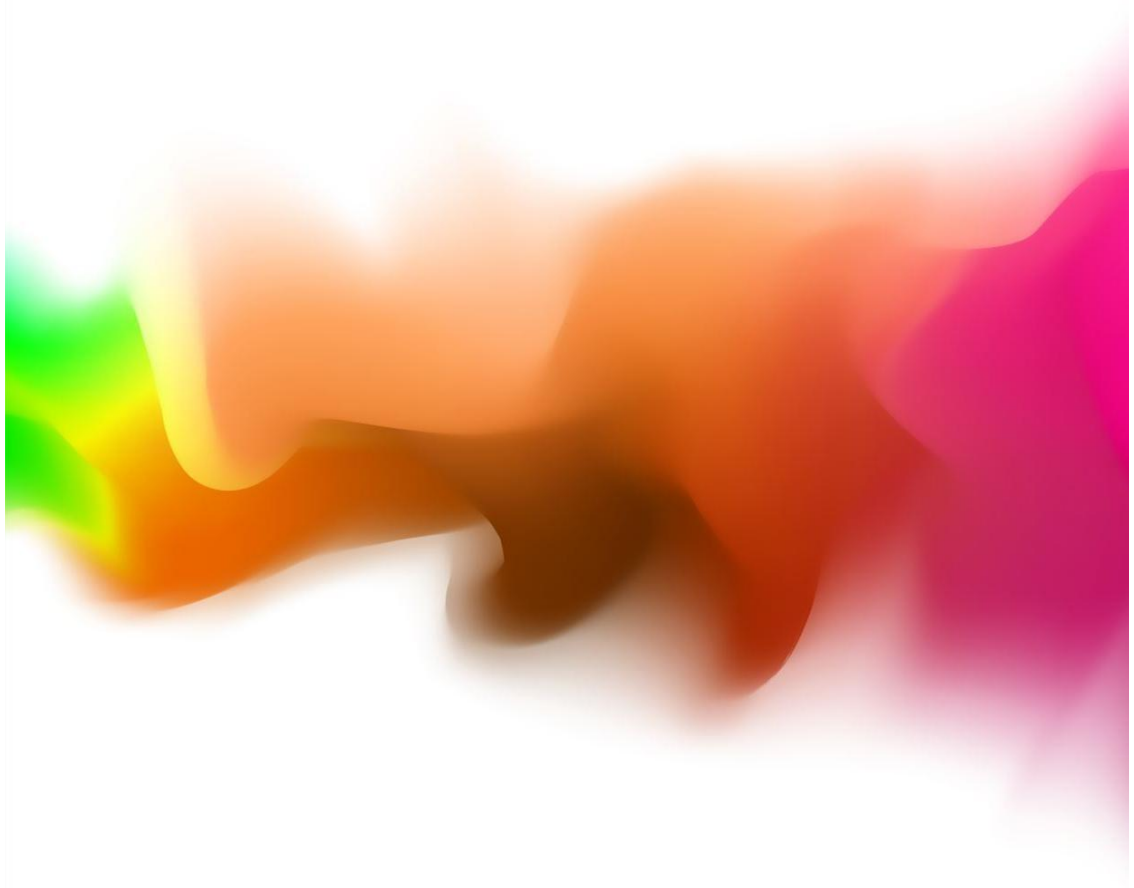
Evaluating Empathy Development in Pre-Licensure Nursing Students

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Empathy Signature Assignment

This mini-grant supported the development of a curriculum-embedded signature assignment to assess and strengthen empathy and person-centered care before students graduate.

Why this matters

- Moves beyond end-of-semester satisfaction surveys
- Uses authentic simulations and reflections
- Produces actionable program-level data

Need for Empathy Assessment

Current assessment picture

Most program evidence comes from end-of-semester surveys and tends to emphasize skills and conceptual learning tied to board-exam preparation.

Indirect evidence

Assessment gap

The empathetic student–patient relationship is harder to teach and even harder to measure, so it is underrepresented in current assessment data.

Empathy under-measured

Opportunity

A signature assignment creates direct, timely evidence of empathy, advocacy, and communication—so faculty can improve instruction before students graduate.

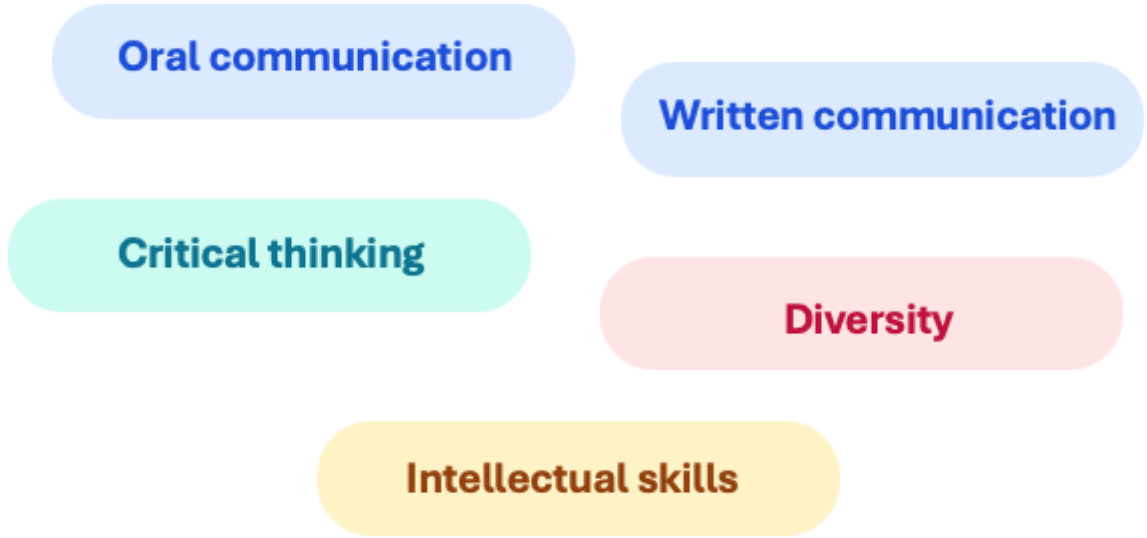
Actionable evidence

What was assessed?

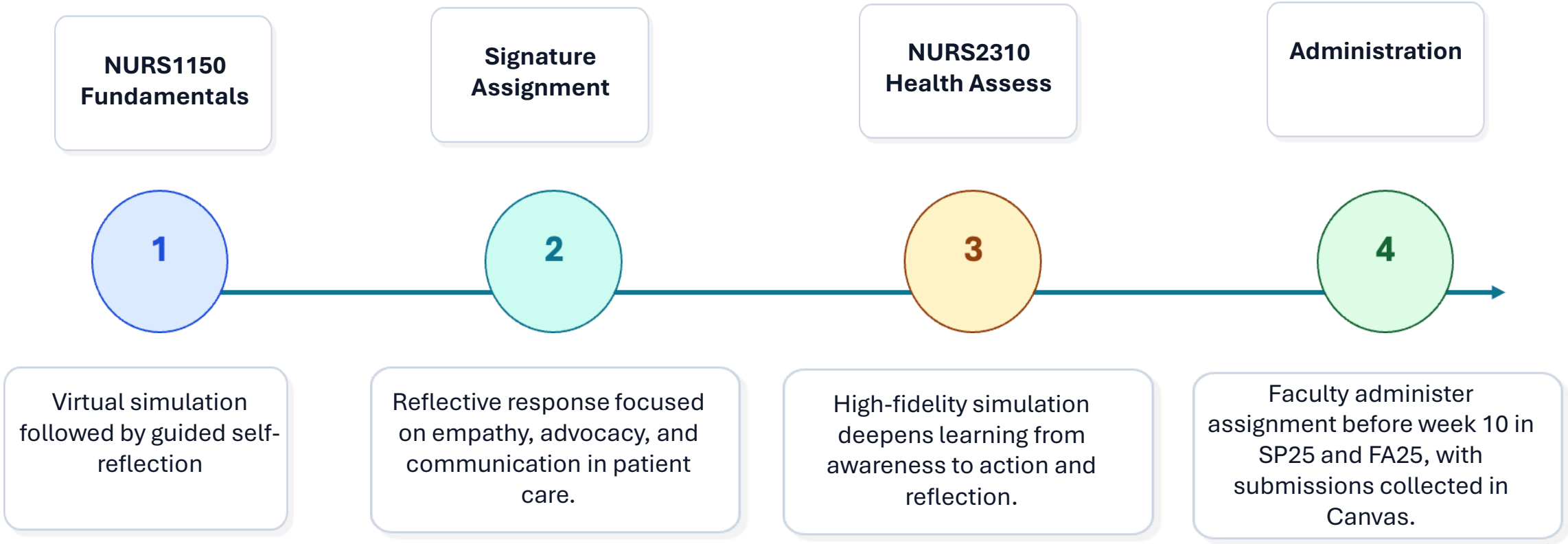
PLO 2: Person-centered care

- Focused on the individual within complex contexts, including family and/ or important others.
- Care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate.

Competencies are aligned to PLO 2:



How the signature assignment works



Embedded in coursework + authentic simulation + structured reflection = meaningful direct evidence

Scoring

Rubric Structure

Adapted from reflection and reflective practice (ERA) rubrics, then customized for PLO2.

Stronger

Strong

Medium

Weak

What gets measured

- One shared rubric is used across sections for consistency.
- Scores are summed for written communication, critical thinking, and oral communication.
- GE competencies—diversity and proficiency: intellectual skills—are also assessed individually.
- Canvas Outcomes will be piloted to collect embedded assessment data across sections.

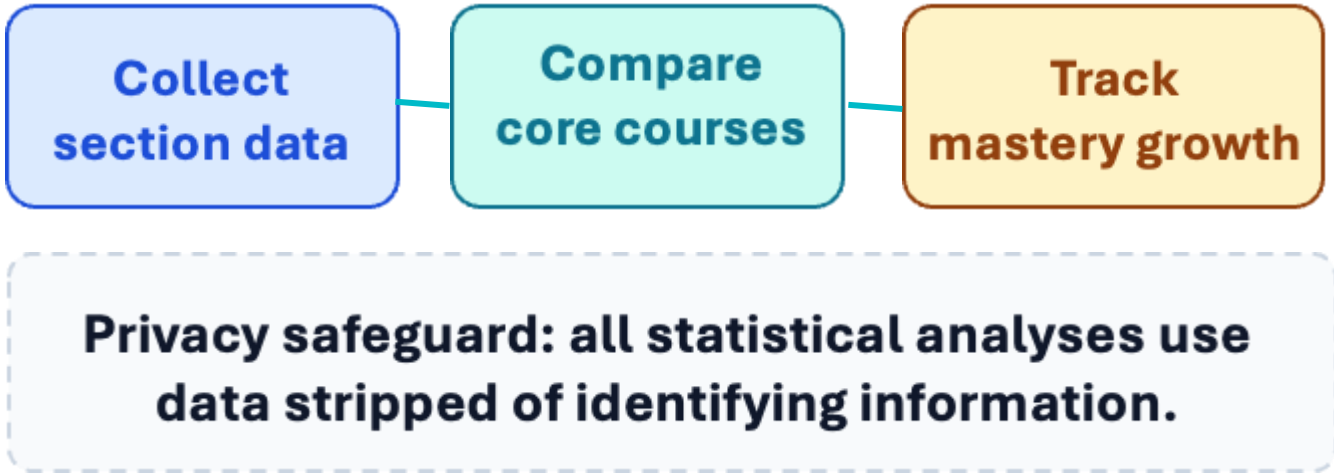
Result: a practical scoring model that supports both program-level reporting and faculty-level improvement conversations.

Target: more than 70% of undergraduate students should reach Strong or Stronger by graduation.

Data Analysis & Use

Using the Data for Program Improvement

- The team will compare completion and mastery across undergraduate core courses to examine growth leading up to graduation.

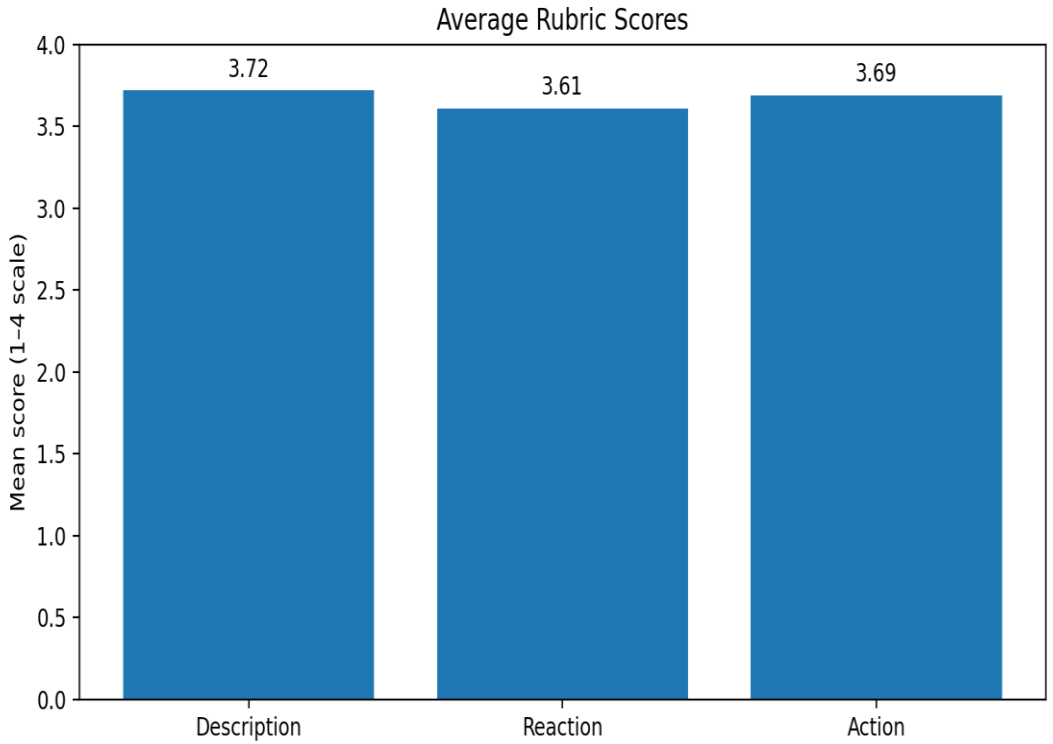


Results

- Results will be shared with faculty and used to refine curriculum, instruction, and student support for future cohorts.

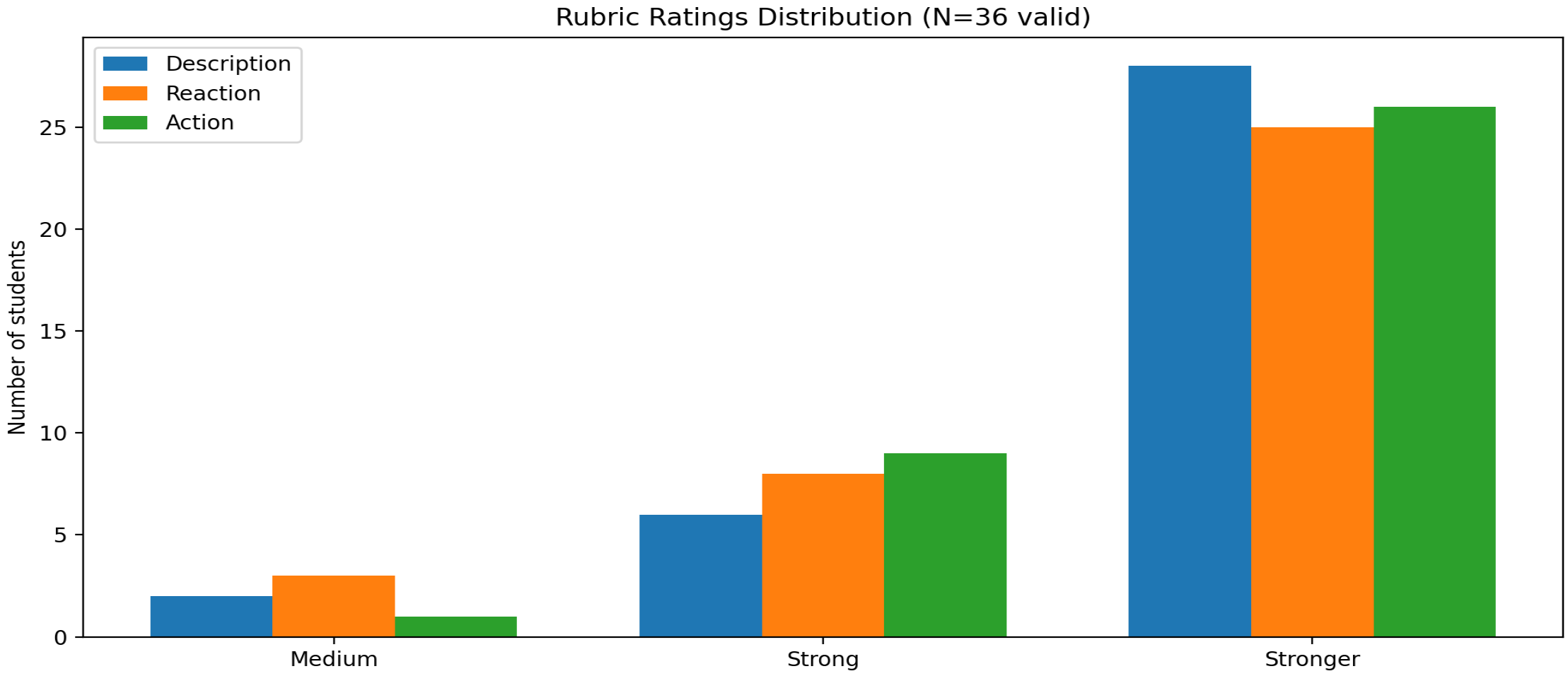
Mini-Grant Data Highlights

- Sample: 36 valid student data points analyzed (2 missing).
- Mean rubric scores (1–4): Description 3.72, Reaction 3.61, Action 3.69.
- Most students scored in the highest band (“Stronger”), with Description and Action meeting the 70% target and Reaction just below it.
- Data exported from Canvas and de-identified prior to analysis.



Average rubric scores (higher is better)

Rubric Rating Distribution



Highest-band (“Stronger”) frequency: Description 28/36, Reaction 25/36, Action 26/36.

Qualitative Feedback Highlights

Representative rubric feedback comments:

- “Outstanding analysis with rich detail and deep self-awareness. Great application to future practice.”
- “Excellent emotional depth and awareness. Insightful understanding of the nurse-patient dynamic and future impact.”
- “Clear critical thinking and honest evaluation… balancing critique with recognition of nuanced communication strategies.”

Comments highlight strengths (empathy, reflective depth) and targeted growth areas (specific examples, deeper reflection).

Implications for Program Improvement

- Findings suggest students are strongest in description and action, with more opportunity to deepen emotional processing and reflective specificity.

Next steps:

- Refine reflection prompts
- Calibrate rubric scoring across sections
- Compare results across core courses before graduation