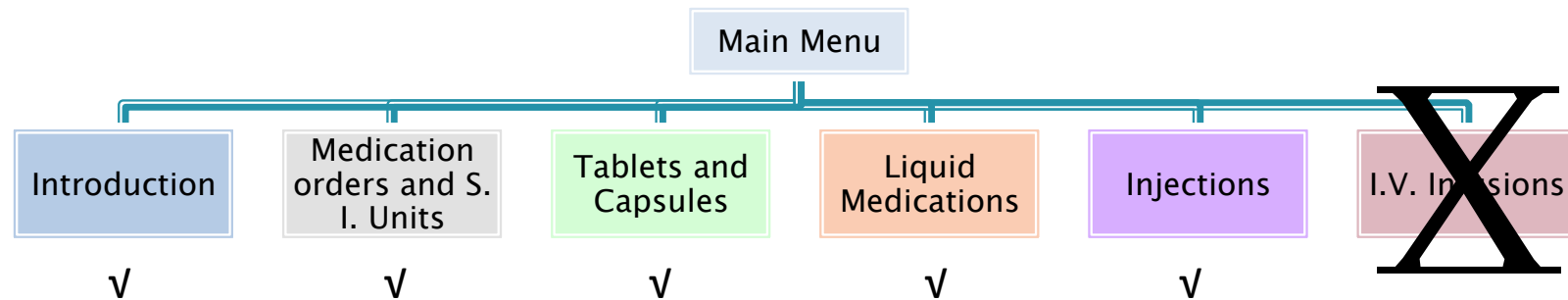
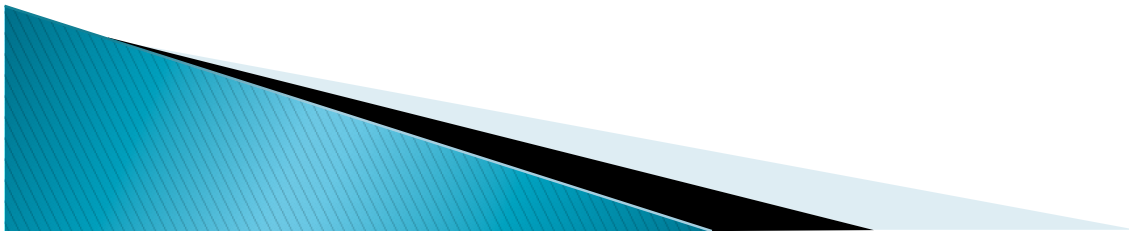


After completion of Pretest, began tutorials for

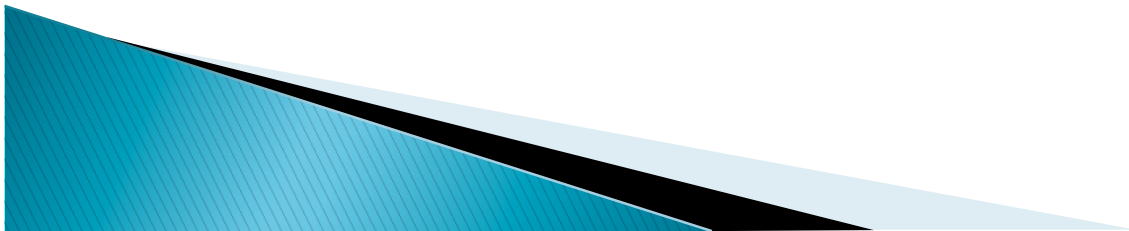


- We chose to limit the fundamentals to the tutorials above leaving I.V. for upper level completion
- Did only adult leaving Peds for specific course



Authentic Diagnostic Assessment

- ▶ Finally, an ADA was scheduled over a period of days allowing plenty of time for students to take assessment
 - Goal: 100%
 - Could take as many times as needed to reach goal
 - Could go back and review MDCS if needed prior to assessment
 - Only time limit was to do within scheduled times



Sample ADA question and review

The screenshot displays a software interface for reviewing a question. At the top, there are navigation tabs: PROFILE, TABS & CAPS, LIQUID MED., INJECTIONS, I.V., and ASSESSMENTS. The current section is 'Tablets & Capsules'. Below this, it shows 'Test Taken: 01/13/10' and 'You Scored: 26 out of 30'. A 'Back' button is visible. The question is 'Question 4' from the 'Foundation' branch. A feedback message states: 'One or more elements of the calculation are incorrect. See below for details.'

The question details include a 'Question' section with a table of doses and a 'Famotidine 20mg in 1 Tablet' box. The 'Correct Answer' section shows the calculation: $\frac{10 \text{ mg}}{20 \text{ mg}} \times 1 \text{ tab(s)} = 0.5 \text{ tab(s)}$. The 'Your Answer' section shows the user's calculation: $\frac{10 \text{ mg}}{20 \text{ mg}} \times 1 \text{ tab(s)} = 1 \text{ tab(s)}$. A red box highlights the user's answer '1 tab(s)', and a large red 'X' is placed over the bottom part of the question review area.

Figure 32: The Review of a Question and its Answer

Figure 36: The Print Cover

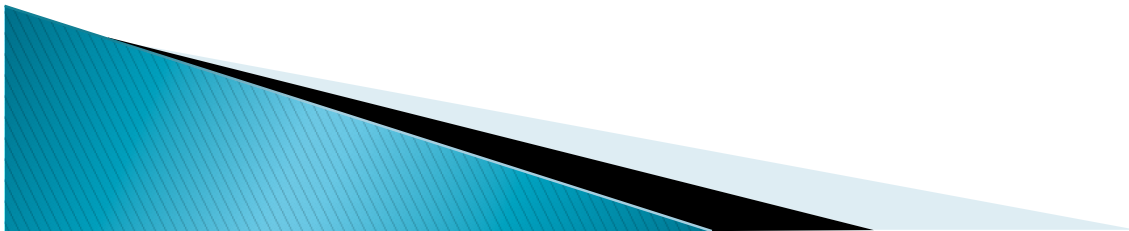
The cover page is followed by a summary of each of the assessment sections.

		Username							
		[auth09a101] Matt Brown							
		Section	Date						
		Tablets & Capsules	01/13/10						
		Correct Answer	Your Answer						
			Problem Setup	Calculation	Technical				
UNIT DOSE	1	$\frac{10 \text{ mg}}{10 \text{ mg}} \times 1 \text{ cap(s)} = 1 \text{ cap(s)}$	$\frac{10 \text{ mg}}{10 \text{ mg}} \times 1 \text{ cap(s)}$ ✓	1 cap(s) ✓	✓		3		
	2	$\frac{35 \text{ mg}}{35 \text{ mg}} \times 1 \text{ tab(s)} = 1 \text{ tab(s)}$	$\frac{35 \text{ mg}}{35 \text{ mg}} \times 1 \text{ tab(s)}$ ✓	1 tab(s) ✓	✓		3		
	3	$\frac{10 \text{ mg}}{10 \text{ mg}} \times 1 \text{ tab(s)} = 1 \text{ tab(s)}$	$\frac{10 \text{ mg}}{10 \text{ mg}} \times 1 \text{ tab(s)}$ ✓	1 tab(s) ✓	✓		3		
SUB + MULTIPLE UNIT DOSE	4	$\frac{20 \text{ mg}}{10 \text{ mg}} \times 1 \text{ tab(s)} = 2 \text{ tab(s)}$	$\frac{20 \text{ mg}}{10 \text{ mg}} \times 1 \text{ tab(s)}$ ✓	2 tab(s) ✓	✓		3		
	5	$\frac{4 \text{ mg}}{2 \text{ mg}} \times 1 \text{ tab(s)} = 2 \text{ tab(s)}$	$\frac{4 \text{ mg}}{2 \text{ mg}} \times 1 \text{ tab(s)}$ ✓	2 tab(s) ✓	✓		3		
	6	$\frac{30 \text{ mg} \times 1 \text{ cap(s)}}{10 \text{ mg}} = 3 \text{ cap(s)}$	$\frac{30 \text{ mg} \times 1 \text{ cap(s)}}{10 \text{ mg}}$ ✓	3 cap(s) ✓	✓		3		
	7	$\frac{1 \text{ mg}}{2 \text{ mg}} \times 1 \text{ tab(s)} = 0.5 \text{ tab(s)}$	$\frac{1 \text{ mg}}{2 \text{ mg}} \times 1 \text{ tab(s)}$ ✓	0.5 tab(s) ✓	✓		3		
	8	$100 \text{ mg} \times \frac{1 \text{ tab(s)}}{50 \text{ mg}} = 2 \text{ tab(s)}$	$100 \text{ mg} \times \frac{1 \text{ tab(s)}}{50 \text{ mg}}$ ✓	2 tab(s) ✓	✓		3		
	9	$\frac{2 \text{ mg}}{4 \text{ mg}} \times 1 \text{ tab(s)} = 0.5 \text{ tab(s)}$	$\frac{2 \text{ mg}}{4 \text{ mg}} \times 1 \text{ tab(s)}$ ✓	0.5 tab(s) ✓	✓		3		
	10	$\frac{30 \text{ mg}}{10 \text{ mg}} \times 1 \text{ tab(s)} = 3 \text{ tab(s)}$	$\frac{30 \text{ mg}}{10 \text{ mg}} \times 1 \text{ tab(s)}$ ✓	3 tab(s) ✓	✓		3		
			Total	10	Total	10	Total	10	
					Grand Total	30			

Figure 37: A Printed Summary of a Section of the Final Assessment

Authentic Assessment (AA)

- ▶ To be used at course end or program conclusion to assess retained knowledge
- ▶ We have only utilized once with ABSNs
 - Controlled classroom exam
 - No opportunity for feedback/review until grades recorded
 - Opened for review after grades recorded



Advantages

1. Minimizes class time spent on general math
2. Pretest and ADA good indicators of overall success
3. Allows repetitive practice
4. Interactive
5. Great visuals
6. Easy for student and faculty to review evals

Disadvantages

1. Student computer knowledge
2. Student by-passing MDCS going straight to assessment
3. Students not completing
4. Difficulty identifying students
5. Faculty buy-in
6. Students unable to apply to some situations

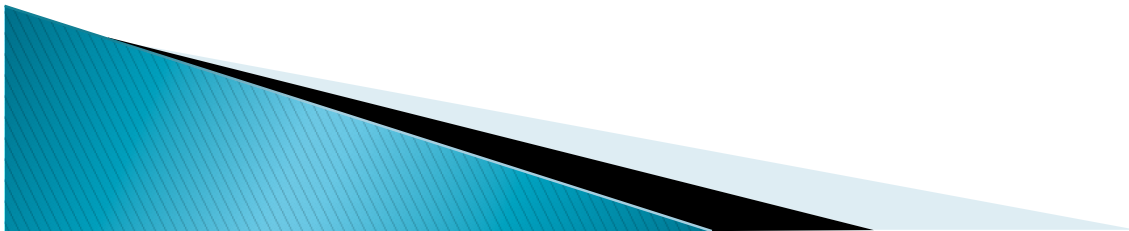
What we did to simplify for faculty

- ▶ Had administrator as a source for scheduling assessments, technology assistance and maintenance of student information
- ▶ Administrator reviewed registration, student participation and assessments
- ▶ Finalized information sent to faculty by administrator minimizing faculty time spent in reviewing
- ▶ Faculty information packet



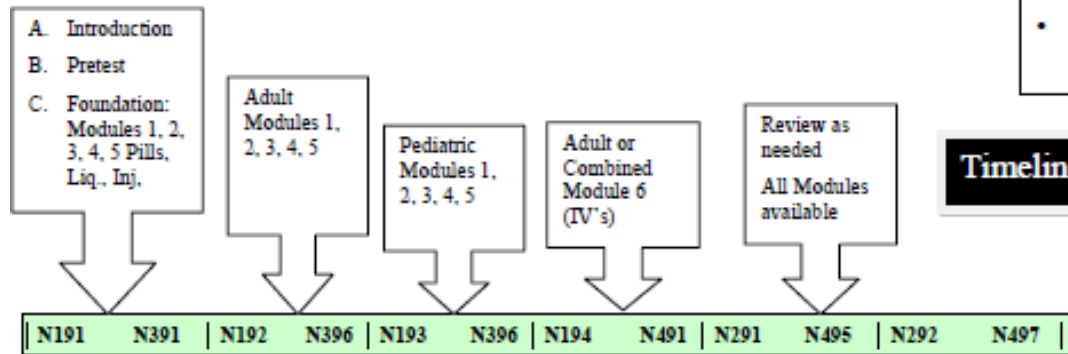
Faculty Information

- ▶ Complete 1 page description of available assessments
- ▶ Suggested Timeline for using eDose™
- ▶ Student Guideline Handout
- ▶ Comprehensive Table of Contents

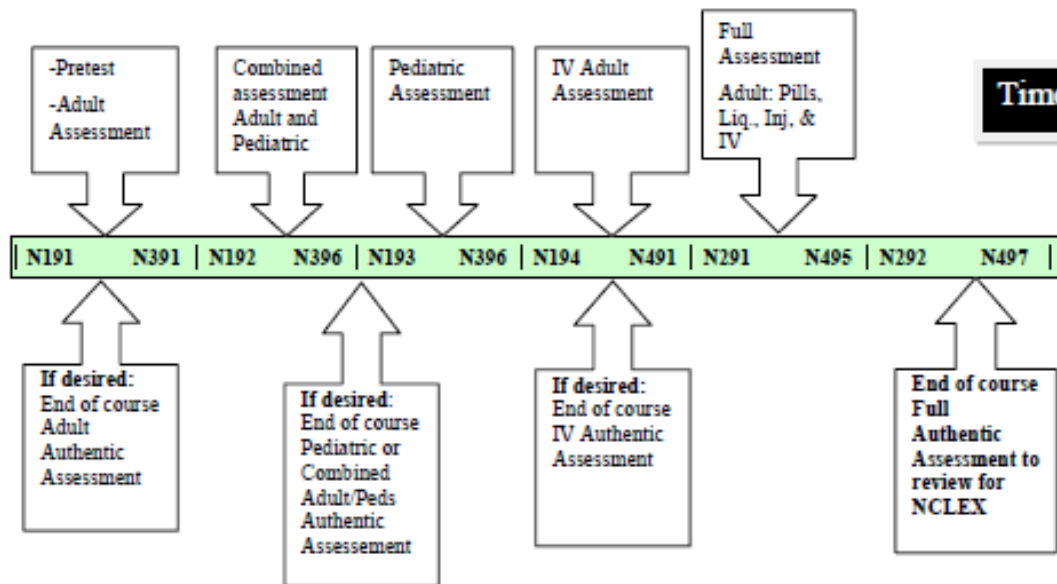


Timeline Recommendations for eDose

- Here are a possible timelines for eDose modules and testing.
- In order to get the maximum value out of the program, using it consistently and throughout the programs will build students' knowledge of Med math.
- It is possible to require the work and have students turn in sheets to show they have done modules.



Timeline for Learning Modules in eDose



Timeline for Assessments in eDose



Available eDose Assessments

1) Below is a breakdown of the available eDose assessments. There are many different choices. Can be specific for Foundations, Adult, Child or Adult/Child mixed.

TEST NAME	CONTENT	QUESTIONS		TYPE OF TEST	FOCUS OF TEST AND AVAILABILITY			
					Foundation (no metric conversion)	Adult	Child	Mixed (both adult and child questions)
Authentic Diagnostic Assessment(ADA) (to be used as an ongoing assessment tool throughout course or program)	Content	Number of Questions and Points (each question is 2 points: 1 for setup and 1 for answer)	Number of attempts allowed (how many times student can take the assessment)	Formative (student can access results) Or Summative (only instructor gets results)				
Pretest (N191, N391)	General Numeracy Competency	40 Question	1	Summative only	√	√	√	√
A (N191, N391) (B and C combined)	2 Part Tablet/Capsule, Liquid Meds, Injections, IV's	50 question 100 point	Unlimited	Either	√	√	√	√
B (N191, N391)	1 Part Tablet/Capsule, Liquid Meds, Injection	30 question 60 point	Unlimited	Either	√	√	√	√
C (N194, N491)	1 Part IV's	20 question 40 point	Unlimited	Either	√	√	√	√
Authentic Assessment(AA) (Course Final or End of Program prior to NCLEX)	Content	Number of Questions and Points	Number of attempts allowed	Formative Or Summative	Foundation (no metric conversion)	Adult	Child	Mixed
A (B and C combined)	2 Part Tablet/Capsule, Liquid Meds, Injections, IV's	50 question	1	Either	√	√	√	√
B	1 Part Tablet/Capsule, Liquid Meds, Injection	30 question	1	Either	√	√	√	√
C	1 Part IV's	20 question	1	Either	√	√	√	√

- Faculty information
- Included suggested course participation
- Delineated differences between Pretest, ADA and AA

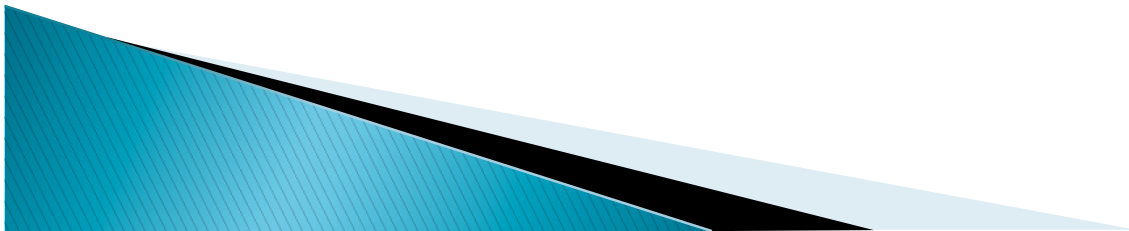
Overall Impressions

- ▶ Minimizes class time spent on basic math
- ▶ Faculty need to be involved and assign consequences either positive or negative regarding participation and timely completion
- ▶ Minimizing faculty responsibility important
- ▶ Students have positive opinion of program
- ▶ Fundamental faculty feel is helpful but will need to complement with in class teaching
- ▶ Pediatric faculty would like to see more relevant pediatric material
- ▶ ABSN felt too simple for them



Recent Changes and Upgrades

- ▶ New advanced IV section: Injectable Medicines
- ▶ Now able to schedule for an entire 23 hour time period
- ▶ Registration into program by users includes both their ID code AND their name. Much easier to find and ID students
- ▶ Increased security
 - Encryption
 - URL change: <https://www.edose.net>



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RESTART

PRESCRIPTION & ADMINISTRATION

NEXT

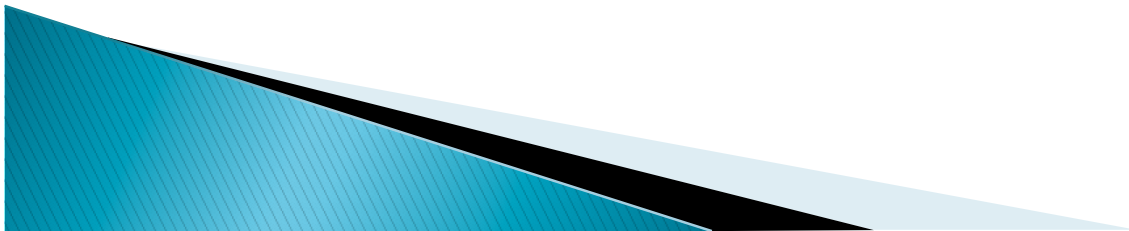


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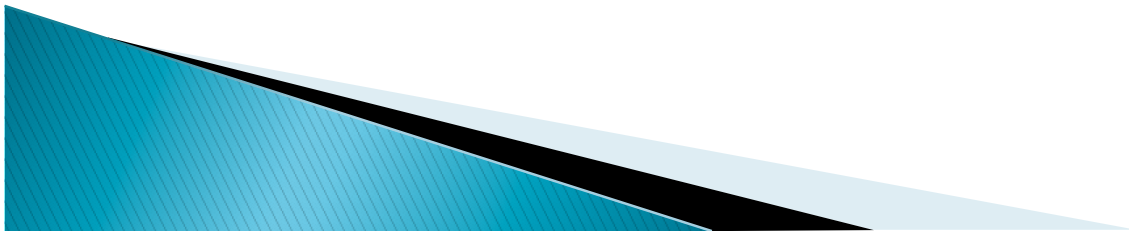
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Questions and Discussion

