

Performance Assessment and Action Plan

A. Purpose

The purpose of this policy is to outline the process and guidelines for the assessment of academic performance, clinical performance, and professional conduct.

B. Persons Affected

The policy is to create a development plan of success for the University of Texas Rio Grande Valley (UTRGV) School of Nursing (SON) students in academic performance, clinical performance, and professional conduct.

C. Definitions

1. Academic performance: Students who score below the academic threshold grade of 75 on exams and below Level 2 on Assessment Technologies Institute (ATI) exams.
2. Clinical performance: Students who score below the academic threshold grade of 75 on clinical paperwork, assignments, presentations, or overall clinical grade.
3. Professional conduct: Students who do not abide by the SON Undergraduate Handbook clinical requirements ethical violations, or any other relevant factors related to professional conduct.

D. Policy

It is the policy of The University of Texas Rio Grande Valley School of Nursing (UTRGV SON) to describe the process and guidelines for addressing academic performance, clinical performance, and professional conduct,

E. Procedures

1. Performance measures: This includes academic performance below a certain threshold, clinical practice concerns, and professional conduct.
2. Documentation and communication:
 - a. The student will be notified by a faculty member or SON Academic coach via verbal or electronic communication with a scheduled time to meet with the student face-to-face or via Zoom (exams will not be reviewed via Zoom).
 - b. The student will be provided with the **Student Performance Assessment Form** (see attached) that must be completed prior to meeting with the faculty.
3. Development plan for success:
 - a. Students will meet with Faculty/SON academic coach to discuss and review the Student Performance Assessment Form.

- b. Once performance issues are identified, a **Student Success Action Plan** will be developed by the faculty and student.
- c. The **Student Success Action Plan** will be implemented and tailored to address the specific areas of concern which may include a combination of academic support, additional coursework, clinical practice opportunities, or other interventions.
- 4. Timeline and Progress Monitoring: Students will be required to meet weekly with Faculty/advisor to ensure the student is making satisfactory progress.
- 5. Faculty Support and Resources:
- 6. Resources will be documented on the available **Student Success Action Plan** to support students during the plan for success process. This includes referrals for tutoring, mentoring, counseling, or other UTRGV and SON academic support services.
- 7. Evaluation and Determination of Success: The plan for the success period will end once the student achieves a score at 75 and above on assessments/examinations, improved clinical performance, and professional conduct.
- 8. Consequences for Unsuccessful Success Plan: If the student is unable to successfully complete the student success action plan, the student may be required to retake the course as defined in the nursing student handbook if approved by the UAPG Committee or may be dismissed from the SON for inappropriate behaviors as defined in the SON Student Handbook.
- 9. The Student Performance Assessment and the Student Success Action Plan will be part of the student's administrative file.
- 10. Appeals process for course failures will be followed as defined in the UTRGV SON Student Handbook.

F. Related Statutes or Regulations, Rules, Policies, or Standards

Statutes: School of Nursing Handbook: https://mycourses.utrgv.edu/bbcswebdav/pid-8887146-dt-content-rid-96205082_1/xid-96205082_1

G. Dates Reviewed or Amended

Approved by SONFO September 18, 2023

Approved by Dean, Dr. Lilia A. Fuentes September 18, 2023

H. Attachments

- Student Performance Assessment Form
- Student Success Action Plan



UTRGV SCHOOL OF NURSING
Student Performance Assessment Form

Date: _____

Student Name & SID: _____ Course/Section: _____

Exam # _____ and score: _____

Instructions: The student will complete the form prior to meeting with the course faculty.

1. Describe or explain any outside activities that may be affecting your academic performance.

2. Discuss your study habits. _____

3. Tell us how you prepare for your exams. _____

4. Which of the following are part of your preparation for the exam (check all that apply)?

- ☐ PrepU Questions
- ☐ Videos on CoursePoint+
- ☐ Animations on CoursePoint+
- ☐ Reviewing PPT/lecture notes
- ☐ Flashcard Drills
- ☐ Blueprint review
- ☐ Study group(s)
- ☐ Reading Textbook
- ☐ Quizzes/Dynamic Practice Questions from ATI/with rationales
- ☐ Other _____

5. What do you experience when taking the exam?

- ☐ I change answers.
- ☐ I cover the answer choices and think about what the answer should be.
- ☐ I read the entire question.
- ☐ I miss "Select all that apply."
- ☐ I experience anxiety before the exam.
- ☐ I experience distractions during the exam.

6. Have you used nursing tutors at utrgv.edu/tutoring in the past?

- ☐ Yes
- ☐ No
- ☐ Comment: _____

7. Have you paired with Mentor/ Do you want a mentor to guide you this semester?

- ☐ Yes
- ☐ No
- ☐ Comment: _____



Lewis, C. L., Swanzy D. M., Lynch, C. M., & Dearmon, V.A. (2019). GROWTH: A strategy for nursing student retention. *Journal of Nursing Education*, 58(3), 173-177. <https://doi.org/10.3928/01484834-20190221-09>doi: 10.3928/01484834-20190221-09.

Revisions approved by task force November 12, 2024

Referred to SONFO Chair November 14, 2024.

Revision approved by SONFO on November 25, 2024

Approved by Lilia A. Fuentes, Dean-School of Nursing on December 10, 2024



STUDENT SUCCESS ACTION PLAN

Student Name/ SID: _____ Course: _____ Exam grade _____ Date: _____

Instructions: The student and faculty will agree to a plan based on the assessment of your exam performance, clinical or conduct performance.

| Root Cause Analysis Why Students Scored Low | Action Plan (Faculty write an action plan based on the result of the Student Performance Form) | Target Date | Comments/ Student will complete this portion based on the agreed plan |
|--|--|-------------|---|
| <input type="checkbox"/> Time management <input type="checkbox"/> Study habits <input type="checkbox"/> Exam Preparation <input type="checkbox"/> Test-taking Experience <input type="checkbox"/> Lack of support services <input type="checkbox"/> Clinical Performance <input type="checkbox"/> Professional Conduct | <p>Use of SON Student Success Support center</p> <input type="checkbox"/> Peer mentoring <input type="checkbox"/> Tutoring services <input type="checkbox"/> Academic Coaching <p>Use of UTRGV campus resources:</p> <p>Academic advising</p> <input type="checkbox"/> Counseling center <input type="checkbox"/> Student accessibility center <input type="checkbox"/> Health services <input type="checkbox"/> Community resources <input type="checkbox"/> Learning Center <p>Use of School of Nursing resources:</p> <p>ATI Nurse Logic</p> <input type="checkbox"/> Knowledge and clinical judgment <input type="checkbox"/> Nursing Concepts <input type="checkbox"/> Priority setting Frameworks. <input type="checkbox"/> Testing and Remediation <input type="checkbox"/> ATI Case Studies <input type="checkbox"/> ATI quizzes (min. 50 questions on specific topics) <p>Course point Resources</p> <input type="checkbox"/> Prep U quizzes (minimum of 50 questions) <input type="checkbox"/> Concept Mapping on Lippincott advisor (min. 3) | | |



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By signing, I agree to the plan above and understand this form and the Student Performance Assessment will be part of my administrative file.

Student Signature & Date

Instructor Signature & Date

Student Success Coordinator & Date