**High-Impact Evaluation: Procedures and Results**

Using NVivo software, we began by reviewing data from all 28 sources and performing open coding of the eighteen UA Reflections, the seven RA Reflections, and three Graduate Nurse Reflections. Initially, no attempt was made to align the narrative comments with high-impact practices (Kuh 2008), which helped to ensure that the inherent meaning of the comments was preserved (Creswell 2003). Then, we began the axial coding process by refining our nodes and running searches for key words from our pilot study themes (Flinders 2013). Next, we used NVivo’s text search option to run a query for key words and phrases from the eight high-impact essentials. Once the queries were run for both pilot study themes and high-impact themes, each individual data set was reviewed again, line-by-line, to capture only the entries that were accurately associated with their nodes. Hierarchical categories (and resulting node subcategories) were then defined. Some node categories were combined with others and some node categories were deleted at this point. Selective coding was performed, using high-impact practices as the central category. Nodes that were outliers (not receiving sufficient coverage to be considered themes) were then deleted.

Memoing was performed to capture overall ideas and to make theoretical notes on student reflections. Finally, a second researcher, a recent graduate, was consulted to assure validity and reliability of: high-impact categories selected, node subcategories and their placement in the hierarchical structure, and coding references within all 28 sources. Beyond reviewing the classification categories and defined nodes, this second researcher reviewed conclusions and themes to search for gaps in conclusions, from the student’s point-of-view.

**High-Impact Categories and Associated Nodes by Source Coverage and References**

|  |  |  |  |
| --- | --- | --- | --- |
| **High-Impact Practice (HIP) Categories** | **Node Subcategories** | # Sources (n=28) | # References (n=484) |
| ***Significant Time and Effort Invested\**** |  | 20 (71%) | 23 (5%) |
| ***Interaction with Faculty and Peers*** | General Notations | 14 (50%) | 19 (4%) |
|  | Specific Notations on Collaboration\* | 21 (75%) | 31 (6%) |
| ***Experience in Engaging across Differences*** | Improved Communication with Diverse Team | 11 (39%) | 12 (2%) |
| ***Rich and Frequent Feedback*** |  | 6 (21%) | 10 (2%) |
| ***Application of Knowledge in Different Settings*** | General Notations | 17 (61%) | 21 (4%) |
|  | Improved Skills in Educating Clients | 12 (43%) | 15 (3%) |
|  | Gained Experience in Research Process\* | 22 (79%) | 25 (5%) |
| ***Reflection on who They’re Becoming*** | General Notations | 14 (50%) | 19 (4%) |
|  | Claimed Personal Growth\* | 24 (86%) | 26 (5%) |
|  | Improved Ability to Publically Demonstrate Competence  | 20 (71%) | 21 (4%) |
|  | Overall Professional growth\* | 24 (86%) | 28 (6%) |
|  | Improved Overall Confidence\* | 22 (79%) | 27 (6%) |
|  | Impact on Leadership\* | 17 (61%) | 22 (5%) |
| ***Reflection on Context and Perspective of their Experience*** | General Notations\* | 15 (54%) | 22 (5%) |
|  | Part of Something Meaningful\* | 25 (89%) | 29 (6%) |
|  | Sense of Accomplishment with Meeting High Level Expectations\* | 24 (86%) | 32 (7%) |
|  | Felt Personally Satisfied\* | 19 (68%) | 22 (5%) |
| ***Reflection on Deep Learning*** | General Notations | 13 (46%) | 15 (3%) |
|  | Gained Appreciation for Community-Based Nursing\* | 18 (64%) | 23 (5%) |
| ***Reflection on Being an Agent for Change*** | General Notations | 13 (46%) | 14 (3%) |
|  | Felt they Made a Difference\* | 21 (75%) | 28 (6%) |

\* Includes 50% of the informants’ data coded in that category and accounts for at least 5% of references

**References**

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