PROGRAM ASSESSMENT REPORT

I. Background Information

1. Program Assessed

Program name: **Nursing Assistant Skills Training**
Program code: **CCNAST**
Division: **HAT** Department: **NHSD**

Type of Award: ☐ A.A. ☐ A.S ☐ A.A.S. ☐ Cert. ☐ Adv. Cert. ☐ Post-Assoc. Cert. ☒ Cert. of Completion

2. Semester assessment was administered (check one): quarterly/annual reports
☒ Fall 2007
☒ Winter 2007
☒ Spring/Summer 2007

3. Assessment tool(s) used (check all that apply):
☐ Portfolio
☐ Standardized test
☒ Other external certification/licensure exam (please describe): **Certified Nurse Aide (CNA) Certification**
☐ Graduate Survey
☐ Employer Survey
☐ Advisory Committee Survey
☐ Transfer follow-up
☐ Externally evaluated performance or exhibit
☐ Externally evaluation of job performance (internship, co-op, placement, other)
☐ Capstone experience (please describe):
☐ Other (please describe):

4. Have any of these tools been used before?
☐ Yes (if yes, identify which tool)
☒ No – hadn't been available previously in a summary report

If yes, has this tool been altered since its last administration? If so, briefly describe changes made.

5. Indicate the number of **students assessed**/total number of students enrolled in the course.
From January 1 – December 31, 2007:
Clinical Exam = 296 **Knowledge Exam = 252**

6. Describe how students were selected for the assessment.
a. Describe your sampling method.
All students who tested between January 1 – December 31, 2007

b. Describe the population assessed (e.g. graduating students, alumni, entering students, continuing students)?
Students that completed the Nursing Assistant Skills Training Program or HSC 100 Basic Nursing Assistant Skills

II. Results

1. If applicable, briefly describe the changes that were implemented in the program as a result of the previous assessment.
Ongoing course/program updates based on State-required curriculum changes.

2. State each outcome (verbatim) from the Program Assessment Planning or Program Proposal form for the program that was assessed.
#1 Recognize concepts, terms and methods related to the duties of the Nurse Assistant, using guidelines from the State of Michigan Department of Public Health.

#2 Demonstrate skills (independently and with 100% accuracy) related to the performance of a Nurse Assistant's duties, using guidelines from the State of Michigan Department of Public Health.

3. Briefly describe assessment results based on data collected during the program assessment, demonstrating the extent to which students are achieving each of the learning outcomes listed above. ***Please attach a summary of the data collected.***

250 out of 296 or 85% passed the clinical skills exam
250 out of 252 or 99% passed the knowledge exam

4. For each outcome assessed, indicate the standard of success used, and the percentage of students who achieved that level of success. ***Please attach the rubric/scoring guide used for the assessment.***
Benchmark for success = State average passing rates: 74% for clinical skills exam and 96% for knowledge exam
Outcome achieved in both areas of CNA certification test

5. Describe the areas of strength and weakness in students' achievement of the learning outcomes shown in assessment results.
Strengths: **WCC passing rates well exceed the State average**

Weaknesses: **Some quarterly results are lower than others --- this could possibly relate to assigned instructors, clinical sites that can sometimes differ in each HSC 100 section. Also, there may be specific student characteristics that were significant within the quarter.**

III. Changes influenced by assessment results

1. If weaknesses were found (see above) or students did not meet expectations, describe the action that will be taken to address these weaknesses.
Look at those specific students (if available) who did not pass the CNA certification testing process and compare to HSC 100 grades and performance records.

2. Identify any other intended changes that will be instituted based on results of this assessment activity (check all that apply). Describe changes and give rationale for change.
a. ☐ Outcomes/assessments from Program Assessment Planning or Program Proposal form:

b. ☐ Program Curriculum:
- ☐ course sequencing
- ☐ course deletion
- ☐ course addition
- ☒ changes to existing program courses (specify): **HSC 100 to include new State-required curriculum**
- ☐ other (specify):

c. ☐ Other (specify):

3. What is the timeline for implementing these actions? **Fall 2008**

IV. Future plans

1. Describe the extent to which the assessment tools used were effective in measuring student achievement of learning outcomes for this program.
   Very effective in measuring program outcomes.
2. If the assessment tools were not effective, describe the changes that will be made for future assessments.

3. Which outcomes from Program Assessment Planning or Program Proposal form have been addressed in this report?
   All X Selected _____
   If "All", provide the report date for the next full review: 2011.
   If "Selected", provide the report date for remaining outcomes: _____.

Submitted by:

Name: Linda Lukiewski / Linda Lukiewski Date: 12/2/08
Print/Signature

Department Chair: Gloria Velarde / Gloria A. Velarde Date: 12/2/08
Print/Signature

Dean: Granville Lee / Granville W. Lee Date: 12/3/09
Print/Signature

Please return completed form to the Office of Curriculum & Assessment, SC 247.

logged 12/3/08 SJ