

**Santiago Canyon College  
Student Services  
2010-2011**

**Student Learning Outcomes Assessment Report**

Department Name

Student Health and Wellness Center

Mission Statement

Provide health services and education for students to make health choices regarding their minds, bodies, and behaviors, enabling them to pursue their educational goals.

Student Learning Outcome Statement I (SLO)  
Community Health Nursing

As a result of performing their Community Health Nursing clinical rotation at SCC Health and Wellness Center (SCC – HWC), Santa Ana College Nursing Students will be able to demonstrate basic assessment skills consistent with the following RN 102L Community Health Nursing Objective: *Monitor, manage and teach the community clinic health patient.*

Methods

Each Nursing 102L Student is asked to provide written feedback on their learning as they complete their eight hour clinical assignment. The N-102 student screening questionnaire asks:

1. "What experiences did you encounter?"
2. "What new learning has taken place?"
3. "What could the staff have done to make your experience more meaningful?"

The questionnaire was intentionally framed as a broad general query. Student responses to this tool inform us which clinical activities and experiences they encountered without being led to an answer. The opportunity to identify new learning will be quantified in context with the required Nursing 102 course objectives of monitoring, managing and teaching. As students complete their clinical hours at SCC, multiple opportunities to achieve the N-102 learning objectives are provided during each clinical day. Specific opportunities include: interviewing and obtaining a basic medical history, performing focused physical assessment skills and documentation of physical findings in the patient chart on each client seen during the clinical day.

Possible Limitation: Students were aware that the screening tool is collated and used as an improvement process for the health center as a clinical learning environment. They may be reluctant to report what staff members could have done to "make their experience more meaningful". In addition the questions in the SLO tool may need to be qualitatively framed to improve the measure of learning identified by the course objectives.

## Implementation

Each academic year over the two sixteen-week fall and spring semesters, up to 30 individual nursing students may be assigned eight hours of their Community Health Nursing clinical rotation at Santiago Canyon College Student Health and Wellness Center. During the 2010-2011 N102 Community Health Clinical rotation a total of 20 students participated. Santa Ana College nursing students have the choice of attending several different community settings. These 20 individuals self-selected to come to SCC - HWC and we are happy to have the opportunity to be part of their educational experience.

It is important that the students' clinical time is spent learning new aspects of the nurse's role in a community health setting. Determining what learning has occurred is part of our ongoing self assessment. We are evaluating our clinical milieu to ensure that the student health center experience is reinforcing their skills and to that end ask them to tell us what new learning takes place while they are with us. Each nursing student is assigned directly with the licensed nursing or medical staff. Together they partner to see patients during the three hour physician clinic and with the RN for the remaining five hours, seeing walk-in patients.

In the second semester of their RN training, Associate Degree Nursing students are asked to perform laboratory learned clinical assessment skills and then complete documentation of their physical assessments. Once the eight hour day is completed, the nursing students write what new learning experiences they encountered. A three item screening questionnaire is provided for each student to identify their community health learning experiences. Written responses and direct observation allow Health and Wellness Center staff to measure which objectives have been performed and gather direct feedback on the quality of the nursing students learning experience.

The following student assessment opportunities for *Monitoring* and *Management* of the patient in the community health setting were facilitated and observed by the Registered Nursing staff and the Health Center Nurse Coordinator. Individual medical records are concurrently reviewed for accuracy and thoroughness and co-signed by licensed nursing staff.

1. Measure and document each patient's vital signs; temperature, pulse, respiratory rate and blood pressure in the medical record.
2. Acquire and document an accurate client history, including the patient's chief complaint and related subjective symptoms.
3. Perform a focused physical examination which may include listening for breath sounds, heart sounds, visualization of oral pharynx and external ear canal including tympanic membrane.
4. Administer Intradermal Mantoux skin testing on faculty and staff for monitoring of new cases of tuberculosis.

The target for monitoring of community health patients' will be met when Nursing Students are able to perform each of these four learning objectives greater than 80% of the time. The outcome data will be reviewed at the conclusion of each day and collated at the completion of both semesters to ensure students are performing the basic assessment skills and appropriately documenting identified physical findings. Ultimately that SCC Health and Wellness Center is a beneficial clinical site for nursing students.

## Results

Each of the individual 20 nursing students obtained patient vital signs and follow-up documentation was completed in the medical record. Health Center staff was able to observe the skill and co-sign medical record documentation. In each of the screening questionnaires students reported various encounters with patients and listed multiple opportunities for new learning. Specific assessment skills were reported in each of the student screening documents. Documented learning was varied for each student basic skills were not always reported as new learning however these skills were observed by licensed staff.

New learning was anecdotally reported with each screening, actual student narratives are as follows:

- “I learned new techniques for Intradermal injections”
- “Improved auscultation of heart sounds by asking the patient to lean forward and just how to use the otoscope to visualize the tympanic membrane.”
- “She showed me how to identify the normal and abnormal findings inside the external ear canal.”
- The staff showed me how to measure peak expiratory volume pre- and post-nebulizer treatments with Albuterol a medication used with asthmatic patients.
- “I was interested to learn that there is a best time of the month to do a breast exam”
- “I was able to do testing for urinary tract infections and streptococcus infections were observed”
- “I did not realize that antibiotics were dispensed directly from the health office”
- “Lab work was drawn and I was shown how to centrifuge the blood to separate the cells”
- “I learned about the different methods of birth control the college offers”
- “I learned the new guidelines for PAP testing”
- “This was the first time I heard of screening for alcohol use and that there are opportunities to provide feedback about what is normal and dangerous”
- “I was able to see how many different things the nurse does independent of the physician, the standing orders allow nurses to help students even when the doctor is not available”
- “Community referrals are a big part of what is provided for students who don’t have the money for things like glasses”
- “The nurses do a lot of teaching about everything especially preventing infections and condoms”
- “I learned about the Columbia University Website called ‘Go Ask Alice’ a student based question and answer service”
- “I was able to see how they use liquid nitrogen to burn off warts”
- “I listened as the staff gave results about cholesterol levels and how to reduce the bad levels”
- “Time management is important when all the rooms are full and everyone is waiting to be seen”

A few students had the opportunity to sit in when a psychological crisis call arrived, listening and reflecting skills were noted.

- “The mental health patient was most interesting to watch as I have so little experience with those patients”
- “These are things that you can’t learn in a book.”

For the 2010-2011 academic year, the Community Health Nursing clinical rotation at SCC Health and Wellness Center provided nursing students with the following clinical experiences:

1. 20/20 students correctly obtained and documented each patients vital signs; temperature, pulse, respiratory rate and blood pressure.
2. 20/20 students acquired and documented accurate client histories, including the patient’s chief complaint and related subjective symptoms in the patient’s medical record.  
 Formats for nursing documentation were demonstrated with the Acronym “SOAP”  
S-Subjective (Chief Complaint)

O-Objective (Historical findings)

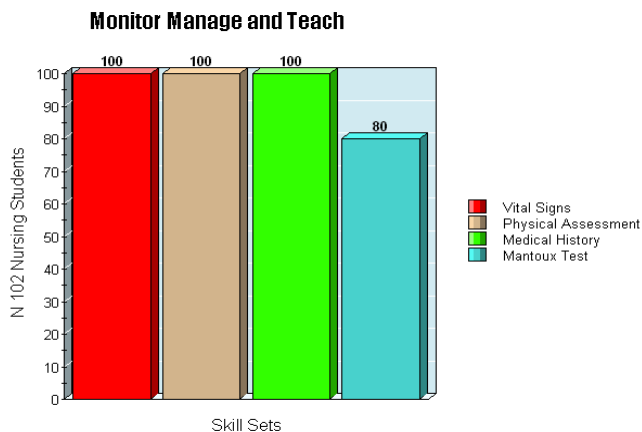
A-Assessment (Physical Assessment)

P-Plan of care (What is done to treat the patient)

Each of the medical records was reviewed and co-signed by licensed RN staff.

- 20/20 students performed basic assessments; most techniques were performed multiple times through the day. In each instance the assessments were accurately documented and co-signed in the medical record.
- 16/20 students administered Intradermal Mantoux skin testing on staff and faculty for monitoring of new cases of tuberculosis. (Opportunities for Mantoux testing of faculty and staff testing were not available on every clinical rotation day.)

In summary students who self-selected to complete their clinical rotation in the SCC Health and Wellness Center met the threshold for the learning objectives. The specific skill to perform an Intradermal skin test was not available to 4 of the 20 students as there were no requests for testing when they were assigned. In all cases when student were asked what the staff could do to make the experience more meaningful, all the responses were accolades and appreciation for the opportunity to have one-to-one time with the doctor and the nurse. Many were unaware that the service was comparable to a private doctor's office and low cost. Opportunities to candidly discuss safe practice for sexual encounters with students were a frequent theme. It is likely that any improvement feedback was avoided as the questionnaire was not anonymous.



All Screening tool feedback is shared and discussed with the staff including the front office and the physicians. Nursing students reportedly enjoy their time in a less conventional setting. Most clinical time offered to students in an Associate Degree Nursing program experience that is strictly within in a hospital setting. It is enlightening for them to experience more autonomy and know there are other options for their practice as they complete their basic Nursing 102 clinical education.

#### Decisions and Recommendations

Measuring learning outcomes for Santa Ana College N102 students helps us understand our relevance as a community healthcare clinical site. Screening tool measurements demonstrate that both basic skill reinforcement and new learning is occurring during N-102 clinical time at Santiago Canyon College. Each skill set was met at the threshold of 80%. Even Intradermal Mantoux Skin tests met the 80% threshold surprising as the opportunities for performing the Mantoux Skin test are not within our control. Responses to our screening tool are all favorable although as discussed previously it may be skewed as the reports are not submitted in an anonymous fashion and so may impose restraint or restriction to offer critical feedback. Although the questionnaire intentionally adopted open ended questions allow for more narrative and freedom of expression, the student answers were informative and allow us to understand what is valued.

## Student Learning Outcomes Assessment Report II

Department Name

Student Health and Wellness Center

Mission Statement

Provide health services and education for students to make health choices regarding their minds, bodies, and behaviors, enabling them to pursue their educational goals.

Student Learning Outcome Statement II  
Personal Reflections on Alcohol Use

Students, who participate in the online interactive assessment tool known as e-CHUG, will receive personalized feedback data about their choices on the use of alcohol. "Personal Reflections" on this feedback will be solicited, measured and reported to ascertain if the e-CHUG feedback is helping students contemplate change in reducing their use of high risk alcohol.

Background - In spring of 2007, The National College Health Assessment (NCHA) was conducted among a randomized group of 500 students at Santiago Canyon College. High risk alcohol consumption among the randomized study group exceeded the national alcohol consumption rate at many four year institutions of higher education (IHE). Thirty-four (34%) of students surveyed reportedly engage in high risk heavy episodic use of alcohol. Heavy use of alcohol among college students is a significant public health problem. Heavy episodic use of alcohol is associated with poor academic performance, student dropouts, driving under the influence of alcohol, violence and sexual assault. Reports from published experts identify the highest risk is among first year college students who do not consume alcohol as regularly as their non-collegiate peers however when college students do consume alcohol they typically consume higher quantities. High risk alcohol use is measured as more than five drinks in one sitting for males, or more than four drinks in one sitting for females. This SLO is ongoing from previous years as we feel the tool informs us qualitatively about

Methods:

e-CHUG is a proprietary electronic product which the Health and Wellness Center purchases annually and offers online for all students to provide normative feedback on their alcohol consumption (see Attachment A). The screening tool is used widely on campus by academic faculty as an adjunct to various course curriculums. Specific e-CHUG metrics regarding alcohol use are measured then expressed in terms of frequency and quantity of personal alcohol consumption, monetary expenditures on alcohol, in addition to caloric intake of alcohol and family risk factors for alcohol habituation. Subsequently these same students are asked at the completion of the feedback process to email their impressions of their e-CHUG scores back to the school Psychologist a regular staff member within the Health Center.

These qualitative responses are reviewed to seek out language indicating contemplation of behavioral change as a result of the personal feedback. These personal reflection narratives' are grouped and measured as our student learning outcomes. Student comments are clustered into nine domain themes to determine levels of contemplation or pre-contemplation for changing behaviors related to high risk alcohol consumption.

The student's personal reflection narrative responses are grouped as follows:

- A - Concerns with quantity of drinks, volume and peak alcohol content.
- B - Misconception of normative alcohol use.
- C - Unaware of alcohol tolerance level and potential for habituation.
- D - Concerns about monetary expenditures for alcohol.
- E - Concerns for negative consequences.
- F - Concerns for personal safety.
- G - Awareness of alcohol use to overcome inhibition.
- H - Concerns with caloric intake of alcohol.
- I - Awareness of family/genetic risk factors

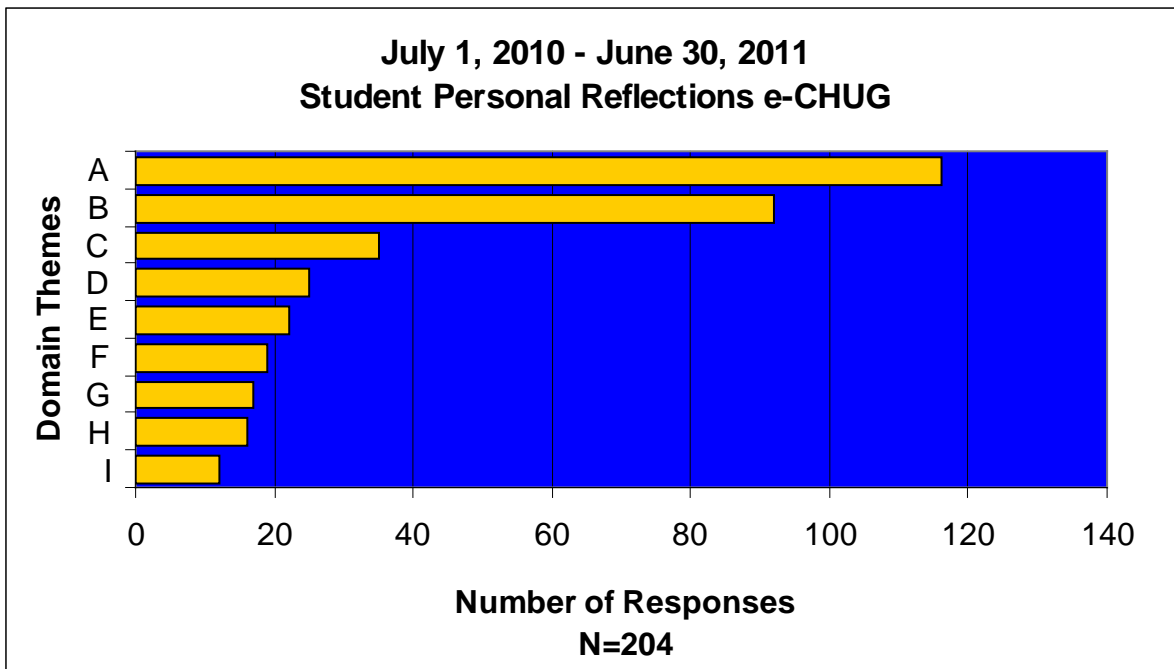
### **Implementation**

Confidential student assessment tools are available to all SCC students online through the privacy of their personal computer. Information for access and use of the e-CHUG online assessment access is provided from many areas on campus including; Discover SCC, the HWC college website, e-CHUG bookmarks handed out from the bookstore when students purchase their textbooks. In addition instructions are provided through faculty during classroom coursework with content specific to personal growth such as counseling and in other credit courses including women's softball, behavioral psychology, sociology, human development, nutrition and interpersonal communications to name a few.

Students voluntarily log onto the e-CHUG tool via the Santiago Canyon College HWC link and answer each of the web-based questions about their alcohol usage anonymously. Their answers are scored in aggregate and at the conclusion of the assessment students are quickly return emailed their responses including comparative data from other SCC students and a significantly larger cohort of college students from institutions of higher education from across the country to provide normative feedback. Each student is then invited to reply in confidence with their own personal reflections to the health center psychologist via email if they choose to do so.

### **Results**

During the 2010-2011 academic school year, 741 students collectively logged onto the e-CHUG online survey. The survey measures demographics, and 120 input and output variables (Attachment A). A concurrent statistical report is generated for the college to provide alcohol usage data. Personal Reflections feedback from the overall cohort was received from a sub-set of 204 students. These individuals self selected to send personal reflections to the college's clinical psychologist. Personal Reflections aggregate data has been sorted according to domains and is reported in the following bar chart.



A - Concerns with Quantity, Volume, and Peak Blood Alcohol Content (BAC)
B - Misconception of Normative Values
C - Unaware of Tolerance Level and Potential for Habituation
D - Concerns of Monetary Expenditures on Alcohol
E - Concerns for Negative Consequences (other)
F - Concerns for Safety (Drinking and Driving, Injuries, Blacking Out)
G - Awareness of Alcohol Use to Overcome Inhibition
H - Concerns with Caloric Intake of Alcohol
I - Awareness of Family and Genetic Risk Factors

**Decisions & Recommendations**

Both the A and B domains are reflective of good normative responses. The e-CHUG program is designed and intended to be an *'obtrusive'* measure. The act of taking the 'survey' changes behavior and perceptions. The Alcohol e-CHUG theory bases (i.e., Motivational Interviewing, Social Norms Feedback and Social Modeling) and a number of controlled studies show that by completing the Alcohol assessment and reading the personalized feedback students show significant reductions in levels of destructive drinking and associated risk behaviors (e.g., binge drinking and drunk driving).

The ease of student's online access and the favorable feedback from participating faculty encourages Health Services Faculty to continue to pursue this learning outcome for the 2011-2012 school year. Provided there are available resources The HWC will continue to subscribe to the e-CHUG online service and work to hold the level of participation from faculty requiring student participation in credit courses.

Orientation to the online assessment tool will continue to be offered at the through-out each semester on the HWC webpage, through faculty driven coursework and with bookmarks to engage both new and returning students. SCC Faculty continues to incorporate the e-CHUG assessment and normative

feedback tool into their classroom curriculum. Specific student objectives build on the personalized feedback with course assignments such as written papers, oral presentations and posters demonstrating the untoward effects of high risk alcohol consumption.

To improve the reach of our alcohol use assessment, student health services also queries all incoming students about alcohol use with the Alcohol Use Disorders Inventory Test (AUDIT). Students with risk scores above the gender related threshold are provided a brief motivational interview specific to the untoward effects of excessive alcohol use. On campus student support is offered and resources for community based services are provided for students as aftercare instructions.

Our partners during the 2010-2011 academic year include SCC faculty from the following departments: Counseling, English, Speech and Communication, Women's Health, Human Development, Psychology, Exercise Science, Political Science, Student Leadership Institute, Discover SCC and the faculty from the Student Health and Wellness Center.

Both the e-CHUG outcome criteria and evaluation methods employed at SCC are part of the nationally standardized e-CHUG assessment process designed and maintained by San Diego State University. For the prospective year we will continue to work on holding the gains achieved during 2010-2011 to engage faculty for curriculum infusion and build on our work by informing additional members of the SCC community of the benefits of the online assessment and feedback tool.

#### References:

1. e-CHUG Web site: [www.e-chug.com](http://www.e-chug.com)
2. Moreira MT, Smith LA, Foxcroft D. Social Norms Interventions to Reduce Alcohol Misuse in University or College students. *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD006748. DOI: 10.1002/14651858.CD006748.pub2.

#### Attachments:

1. Alcohol eCHECKUP TO GO Questionnaire
2. 2010 -2011 e-CHUG Statistical Report



**ATTACHMENT A**

Alcohol eCHECKUP TO GO Questionnaire

**ATTACHMENT B**

eCHUG Statistical Reporting