Subject Matter Expert Review
TAACCCT Grant – Round 2
Findings & Report

Program: Associate Degree Nursing

Program Courses: NUR 170 Nursing Concepts I, NUR 180 Nursing Concepts II, NUR 181 Mental Health Concepts, NUR 190 Nursing Transition Course, NUR 200 Nursing Concepts III, Nursing 201 Maternal-Child Health Concepts, NUR 210 Nursing Concepts IV, NUR 211 Community and Professional Concepts

Faculty Developer(s)/Instructional Designer(s): Faculty and Staff of Delaware Technical Community College

Subject Matter Expert: Dr. Linda Caputi, MSN, EdD, RN, CNE, ANEF

Dr. Caputi is President of Linda Caputi, Inc., a nursing education consulting company and has worked with dozens of schools over the last 20 years on topics related to revising curriculum, developing a concept-based curriculum, transforming clinical instruction, test item writing and test construction, using an evidence-based model for NCLEX success, and numerous other nursing education topics. Dr. Caputi co-authored a book with Dr. Giddens titled *Mastering Concept-Based Teaching: A Guide for Faculty*. Dr. Caputi is Professor Emeritus, College of DuPage, has taught in LPN, ADN, BSN, and MSN nursing programs. She has won six awards for teaching excellence from Sigma Theta Tau, included in 3 different years in the *Who's Who Among America's Teachers*, and was nominated for the Outstanding Teacher Award in 2005 from the National League for Nursing (NLN). She was the recipient of the 2004 Educator of the Year award from the National Organization of Associate Degree Nursing. The 2nd edition of her book *Teaching Nursing: The Art and Science* was selected as the winner of the 2010 Top Teaching Tools Award in the print category from the *Journal of Nursing Education*. She is the editor of the *Innovation Column* in the National League for Nursing's journal *Nursing Education Perspectives*, is a Certified Nurse Educator, was inducted as a fellow into the NLN's Academy of Nursing Education, and has served on the NLN's Board of Governors.

Subject Matter Expert Credentials:
MSN, EdD, RN, CNE, ANEF

Date of Review: August, 2016

Synopsis of Findings:

The faculty employed standard instructional design guidelines that ensured the program progressed in difficulty as evidence by cognitive level of nursing course Core Course Performance Objectives. These objectives were further delineated to measureable performance objectives for each major curse objective. This helps ensure all faculty are measuring achievement of the course objectives using the same detailed objectives.

The curriculum is laid out with concepts taught across the curriculum with a variety of exemplars that relate to the concepts and the patient population addressed in each course. It would be helpful to link each of the concepts back to a program graduate competencies to demonstrate the link between the two and to further demonstrate the program is organized to support the end-of-program learning outcomes, which is an accreditation requirement at this time.

The course materials cover concepts with application to exemplars. The concepts are covered. I suggest covering each concept in much more detail than what I can see happening with the materials I reviewed. I would also suggest that when teaching the concept in subsequent courses to link previous learning about the concept to the current study of the concept. This is meant to reinforce, not re-teach, the concept and to provide the groundwork for more in-depth study of the concept with more complex application.

Several of the courses included one clinical assignment for students to apply concepts to patient care. I suggest building the clinical courses using concepts and to make concepts the driver of the students thinking.

Critical thinking was taught mainly with the application of the nursing process and nursing diagnosis. Thinking skills are grouped under the concept of spirit of inquiry and include problem-solving, decision-making, and the nursing process. This is a good start. Further development might involve a more granular look at the specific thinking that goes into problem-solving and decision-making. One of the strengths of a well-planned and implemented concept-based curriculum is to teach students to think like a nurse. This does take development.

In summary I believe the program has done a fine job with assembling a concept-based curriculum and developing the initial documents for the curriculum. As Dr. Giddens wrote in a recent editorial, the real challenge comes in the in-depth implementation as all faculty develop their skills in teaching conceptually.

Giddens, J. (2016). Underestimated challenges adopting the conceptual approach. *Journal of Nursing Education, 55*, 4, 187-188.

1. PROGRAM AND COURSE OVERVIEW AND OBJECTIVES	The overall design and purpose of the program and each course is made clear to the student. Core Course Performance Objectives (CCPO's) build upon knowledge and skills through the sequence of the program and align to the Program Graduate Competencies (PGC's).

Specific Review Standard	Accomplished	Satisfactory	Not satisfactory
1.1 The program graduate competencies are clearly stated.	X		
1.2 The goals and purpose of each course are clearly stated.	X		
1.3 Prerequisites and/or any required competencies are clearly stated.	X		
1.4 Learning objectives for each course describe outcomes that are measurable.	X		
1.5 Learning objectives are appropriately designed for the level of each of the courses.	X		
1.6 Instruction, activities, and assignments in courses are scaffolded from course to course, and throughout the program.		X	

Comments:

1.1. The Student Handbook, Nursing Program, clearly presents the nursing program mission statement and nursing program philosophy. The philosophy includes major concepts and topics that are easily tracked in the organizing framework. The organizing framework identifies five threads that are the basis for the five clearly stated program graduate competencies. The program graduate competencies flow from the College Core Curriculum Competencies. This demonstrates a clear connection between how the college expectations for graduates are supported by the nursing program.

1.2. The goals and purposes of each course are clearly stated through the course descriptions in the course syllabi.

1.3. Prerequisites are clearly stated in each of the course syllabi.

1.4. Each course syllabus has clearly stated "Core Course Performance Objectives" that are broad expectations of student performance. Each of these objectives has several "Measurable Performance Objectives" that are specific competencies that can be used to measure student learning related to each of the Core Course Performance Objectives. The Core Course Performance Objectives are leveled from nursing course to nursing course using Blooms' taxonomy. These Performance Objectives increase to higher cognitive levels as the students progress through the nursing courses.

1.5. The learning objectives, known as Measurable Performance Objectives, are aligned to both Core Course Performance Objectives and Program Graduate Competencies. The course Measurable Performance Objectives are leveled across the semesters to higher cognitive levels as the nursing courses progress.

1.6. The instruction, activities, and assignments are leveled to align to the course content offered in that course. This provide some leveling of these educational components across the nursing curriculum.

2. RELEVANCY	Program Graduate Competencies (PGC's) and Core Course Performance Objectives (CCPO's) are relevant to students, industry, and employers.

Specific Review Standard	Accomplished	Satisfactory	Not satisfactory
2.1 Program Graduate Competencies (PGC's) represent industry's expectation of the overarching knowledge, skills, and abilities an associate-degree level student should have.	X		
2.2 Program competencies (PGC's) and core course competencies (CCPO's) are relevant to **industry and employers.**	X		
2.3 Instruction, activities, and assignments in individual courses are relevant and engaging to **students**.		X	

Comments:
2.1. Each of the 5 PGCs operationalize a "thread". A thread is a major, overarching concept that helps to form the basis for the program's framework. The PGCs are clearly stated and reflect the expected graduate behavior for each thread. For example, one thread is communication; the matching PGC is "Employ appropriate communication techniques while functioning as a member of the health care team." These represent current industry expectations for knowledge, skills, and abilities for an AD graduate.
2.2. The 5 PGCs reflect current expectations of new nursing graduates by the industry and employers. In short, the 5 threads that form the basis of the PGCs are: **Nursing judgment** is critical, **communication** has become a safety issue, **caring** has always been the heart of nursing, **leadership** is crucial to improving patient outcomes, and **civic professionalism** is fundamental to accountable, ethical, and legal practice. All are relevant to industry and employers as they are critical to safe entry-level nursing practice.
These 5 PGCs support the 7 core curriculum competencies of the college demonstrating the nursing program understands the importance of supporting the college's mission.

2.3 Because of the variety of types of instructional materials used, I would suspect that students with a variety of types of learning styles would find some or many of the materials best suited to their intake of information, thus resulting in engaging learning. All the materials were in some way directly related to the content being taught. All were related to course content, although there was no direct connection made to specific Measurable Performance Objectives.

3. RESOURCES AND MATERIALS	Instructional materials being delivered achieve stated course objectives and learning outcomes *(note: not all program/course materials are deliverable under CC BY licensing)*.

Specific Review Standard	Accomplished	Satisfactory	Not satisfactory
3.1 The instructional materials contribute to the achievement of the stated course learning objectives.		X	
3.2 The purpose of instructional materials is clearly explained.		X	
3.3 The instructional materials present a variety of perspectives and approaches on the course content.	X		
3.4 The instructional materials are appropriately designed for the level of the course.		X	

Comments:
3.1 For each course, a number of instructional materials were provided for review. Some courses provided additional materials that focused on specific content related to the course topics. The instructional materials I reviewed typically addressed performance objectives related to direct care of patients with a variety of diseases processes. To a lesser degree they addressed the course competency that supported PGCs related to recognizing clinical reasoning being used or integrating civic professionalism, ethical, and legal standards into nursing practice. The latter were addressed, just to a much lesser degree.
3.2 The purpose of the instructional materials was communicated through the designation of the assignment being "homework" or online materials for a particular module to be reviewed by the students. The intention is that the materials support what will be discussed during the theory class.
3.3 The instructional materials were quite varied: PPT, video, narrated PPT, games such as word

scramble, listing of additional resources, and others. This approach using a variety of materials engages students in multiple ways of learning supports multichanneling by stimulating a variety of senses and routes for intake of content.

3.4 Some of the references listed in the Resource document are old. Resources should be no more than 5 years old; some are from 2004, 2005, etc. It is best not to use references more than 5 years old. The instructional methods mainly connect to exemplars; some of them connect to concepts. From the perspective o teaching exemplars, the instructional materials are appropriately designed for the level of the course.

4. ASSESSMENT AND MEASUREMENT	Assessment strategies use established ways to measure effective learning, evaluate student progress by reference to stated learning objectives, and are designed to be integral to the learning process.

Specific Review Standard	Accomplished	Satisfactory	Not satisfactory
4.1 The course evaluation criteria/course grading policy is stated clearly on each syllabus.	X		
4.2 Course-level assessments (those that can be delivered) measure the stated learning objectives and are consistent with course activities and resources.		X	
4.3 Specific and descriptive criteria are provided for the evaluation of students' work and participation and are tied to the course grading policy.		X	
4.4 The assessment instruments (that can be delivered) are sequenced, varied, and appropriate to the content being assessed.		X	
Comments: 4.1 At the start of each course, students in each nursing course are informed of the various types of			

evaluation that are used to determine their level of learning. This information is provided through a nursing syllabus addendum provided at the beginning of the course. The student knows exactly how the grade is calculated.

4.2 Each of the nursing courses provides objective style testing. The tests are to provide evaluation of the Measurable Performance Objectives. The nursing program has recently developed new testing guidelines that include a test blueprint that aligns each test item to a Measurable Performance Objective. This provides validity to the exam by demonstrating the test is evaluating what was to be taught and learned. I definitely recommend the faculty use the new version of the test blueprint with each objective style exam administered. The blueprints I reviewed were of the old type and not very helpful. I'm happy to see faculty are changing to a new one in their new Nursing Faculty Testing Guidelines.

I am not sure how the ATI exams connect to the stated learning objectives. There isn't a connection made between this extensive testing and the actual content taught in the curriculum.

4.3. The nursing student handbook includes general criteria related to testing, skills laboratory return check offs, and clinical requirements. Specific and descriptive criteria are provided for objective exams through the test blueprints. I did not receive any other type of evaluation methods such as subjective assignments (papers, presentations, etc.) or clinical evaluation tools.

4.4 The syllabi listed a variety of assessment methods. However, I only received two objective exams with their respective test blueprints to review. One blueprint listed concepts and the number of questions for each concept and the other listed modules and content with concepts listed with exemplars. The new test blueprint was not used. The new test blueprint will more closely align the test items to the content being assessed than what is happening with the current test blueprint. I was unable to determine which test items aligned to the concept/exemplars listed on the blueprint. The new blueprint will closely align each item to the various content, cognitive level, source of the question, and NCLEX test plan major category. After the test is administered the P value and point biserial of the key will be added. A helpful addition to the Nursing Faculty Testing Guidelines would be to include an explanation about how to determine the cognitive level of a test item so all faculty are using the same process to ensure the test items are at the correct cognitive level. This is critical to ensure students are ready for the NCLEX-RN.