education in Nursing) CUA Graduation Student Survey Completed May, 2008

**QSEN Student Evaluation Survey**

1. A. Please select the Nursing School with which you are affiliated.		
	Response Percent	Response Count
University of Minnesota		
Augustana College Department of Nursing		
University of Pennsylvania		
Catholic University of America School of Nursing	20.9%	14
Charleston Southern University		
Curry College		
Emory University - Nell Hodgson Woodruff School of Nursing. For information at Emory, contact: Marsha Lewis, PhD, RN - millewi4@emory.edu		
LaSalle University		
St. John's College of Nursing of Southwest Baptist University		
University of Colorado at Denver Health Sciences Center School of Nursing		
University of Massachusetts Boston College of Nursing and Health Sciences		
University of Nebraska Medical Center College of Nursing		
University of South Dakota School of Nursing		
University of Tennessee Health Science Center College of Nursing		
University of Wisconsin-Madison School of Nursing		
UPMC Shadyside School of Nursing		

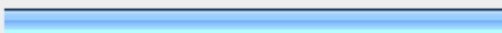
Wright State University, Wright State-  
Miami Valley College of Nursing and  
Health; local contact information: Dr.  
Candace C. Cherrington: 937-775-  
3132

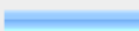
*answered question* 14

*skipped question* 0

2. B. Do you have patient care experience outside of your nursing school education? If no, please proceed to the next page.

	Response Percent	Response Count
Yes	78.6%	11
No	21.4%	3
<i>answered question</i>		14
<i>skipped question</i>		0

Yes 

No 

*answered question* 14

*skipped question* 0

3. C. If you answered yes to the above question, please indicate your experience. Select all that apply:

	less than 1 yr	1-2 yr	3-5 yr	>5 yr	Response Count
LPN	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0
CNA	25.0% (1)	0.0% (0)	50.0% (2)	25.0% (1)	4
Technician	57.1% (4)	14.3% (1)	0.0% (0)	28.6% (2)	7
Non-credentialed assistant	100.0% (2)	0.0% (0)	0.0% (0)	0.0% (0)	2
Other	66.7% (2)	33.3% (1)	0.0% (0)	0.0% (0)	3
				(please specify)	5
<i>answered question</i>					11
<i>skipped question</i>					3

clinical nurse scholar- nursing summer externship  
research  
summer externship  
Nurse Extern Program at St. Josephs Hospital, Atlanta, GA  
hospital volunteer and hospital high school intern

4. A. Please think back across the courses in your nursing program. To the best of your ability, for each of the topics listed below, indicate if you learned about these content areas and where this learning took place. Check all that apply. If you do not think this content was covered in your program, check the "not covered" box.

	Classroom	Course Assignments/Readings	Clinical Experiences	Lab/Simulations	Not Covered	Respc Cou
Diverse cultural, ethnic, and social backgrounds as sources of patient, family, and community values	85.7% (12)	85.7% (12)	64.3% (9)	7.1% (1)	0.0% (0)	
Concepts of pain and suffering, and associated nursing interventions	100.0% (14)	92.9% (13)	85.7% (12)	0.0% (0)	0.0% (0)	
Strategies to empower patients or families as partners in care	85.7% (12)	57.1% (8)	64.3% (9)	14.3% (2)	7.1% (1)	
Principles of effective communication with patients	92.9% (13)	71.4% (10)	71.4% (10)	21.4% (3)	0.0% (0)	
Effective strategies for communicating and resolving conflict among health care providers	85.7% (12)	57.1% (8)	35.7% (5)	21.4% (3)	0.0% (0)	
Scopes of practice and roles of nursing team members	85.7% (12)	78.6% (11)	64.3% (9)	0.0% (0)	7.1% (1)	
Scopes of practice and roles of other professionals on the health care team	64.3% (9)	71.4% (10)	71.4% (10)	0.0% (0)	14.3% (2)	
Impact of perceived power differences among the health care team roles on teamwork and patient safety (nursing and other disciplines)	64.3% (9)	42.9% (6)	57.1% (8)	0.0% (0)	14.3% (2)	
Health care organization characteristics that influence effective team functioning	71.4% (10)	57.1% (8)	57.1% (8)	0.0% (0)	7.1% (1)	
The role of evidence in determining best clinical practice	92.9% (13)	85.7% (12)	71.4% (10)	14.3% (2)	0.0% (0)	
Reliable sources for locating evidence-based reports and clinical practice guidelines	92.9% (13)	78.6% (11)	28.6% (4)	0.0% (0)	0.0% (0)	
Strategies for learning about the outcomes of care in a clinical setting	92.9% (13)	64.3% (9)	57.1% (8)	14.3% (2)	0.0% (0)	
Methods for determining how care quality in a local setting compares to national benchmarks	71.4% (10)	50.0% (7)	14.3% (2)	0.0% (0)	7.1% (1)	

Approaches to improving processes of care (quality improvement)	<b>84.6% (11)</b>	76.9% (10)	46.2% (6)	15.4% (2)	0.0% (0)
Role of human factors and basic safety design principles in assuring safety	<b>76.9% (10)</b>	69.2% (9)	69.2% (9)	30.8% (4)	0.0% (0)
Benefits and limitations of safety enhancing technologies (e.g., bar coding, medication pumps, alarms)	69.2% (9)	30.8% (4)	<b>92.3% (12)</b>	23.1% (3)	7.7% (1)
General types of errors and hazards in care	<b>91.7% (11)</b>	58.3% (7)	<b>91.7% (11)</b>	41.7% (5)	0.0% (0)
Processes used in analyzing causes of error (e.g., root cause analysis)	<b>84.6% (11)</b>	69.2% (9)	23.1% (3)	7.7% (1)	7.7% (1)
How technology and information management are related to the quality and safety of patient care	<b>92.3% (12)</b>	69.2% (9)	30.8% (4)	15.4% (2)	7.7% (1)
<i>answered question</i>					
<i>skipped question</i>					

5. B. How prepared are you to perform the following actions and skills?						
	Very Unprepared	Somewhat Unprepared	Somewhat Prepared	Very Prepared	Rating Average	Response Count
Elicit patient values, preferences, and expressed needs as part of clinical assessment	7.7% (1)	7.7% (1)	23.1% (3)	<b>61.5% (8)</b>	3.38	13
Assess presence and extent of pain and suffering	7.7% (1)	7.7% (1)	15.4% (2)	<b>69.2% (9)</b>	3.46	13
Engage patients or designated surrogates in partnerships to promote health, safety, well-being, and self-care	0.0% (0)	15.4% (2)	30.8% (4)	<b>53.8% (7)</b>	3.38	13
Facilitate informed patient consent for care	7.7% (1)	7.7% (1)	38.5% (5)	<b>46.2% (6)</b>	3.23	13
Consult with clinical experts before deciding to deviate from evidence based protocols	0.0% (0)	15.4% (2)	<b>53.8% (7)</b>	30.8% (4)	3.15	13
Demonstrate awareness of own strengths and limitations as a care team member	7.7% (1)	0.0% (0)	38.5% (5)	<b>53.8% (7)</b>	3.38	13

Assume the role of care team member or leader based on the situation	8.3% (1)	0.0% (0)	33.3% (4)	<b>58.3% (7)</b>	3.42	12
Communicate with team members adapting style based on needs of the team and situation	7.7% (1)	15.4% (2)	7.7% (1)	<b>69.2% (9)</b>	3.38	13
Communicate care provided and needed at each transition in care (referred to as handoffs) to minimize risk	0.0% (0)	16.7% (2)	8.3% (1)	<b>75.0% (9)</b>	3.58	12
Base an individualized care plan on patient values, clinical expertise and evidence	0.0% (0)	7.7% (1)	<b>53.8% (7)</b>	38.5% (5)	3.31	13
Locate evidence reports related to clinical practice topics and guidelines	7.7% (1)	7.7% (1)	<b>53.8% (7)</b>	30.8% (4)	3.08	13
Question rationale for routine approaches to care that result in less than desirable outcomes or adverse events	0.0% (0)	15.4% (2)	<b>53.8% (7)</b>	30.8% (4)	3.15	13
Use quality improvement tools such as flow charts, cause/effect diagrams	15.4% (2)	15.4% (2)	30.8% (4)	<b>38.5% (5)</b>	2.92	13
Identify gaps between actual care in your setting and best practice	7.7% (1)	23.1% (3)	<b>38.5% (5)</b>	30.8% (4)	2.92	13
Evaluate the effect of practice changes using quality improvement methods and measures	7.7% (1)	30.8% (4)	<b>53.8% (7)</b>	7.7% (1)	2.62	13
Demonstrate effective use of strategies to reduce risk of harm to self or others	7.7% (1)	15.4% (2)	23.1% (3)	<b>53.8% (7)</b>	3.23	13
Communicate observations or concerns related to hazards or errors in the care environment	7.7% (1)	7.7% (1)	30.8% (4)	<b>53.8% (7)</b>	3.31	13
Use organizational systems for near miss and error reporting	0.0% (0)	<b>38.5% (5)</b>	30.8% (4)	30.8% (4)	2.92	13
Use technology and information management tools to support safe processes of care	7.7% (1)	15.4% (2)	<b>46.2% (6)</b>	30.8% (4)	3.00	13
Document and plan patient care in an electronic health record	7.1% (1)	21.4% (3)	14.3% (2)	<b>57.1% (8)</b>	3.21	14



Use communication technologies to coordinate care for patients	14.3% (2)	0.0% (0)	28.6% (4)	57.1% (8)	3.29	14
Use high quality electronic sources of health care information	14.3% (2)	7.1% (1)	35.7% (5)	42.9% (6)	3.07	14
				<i>answered question</i>		14
				<i>skipped question</i>		0

6. C. Regardless of your level of preparation, how important do you think it is that nurses in their first year of practice are able to:

	Very Unimportant	Somewhat Unimportant	Somewhat Important	Very Important	Rating Average	Response Count
Elicit patient values, preferences, and expressed needs as part of clinical assessment	0.0% (0)	7.7% (1)	0.0% (0)	92.3% (12)	3.85	13
Assess presence and extent of pain and suffering	0.0% (0)	7.7% (1)	0.0% (0)	92.3% (12)	3.85	13
Engage patients or designated surrogates in partnerships to promote health, safety, well-being, and self-care	0.0% (0)	7.7% (1)	15.4% (2)	76.9% (10)	3.69	13
Facilitate informed patient consent for care	0.0% (0)	7.7% (1)	7.7% (1)	84.6% (11)	3.77	13
Consult with clinical experts before deciding to deviate from evidence based protocols	0.0% (0)	7.7% (1)	15.4% (2)	76.9% (10)	3.69	13
Demonstrate awareness of own strengths and limitations as a care team member	0.0% (0)	7.7% (1)	23.1% (3)	69.2% (9)	3.62	13
Assume the role of care team member or leader based on the situation	0.0% (0)	7.7% (1)	38.5% (5)	53.8% (7)	3.46	13
Communicate with team members adapting style based on needs of the team and situation	0.0% (0)	7.7% (1)	15.4% (2)	76.9% (10)	3.69	13
Communicate care provided and needed at each transition in care (referred to as handoffs) to minimize risk	0.0% (0)	7.7% (1)	0.0% (0)	92.3% (12)	3.85	13
Base an individualized care plan on						

patient values, clinical expertise and evidence	0.0% (0)	7.7% (1)	7.7% (1)	<b>84.6% (11)</b>	3.77	13
Locate evidence reports related to clinical practice topics and guidelines	0.0% (0)	7.7% (1)	<b>53.8% (7)</b>	38.5% (5)	3.31	13
Question rationale for routine approaches to care that result in less than desirable outcomes or adverse events	0.0% (0)	15.4% (2)	7.7% (1)	<b>76.9% (10)</b>	3.62	13
Use quality improvement tools such as flow charts, cause/effect diagrams	7.7% (1)	15.4% (2)	<b>38.5% (5)</b>	<b>38.5% (5)</b>	3.08	13
Identify gaps between actual care in your setting and best practice	0.0% (0)	7.7% (1)	30.8% (4)	<b>61.5% (8)</b>	3.54	13
Evaluate the effect of practice changes using quality improvement methods and measures	0.0% (0)	23.1% (3)	30.8% (4)	<b>46.2% (6)</b>	3.23	13
Demonstrate effective use of strategies to reduce risk of harm to self or others	0.0% (0)	7.7% (1)	0.0% (0)	<b>92.3% (12)</b>	3.85	13
Communicate observations or concerns related to hazards or errors in the care environment	0.0% (0)	7.7% (1)	0.0% (0)	<b>92.3% (12)</b>	3.85	13
Use organizational systems for near miss and error reporting	0.0% (0)	7.7% (1)	7.7% (1)	<b>84.6% (11)</b>	3.77	13
Use technology and information management tools to support safe processes of care	0.0% (0)	7.7% (1)	30.8% (4)	<b>61.5% (8)</b>	3.54	13
Document and plan patient care in an electronic health record	0.0% (0)	7.7% (1)	15.4% (2)	<b>76.9% (10)</b>	3.69	13
Use communication technologies to coordinate care for patients	0.0% (0)	7.7% (1)	23.1% (3)	<b>69.2% (9)</b>	3.62	13
Use high quality electronic sources of health care information	0.0% (0)	7.7% (1)	<b>46.2% (6)</b>	<b>46.2% (6)</b>	3.38	13
				<b>answered question</b>		<b>13</b>
				<b>skipped question</b>		<b>1</b>

7. Comments:

	Response Count
	0
<i>answered question</i>	0
<i>skipped question</i>	14