



NM NURSING EDUCATION CONSORTIUM

Connecting all New Mexicans to High Quality Healthcare

Program Evaluation Committee (PEC)

Date: February 22, 2018

Zoom Meeting

Time: 4:00-5:00 pm

NMNEC PEC Committee Members					
Shannon Allen NMJC	Martha Morales NMSU	Diane Evans-Prior CNM	Vickie Niazi UNM	Shawna Kemper SJC	Siri GuruNam Khalsa Scribe
Judy Liesveld Leadership Council Liaison UNM	Jenny Landen SFCC	Shauna Mangum SJC	Belinda Rincones NMJC	Smita Rashid UNM- Gallup	Rachel West UNM
Mary Wright NMNEC Outreach Program		Jonathan Lumibao UNM-Gallup	Terri Tewart SFCC		

Attendance Color- Code Key:	Present	Absent	Excused
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Agenda Item	Discussion	Action
Agenda Review/Updates	Meeting began at 16:05.	January 25 th meeting minutes were approved. Martha, seconded by

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<p>Review of previous meeting minutes</p>	<p>Old Business</p> <ul style="list-style-type: none"> • NMNEC Program Evaluation Plan <ul style="list-style-type: none"> A. Preliminary planning for retention and transfer rate/diversity questions data collection in 2018 • 2016-2017 NMNEC Student Feedback.Satisfaction Survey <ul style="list-style-type: none"> A. Progress Report on Analysis of Selected Qualitative Question 24: What improvements would you suggest for this level? • NMNEC Student Feedback.Satisfaction Survey <ul style="list-style-type: none"> A. Did the above Progress Report on Analysis of Qualitative Question 24 lead to recommended questions for survey revision? <p>New Business</p> <ul style="list-style-type: none"> • Ideas to incorporate into NMNEC Faculty Course Report? <p>Attachments</p> <ul style="list-style-type: none"> • 2018.01.25 PEC Minutes Draft (when available) • Feedback.Satisfaction.Student Survey.SurveyMonkey.2016 • NMNEC Program Evaluation Plan.Final • 2-11-2018-consolidated L1 responses to Q24 • 2-14-2018-consolidated L4 responses to Q24 • 2-14-2018-consolidation L3 responses to Q24 • 2-16-2018-consolidated L2 responses to Q24 • 2-16-2018-consolidated L5 responses to Q24 • Ideas to Incorporate Into NMNEC Faculty Course Report? • L1.Evidence-Based Practice.CourseReport.SurveyMonkey.08.09.2016 <p>NMNEC PEC Docs Site on Google Drive https://drive.google.com/drive/folders/0B2FwsJThGgYVdjB5ZEktOUIJRzA02.21.2018/mw</p>	<p>Shawna Kemper. No objections.</p>

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	<p>The retention survey committee was unable to meet due to unexpected illnesses. Need to reschedule this committee.</p> <p>the group needs to determine if these issues or concerns a NMNEC issue or a specific school issue.</p> <p>Student Survey Responses to Question 24: Each level's grid was set up with a column for the following topics: Lecture/Didactic, Practice in Lab/Clinical, Concepts Mentioned, and Other potential themes.</p> <p>L1 Responses to Question 24: Had 216 responses.</p> <ol style="list-style-type: none"> 1) Lecture/didactic: Students want reviews for the exams with study guides available. Organization of the curriculum, more structure, materials given ahead of time, more resources, more staff, more guidance. Teaching strategies: evaluate teachers for their ability to teach and act professionally with other faculty, make lectures more focused regardless of the instructor's experience, teaching assistants for instructors with lots of students, more group work, case studies and role play (others said less), less reading of the power points, view grades during the semester. Concerns about the percentages assigned to the deliverables. Decrease point weight for the HESI/ATI exams and quizzes, more opportunities to receive grades other than exams (stressed with the exams) 2) Practice in Lab/Clinical: All videos available on-line, mini-care plan for practice before the official graded care plan, clinical sites in general students want to have more hands on in the practice, more hands on, coordination lecture and lab instructors for clinical opportunities, varied responses with placement of clinical sites, practice immunizations, introduce nursing process before nursing skills, calculations practice, no more scavenger hunts. 3) Concepts Mentioned: No concepts were mentioned. 	

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	<p>4) Other potential themes: More communication between students and advisements; Language of medicine required before entry into the program, Mosby videos available at home, acknowledging problems with blackboard, one instructor for each class to avoid exam question confusion, Move Pharm to level 1 to lighten Level 2 load (this came out in each level), classes too long, Evidence Base class 3.5 hours (offer twice per week for less time), on-line resources available, best not to work while going to school, Breakdown of expenses at beginning of program, Reduce amount of money spent on books, Avoid the comments that Level 2 is much harder with half the class failing, Avoid the use of clinical absences for dress code issues, NURS 332 can be on-line, 8 hours on communication is not necessary. “tests don’t make every answer right, it’s not fair.”</p> <p>L2 Responses to Question 24: 252 responses.</p> <p>1) Lecture/Didactic: Split Pharm into Level 1, 2, 3 so that the study of more complexed drugs can be introduced into the higher Levels. Organization/better instruction to students on expectations (23), reduce the reading, instructors to talk with each other and organize the exam schedules so that all exams are not on the same week, less group work but more group discussion, Change group members up to minimize group dynamics, teach critical thinking, study guides, exam review with the answers, only have tests to learn versus for grades, less classroom time, more clinical, hire faculty who teach in creative ways, show compassion, teach critical thinking, exams should carry same weight in grading, study guides, less weight on adaptive quizzes, add course work discussions to help with grade, get rid of the 77 or better rule. Less busy work.</p> <p>2) Practice in Clinical/Lab: Better clinical sites, simulation labs were a disappointment, stressful assessment exams, increase instructions on how to do skills/documentation, more sim time, more organization needed in lab, more hands-on training, more skills beside assessment, more demonstrations by faculty</p>	

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	<p>as far as completing head-to-toe assessments, more med/surg time, more organization with clinical. More clinical time.</p> <p>3) Concepts Mentioned: Replace level 1 concepts with another class from level 2- Concepts not needed, overloading- needed time to learn the concepts, less time on concepts and more time on actual skills, less busy work so students will have time to learn concepts for exams.</p> <p>4) Other potential themes: Level 2 is transformative, less books, reframe from scaring the incoming Level 2 students, don't break student's spirit, answer student questions, provide assignments/schedule before the start of semester, entire program is chaotic (starting with Typhon), ability to retake one class without staying back a level, increase resources, have teachers work to improve our education rather than trying to fail us intentionally, technology issues, split pharm into 2 semesters, hire better staff for teaching Pharm, Family and community assignments are waste of time, less community projects, combine research/evidence-based research with feminist research methodologies, less emphasis on writing papers, group projects and conducting research, less emphasis on community/ public health nursing (most nursing students not interested), move Health Care Participant to level 1, move a class from level 2 to level 1 to make semester more manageable, Health Care participant class should be replaced with HESI Prep Course.</p> <p>L3 Responses to Question 24: 130 responses.</p> <p>1) Lecture/didactic: online group projects difficult to coordinate due to schedules, Teaching strategies: unorganized, better communication in beginning, more guidance on assignments, some assignments did not seem helpful to the field, timely grading of assignments and exams, feedback on exams, be specific about reading materials, nursing instructors need to coordinate assignments and exams, less lecture, more diverse methods, less hands-on assignments and more</p>	

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	<p>knowledge-based interactions, more lecture and less reading of power points, coordinate assignments with exam schedule, teach what applies to the world instead of just repeating the basics, consistent experience in the classroom by matching up assignments with grading, don't bounce around different books and programs, require attendance, get rid of flipped classroom, question need for nursing elective and VOWW courses, provide a better way to study for HESI exams, Less ATI/Pierson, more current videos and visual aids, more NCLEX prep, too few assignments for the excessive grade weights assigned (very stressful)</p> <p>2) Practice in Clinical/Lab: More time to learn skills, sim scenarios are best, reorganize sim schedule, practice skills not already practiced, activities on sim day that benefit clinicals (IV), Make IV station a priority, more practice with instructors prior to clinical, med administration, compression stockings, no pretending IV insertions, repeat more labs, more lab time with less students in classroom, make sure instructors know what we can and cannot do when they are not present, teachers on same page on how to perform skills, clinical skills earlier like level 2?</p> <p>3) Concepts Mentioned: Make nursing concepts on-line.</p> <p>4) Other Potential Themes: No suggestions or improvements, level 3 very busy but have time to delve into material and apply in clinicals, too much reading and self-teaching, less busy work/assignments, send out schedules and clinical assignments early to allow to plan own schedule, spreading it out over even one more semester, like the summer, would help us get more out of it. Faculty: students are expected to be flexible, but faculty are not, faculty need help in respectfully speaking with students, culture of learning not of intolerance, have instructors available for questions and tutoring, consistent leadership with level instructors, more support and clarity. Courses: likes online classes and review after the test, instead of professional nursing class teach a critical thinking class, set priorities, better content. Instead of professional nursing class, replace with pharm or patho class or</p>	

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	<p>nursing skills and knowledge. Get better teacher/more organization for professional nursing. Add pharm for chronic and then one for acute care. Add a pharm class to level 3 to help retain the information. Move the pharm HESI to the Pharm class. More about medications, less time on grief and more time on endocrine/metabolism/cardiac. 396 is repeat of 395.</p> <p>L4 Responses to Question 24: 104 Responses.</p> <p>1) Lecture/didactic: Need blue print for exams, more organized testing for Health and Illness (split into 2 classes), provide more preparation for level 5 HESI exam, increase the number of exams so that each exam does not cover so much material, delete ATI assignments, grading better, more tests in 453 to get higher grade average, instructors need to see HESI questions to be able to prepare us better, More class time, too much information not covered, Split 466 into 2 classes per week, split nursing class in multiple days not a 3 hour class, more guidance for completion of case studies, give a better understanding of what needs to be studied, less remediations, better lecture, less reading assignments, organization and timeliness of faculty, more consistency, improve curriculum coordination, concept mapping, more lecture time, make power points useful for what will be covered on exams instead of covering general concepts and make us look up the rest. Coming to class is a waste of time, lectures need to follow book.</p> <p>2) Practice in Clinical/Lab: Increase clinical intensive times. More clinical experiences at more locations, require all students do one rotation in the ER, make clinicals/lectures more on the same page, clinicals in the morning and didactic in the afternoon, critical care exposure good, but need more med/surg. More clinical time in L&D, change head start to community service for SNA, do not use as clinical intensive, difficulty getting clinical hours in public health, APS cancelled many days, more hands-on experience in psychiatric rotation, Can't learn too many skills in community, having our own patients at every clinical that we are responsible for, more organization in clinical intensive II for school setting, one day with case</p>	

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	<p>management not 2. Nursing skills Lab: more hands-on skills, more simulation skills hours, Review of lab practice, more organization of topics taught (ABGS taught again when already taught in level 3).</p> <p>3) Concepts Mentioned: Nothing mention about concepts.</p> <p>4) Other Potential Themes: Time management, heavy workload, more information on what to do “where can I purchase more time, Avoid assignments over Thanksgiving to allow time with families, space out the time that we can write and study, Technology Issues: Face to face classes or at the very least face to class via video camera, watching another class being taught face to face does not support student’s academic learning, difficult to hear responses to questions by class especially when internet goes down. Course Content: Break Pharm into 2 levels and have Pharm 2 at this level. More in class group work. Faculty: New instructors who are knowledgeable and willing to answer challenging questions without getting defensive, confusion when 2 instructors taught one class/clinical. Need to iron out details before semester starts. Have the same teacher teach the 3 units for Health and Illness rather than another instructor cover one of the units.</p> <p>L5 Responses to Question 24: 103 Responses</p> <p>1) Lecture/didactic: Provide skills taking test course, more practice NCLEX style questions to help on the exams, less evolve quizzes and exams, get rid of HESI (causes stress), just doing questions on-line-leaves many unanswered questions, more help and time for preparing for the HESI, rethink purpose of HESI exit- not just on-line resource to review, Lower the HESI Exit exam to 850 like the rest of the NMNEC schools, do not attach it as a graduation requirement. It does not measure up, especially for those who are not great test takers. NM lost 19 qualified new nurse candidates in January 2017 due to not passing the HESI exam. Organization of Curriculum: better organized dates and syllabus, first 9 weeks were terribly condense, caused burn out, this level needs a greater focus on application of policy</p>	

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	<p>to practice, teach policy in a different level, reading assignments for between level 4 and 5 (to alleviate the reading load in level 5), more information on how to interview and Resume writing, teach more on time management, more time in class, more sharing of information and better organization, calendar changes tough to keep abreast of deadlines, 454L waste of time and student presentations are unreliable. Teaching Strategies: clear expectations given at the beginning of each semester, teach nurses how to be nurses instead of what Elsevier wants- All is on the internet, develop content better, reduce class time, Preparedness by professors, more time for group discussion, less busy work like paper/projects, teach about how to apply for our internship, getting the GN license from the BON and the residency program, more engaging lectures, less case studies in 454, less group work, outlines of information within power point, require class attendance, have teachers keep their political opinions out of the classroom, communication between the instructors for exams, quizzes and research papers, clearer instructions on BB and assignments, instructors need to be on the same page (right hand does not know what the left hand is doing).</p> <p>2) Practice in Clinical/Lab: Test random skills every semester to be kept on our toes, more practice in Multi SIM patient, improve clinical site, more clinical time, Level 4 should be more inpatient and less outpatient, eliminate/ rework the formative/summative evaluation process, the evaluation tools do not foster thoughtful self-evaluation. More information should be given to clinical instructors about schedule, EHP paper expectations and deadlines. Capstone should be all online with less discussion questions; have students get their Capstone assignments earlier, focus on Capstone and doing Nightshift. Hard to keep up with readings and assignments. Have only one-person grade capstone discussion, make discussions completely disappear from Capstone, Capstone discussion posts tricky to meet deadline when doing clinical rotations, work with a preceptor earlier in semester, more hours for capstone,</p>	

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	<p>3) Concepts Mentioned: De-emphasize Professional Nursing Concepts and focus on clinical concept synthesis, concept synthesis needs improvement as a whole – test too close together and teaching style not beneficial.</p> <p>4) Other Potential Themes: Better organization for dual degree students, blackboard was disorganized, more support from other faculty, have a house professor for level 5 (have someone at the home college available for questions), consistency and respect for our schedules, more autonomy. Technology Issues: have technical stud taken care of, Zoom lectures are hard and NMJC needs an instructor for the class-felt like out and not of UNM, Fix Zoom, Resources for graduation/employment: Graduation process- student services could provide information earlier than 2 weeks before, bring in Nurse Recruiters from magnet hospitals from outside of New Mexico, Comments on faculty: Give instructors more than 3 week notice on what they will be teaching next, For this specific program, I would suggest getting a new administration for the school of nursing. Have teachers that know the subject matter they are supposed to be teaching. Find clinical instructors that know what they are doing, More support from nursing directors. More communications between the community colleges and the universities.</p> <p>The NMNEC curriculum is concept based but there is little comments on concepts. Dr. Keller mentioned at NMSU that with every class that concepts need to be emphasized. Students will not hear the concepts if the instructors do not emphasize them. Zoom can be a challenge for rural students because of access issues. This is triggering some philosophical questions. What does NMNEC do with this? Is it useful for NMNEC to collect? 99 % of the information has to do with the specific schools. NMNEC cannot police this. This is only student opinions, and how does NMNEC use student opinions? Each school does have the ability to access this information. The link is sent to the Program Director.</p>	

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	<p>There is a general theme. How to use the strengths of each school's faculty. Team Teaching is not a NMNEC principle but a suggested teaching strategy. Part of the lacking is the preparation of faculty to teach from a conceptual lens.</p> <p>There are good comments in this process, sharing this would be important. Is there any quality improvement that can be done based on this assessment? This is a pulse check.</p> <p>In hearing the student's comments, it seems that the students are in extreme anxiety which prevents them from seeing the positives in their learning experience. How can faculty help students to manage their own anxiety? Student's anxiety is flavoring their learning experiences. How much is from the learning experiences and how much are student's bringing from the outside.</p> <p>What data do we want to continue to collect? Some type of student survey to examine the program outcomes. Questions need to be meaningful from the NMNEC lens. Can we talk about this next meeting? Does the leadership council have specifics that they would like to have collected?</p> <p>It would benefit both leadership council and curriculum committee to look at the Summary Report from the PEC.</p> <p>Need to bring this information to the statewide meeting. We need a summary report. With the on-line feedback survey, if the students don't want to include some of their demographic information, they cannot complete the survey. Likert scale measure of the concepts and the easy of understanding the concepts.</p> <p>Goal: Have a survey by July 2018.</p> <p>Martha and Vicky will provide a summary and provide it for the March 22 meeting.</p>	
	<ul style="list-style-type: none"> • 	<p>Martha and Vicky will provide a summary and</p>

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		provide it for the March 22 meeting.

Meeting Adjourned at 5:21 PM