Muskingum University  
Department of Nursing  

Liberal Arts Essentials Assessment Plan

Course: NURS 460: Community Health

Writing Unit: No

Instructor(s): Gayle Roberts, CNP, MSN, RN

Methods: The faculty generated measurement is a written community assessment project and presentation to cohorts and faculty. The student generated measurement is the application of a LAE standardized evaluation form to collect cohort data for the class.

This class will be evaluated for the first time Fall, 2011 and then every third year thereafter (2014).

LAE Category: Cultural Understanding: 3. The American Experience. The goal is to have, “Students become acquainted with aspects of the history of the American nations, its institutions, customs, diversity of peoples and resources, and the major challenges facing contemporary American Society” (MU Undergraduate Course Catalog, 2011-2012, p. 47).

Goal: (2) Muskingum students will explore connections among formal learning, citizenship and service to our communities.

Objective: The student will explore (assess) a geopolitical community to determine the impact of socio-cultural, economic, legal and political factors influencing healthcare delivery and practice and from the data gathered use the nursing process to determine a community diagnosis, outcomes and propose interventions to improve the health of the community as a whole (develop a community care plan).

A. Student Work Examined
Faculty generated evaluation of student learning: The class assignment used to evaluate the objective stated above will be a written community assessment and formal presentation to cohorts and faculty. Students will select a community to study within the local geographic area and which has been approved by faculty. Assessment areas will include community geography, demographics, history, housing, cultural make-up, public services, political and service organizations, community development, industry and employment, educational facilities, school enrollment, recreation, health statistics,

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social problems, healthcare resources and agencies. The strengths and weaknesses of the community will be determined. From this data a community diagnosis, outcomes, interventions and evaluative measures will be defined. The written report will be presented to cohorts, faculty and interested individuals in the community assessed. Multiple forms will be used to collect data and to record the community care plan.

Student generated evaluation of learning: The standardized (Goal/Group 2) evaluation form will be administered to students enrolled in this course at the end of the term to collect cohort outcome data. (See memo to the LAE committee regarding proposed survey questions for Goal 2).

**B. Scoring Criteria**
The performance expectations identified are appropriate for a senior level student in the nursing major. The expected outcome for this course will be 100% of students enrolled in the course will meet or exceed expected performance. Measurement on this instrument will be reported by class cohort using simple percentage of achievement at one of three levels: exceeded expected performance, met expected performance, or failed to meet expected performance. Within each level there are three aspects of the assessment/presentation being evaluated: content, scope and delivery. All three aspects must be present at each level in order to meet performance level. This is an all or none interpretation.
### C. Rubric for the Final Project

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<th>Quality Indicators</th>
<th>Performance</th>
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<td><strong>Content:</strong> The data collection for community demographics and statistics is complete, thorough, recent and cited from reliable and recent sources. Interviews from at least 4-5 stakeholders/leaders in the chosen community were scheduled and documented. A windshield survey was completed throughout the key community areas, detailed and documented. Community data was compared to regional, state and national epidemiological statistics and cited. Community diagnosis was congruent with related supported data. Appropriate outcomes were determined that were measurable and realistic. The plan of care for the community was based on community needs as stated in the assessment data. Evaluation of community outcomes was determined and complete. <strong>Scope:</strong> The students collected data that indicated the health status and quality of life of the community. At least 3-5 strengths and weaknesses of the community were documented. At least 3-4 interviews with community stakeholders/leaders were conducted. The students visited or toured and documented 2-3 community agencies or worksites. The community assessment reflected all angles of socio-cultural, economic, legal and political facets. The community diagnosis was realistic, well documented with detailed supporting data and congruent. At least 3-5 interventions were developed. Evaluative measures were realistic, timely and complete. The scope of the assessment clearly aimed to improve the health and quality of life of the community as a whole. <strong>Delivery:</strong> The documentation was clear, concise, and free of spelling and grammar errors (less than 3). APA citation was 95% correct. The presentation was professional, organized and creative. The presenters equally participated in the assessment and presentation. Discussion of the assessment was lively and complete. The time limit for the presentation was adhered to. Audiovisual aids or technology used was organized, used graphics and enhanced the oral presentation. Exceeded Expected Performance</td>
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<td><strong>Content:</strong> The data collection of community demographics and statistics was completed with some data left out. Some statistics were older than five years. Not all data was cited. Interviews with 2-3 stakeholders/leaders in the community was scheduled, conducted and documented. Windshield survey conducted missed key areas of the community. Community data was compared to regional, state and national epidemiological statistics but some key statistics were absent. Community diagnosis was determined with some appropriate data listed and some appropriate outcomes determined. The supporting data was not as detailed or thorough. The plan of care for the community was based on community needs. Evaluative measures of community outcomes were completed but they were not as through. The assessment lacked depth and breadth as a whole. The scope of the assessment aimed to improve the health and quality of life of the community but some key information and supporting data was lacking. <strong>Scope:</strong> Lacked completeness in depth and breadth. Some gaps of information were noted. Resources for some data was missing or were dated (&gt;5 years old), and/or not reliable. Only 1-2 strengths and weaknesses of the community were noted. Only 1-2 interviews with community stakeholders or leaders were conducted. One to two community agencies or worksites were visited but not toured. The community assessment reflected some but not all angles of socio-cultural, economic, legal or political facets of the community. The community diagnosis was listed but was not fully supported by documented data. Evaluative measures were realistic but not measurable and not complete enough. The scope of the assessment lacks depth and therefore minimally improves the health or quality of life of the community. <strong>Delivery:</strong> The documentation was clear, concise, and free of spelling and grammar errors (less than 3). APA citation was 95% correct. The presentation was professional, organized and creative. The presenters equally participated in the assessment and presentation. Discussion of the assessment was lively and complete. The time limit for the presentation was adhered to. Audiovisual aids or technology used was organized, used graphics and enhanced the oral presentation. Met the Expected Performance</td>
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community as a whole.

**Delivery:** The documentation is clear, not as concise as it could be. At least 7-15 spelling or grammar errors were present. APA citation included was only 85% correct. The presentation was not organized and not all group members contributed. The presentation exceeded or was under the assigned time limit. The presentation lacked creativity and although correct in content was delivered in a boring fashion. Discussion was limited. The presenters did not encourage audience interaction of questions. Audiovisual aids or technology was utilized but failed to retain the interest of the audience. Limited graphics were utilized.

**Content:** The data collection for community demographics and statistics were only 70% complete. Resources used for data collection were incomplete for most areas and from unreliable sources. Only one or no community stakeholders/leaders were interviewed. No interviews were scheduled ahead of time. The windshield survey was minimal with notable absent areas surveyed or information was falsified. Community data was compared to only national epidemiological statistics. Many key statistics were notably absent. A community diagnosis was determined but was not congruent with the supporting assessment data. The plan of care was not justified by the data documented. Outcomes were not measurable or realistic. Evaluation of outcomes was minimal and unrealistic. The community diagnosis failed to support improvement in the health or quality of life of the community.

**Scope:** The assessment is incomplete in every assessment area. Data that was collected was not adequate enough to determine an accurate community diagnosis. Resources, when cited for data were incomplete, older than 5 years and from unreliable sources. Lack of input from community stakeholders/leaders flawed the assessment process. No strengths or weaknesses were determined or were not supported by accurate data. No community organizations or worksites were visited. The community assessment was not adequate and so did not reflect the socio-cultural, economic, legal or political facets of the community. The community diagnosis was not supported by adequate data. None or only one intervention was listed for the diagnosis. Evaluative measures were not realistic, not measurable, not correctly written or nonexistent. The scope of the community assessment was not complete and so does not reflect the health or quality of life of the community.

**Delivery:** The documentation was not clear. Many gaps of information were noticeable. Spelling and grammar errors were numerous and obvious. Obvious APA citation errors were present (less than 85% accurate). The presentation was disorganized and was not a team effort. The presentation lacked cohesiveness and creativity. Audiovisual aids or technology was not used or was prepared in an unprofessional manner. No discussion of the community was conducted or encouraged. The time limit for the presentation was far exceeded or very short.

| Failed to Meet Expected Performance |

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