

**Program Assessment: Annual Report**

**Program(s):** Adult-Gerontology Primary Care NP (Master's and Post-Master's)

**Department:** Nursing

**College/School:** School of Nursing

**Date:** May, 2019

**Primary Assessment Contact:** Joanne Thanavaro

1. Which program student learning outcomes were assessed in this annual assessment cycle?

**Outcome #2: Use scholarly inquiry including evidence-based practice and research application to improve decision-making and health outcomes**

**Outcome #5: Facilitate the improvement of health care through leadership within health care systems and communities**

**Outcome #6: Demonstrate competence in a specialized area of advanced practice nursing that builds on foundational nursing knowledge.**

2. What data/artifacts of student learning were collected for each assessed outcome? Were Madrid student artifacts included?

**There are no Madrid students included in the student artifacts as there are no Madrid students in the AGPCNP program.**

**Outcome #2:**

In NURS 5140 (Health Promotion) 80% of all students will achieve a grade of B or better on a written evidenced based/research assignment.

In NURS 5200 (General Research Methods) students were required to complete a written assignment involving the synthesis of the known clinimetric or psychometric qualities of a tool used in patient care (see Appendix 5200). Eighty percent of students achieving a grade of B or better over a prescribed interval was viewed as evidence that outcome #2 was being satisfactorily addressed within the educational programming.

Sky factor Scores:

Factor 8: Learning Outcomes from Core Masters: Research 85%

Factor 12 Learning Outcomes from Core Masters: Evidence Based Knowledge 88.5%

### **Outcome #5**

In NURS 5160 (Principles of Practice Management) students will receive a score of 90% or better (on an established grading rubric) focusing on their ability to analyze and discuss a healthcare policy of their choosing during interactions with student colleagues and faculty.

Sky factor Score:

Factor 6: Learning Outcomes from Core Masters: Leadership 89.3%

### **Outcome #6**

**ARTIFACT #1:** 95% of all students achieve a satisfactory clinical evaluation on their final practicum (NURS 5810) based on direct preceptor or faculty observation

**RESULT:** 100% of 10 AGPCNP students turned in a clinical evaluation on their final practicum (N5810) that was based on direct preceptor or faculty observation.

100% of the 10 students achieved a satisfactory clinical evaluation with responses to all items on the evaluation tool rated as "Above average (4)" or "Average/Satisfactory (3)".

Sky Factor Scores

Overall Learning: 86.7%

Overall Program Effectiveness: 80.8%

Board Certification rates- > 94%

**ARTIFACT #2:** 95% of all students will achieve a satisfactory score on the Comprehensive Exit Examination. Students not receiving a satisfactory comprehensive exam score will receive remediation

**RESULT:** On the first attempt, 8 of 10 students successfully completed the comprehensive exit examination. 2 students required a second attempt, but were able to receive a passing score after discussion with the coordinator of their areas for improvement, additional review and independent study time. By the end of the course, 100% of the 10 students successfully completed the comprehensive exit examination.

3. How did you analyze the assessment data? What was the process? Who was involved?

***NOTE: If you used rubrics as part of your analysis, please include them in an appendix.***

### **Outcome #2:**

In NURS5140, Students are required to write a scholarly health promotion research paper that is due around week 7. The students receive a lecture & power point on how to properly write a research paper, research topic examples, detailed written directions, rubric with scoring, APA tips sheet, and example paper as a guide. Additionally, students are encouraged to use the SLU writing services,

meet with the medical librarian, and reach out to their faculty leader with any questions or concerns. Papers are graded using the rubric that is posted for students and this is made clear in the lecture, power point, and detailed directions. Plus, reminder emails are sent at weeks 3 and 6. Dr. Hill and I grade all the research papers using the same criteria as mentioned above. We do not utilize teaching assistants, graduate assistants, or any plagiarism check system. Grading and reference checking is all done by the two of us.

Data for Spring 2018 and Fall 2018 semesters were analyzed. There were a total of 85 students enrolled in health promotion for those 2 semesters. Spring 2018 there were 46 students and Fall 2018 there were 39 students. A total of 59 students (69%) earned a B or above (spring 2018 =34 students, fall 2018 =25 students).

In NURS5200 Students were scored on their ability to leverage what they have learned within the classroom context about clinimetric and psychometric evaluation to interpret the qualities and limitations of a measurement tool used in patient care. Students were required to described what they learned about the reliability and validity of their selected tools from the research literature and clarify whether the instrument is appropriate for patient care. Items on the assignment are graded as pass or fail. Scores on the measurement assignment range from zero to 10 with higher scores indicative of better use of scholar inquiry to improve decision-making and health outcomes. The assessment data was analyzed by aggregating total scores on the graded assignments using summary statistics, including median, range, and percent of students receiving a B or higher. One of the faculty members of the course completed analysis of the assessment data.

#### **Outcome #5**

In NURS5160, a six section grading rubric was used to evaluate each of the papers. The course director, to avoid disproportionate grading between multiple faculty members, graded each paper. Dr. Chris Hemmer, DNP, ANP who is the course chair graded this assignment in its entirety.

We had 86 students in the course. Maximal score was 100% on the paper and the minimal score was 87%. We only had 1 student who scored below our desired threshold of 90%. 85 of 86 students received the required 90% or better. No student scored below 87% on the assignment.

N=86

Maximum score: 100%

Minimum score: 87%

Median score: 96%

Average score: 95.5%

85 students: 90-100%

1 student: 80-89%

No student scored below 87%

#### **Outcome #6:**

**ARTIFACT #1:** The AGPCNP program coordinator and School of Nursing AGPCNP faculty analyzed the assessment data. The clinical preceptors

completed the Student Evaluation form(s) for each student and rated the student on each item according to a four-point scale that ranged from 4 (Above Average) to 1 (Unsatisfactory). The responses to each of the four sections on the Student Evaluation form were tallied by the AGPCNP program coordinator and distributed to the other AGPCNP faculty members. The responses to the final yes/no question and all preceptor comments were also reviewed and summarized.

**ARTIFACT #2:** The students take a standardized Comprehensive Exit Examination. Once the exam has been completed, a report of student areas of strength and weakness along knowledge areas and testing domains is created. Both the student and the coordinator receive the report to allow for a template to guide areas of study.

4. What did you learn from the data? Summarize the major findings of your analysis for each assessed outcome.

**NOTE: If necessary, include any tables, charts, or graphs in an appendix.**

### **Outcome #2**

In NURS5140 the scholarly papers did not lack evidence-based practice or research application. The students who scored below the “B” threshold in Spring 2018 and Fall 2018 simply did not put forth the effort to earn a “B” or higher. Most of the scores resulted from lack of following the directions and sample paper that were provided.

Students scored high in the areas of introduction, background, health behavior theory, conclusion, writing style, & references.

Students scored average to low in areas of case finding/screening, interventions, APA format, and resources.

In NURS 5200 the evidence reviewed here suggests that the educational programming implemented in NURS 5200 effectively imparted skills related to the use of scholarly inquiry to improve decision-making and health outcomes. In the 2018 academic year, approximately 94.87% ( $n = 37$ ) of the students who completed the measurement assignment described under item 2 achieve a B or higher, which exceeds the 80% of B or higher standard. Scores ranged from 6.25 to 10 with a typical score of 9.78, which indicates that there was a relatively consistent demonstration of outcome #2 across the 39 submitted assignments. An example is given next to highlight the consistency between the assignment, scoring scheme, and the domains composing outcome #2. One student reported on a swallow evaluation questionnaire used within their clinic as part of their stroke victim care. The student shared that while the tool exhibits some evidence of validity and reliability, she learned that the measure is unable to identify key diagnostic symptoms and so the questionnaire was best used as a screening tool in her clinic as opposed to a diagnostic tool. The student received a score of 10/10.

### **Outcome #5:**

We learned that the students had to do a lot of research on policy and legislation to understand the process of how bills are introduced and move through the process of becoming or not becoming a law. Many students reflected in section

five of the assignment how much they learned and how much they did not understand about the legislative process for healthcare policy. Many recognized the need to be more active on the local, state, and national levels with various NP organizations. Several students reached out to their representatives and senators to ask questions about various pieces of legislation that would have a direct impact on each student's future practice.

**Outcome #6:**

**ARTIFACT #1:**

The overall scores on the Clinical Evaluation form ranged from 94% to 100%.

There were no scores on any evaluation that were rated as needs improvement or unsatisfactory.

For one student there were areas rated as "Average/Satisfactory." The areas rated as "Average/Satisfactory" were "Identifies appropriate tests/imaging" and "Formulates appropriate plan based on evidence-based practice." The comments listed on this student's evaluation also said that she was "Timely, professional and knowledgeable with family practice." As this area did not impact the preceptor's overall assessment of the student's abilities, and as this was not a recurrent theme across the other students this would seem to be a developing skill for this student and not an area of true deficiency on the part of the student or the program.

**ARTIFACT #2:**

After evaluation of the students' Comprehensive Exit Examination results, areas and domains of weakness, no patterns emerged across the group. Each student was provided feedback and a discussion of their particular areas of weakness and study strategies. For those students who required a second attempt at the Comprehensive Exit Examination, a conversation with the coordinator about a mutually agreed upon remediation strategy for studying and test taking as well as a date for the retake was discussed.

All Sky factor scores are in the good-excellent range and will be tracked annually.

5. How did your analysis inform meaningful change? How did you *use the analyzed data to make or implement recommendations for change* in pedagogy, curriculum design, or your assessment plan?

**Outcome #2:**

In NURS 5140 changes were made Fall 2016 that included an updated rubric (see Appendix A) with assigned points per category, added a lecture and power point on how to successfully write a scholarly research paper, started sending out reminder emails on weeks 3 and 6, and changed the due date from week 11 to week 7 to allow for feedback and grades to be sent to the students earlier in the semester.

In NURS 5200 while the evidence presented under item 4 was consistent with outcome #2, the results implicate one assessment deficiency. Namely, the scope of the assessment is limited to the student's experience with scholarly inquiry up to clarifying the implications of the clinimetric or psychometric qualities they discover

about their tools. It is unclear whether the skills imparted to the students continue to have a meaningful impact on their decision-making or on health outcomes after the assignment is completed. To begin amelioration of the gap in assessment knowledge, the Spring of 2019 measurement assignment now requests that students convey their insights into how their measurement tool can impact patient care.

**Outcome #5:**

The assignment and analysis helped us realize we need to increase the emphasis on the legislation and healthcare policy aspect of this course. Though students are exposed to this material it seems that many were “afraid” or unsure how to use the information they are being taught. The students were able to identify stakeholders as well as barrier to healthcare policy through the assignment. We intend to keep this paper as it is a useful assignment for educating future NP on healthcare policy and ways to affect change. We also challenged them to think about the long-term implications of change such as the economic implications as well as the reality of such changes becoming law. How will this affect the provider and the healthcare system as a whole?

**Outcome #6:**

Overall, the data shows that the curriculum is strong and current pedagogy is effective.

**Artifact #1:** As the only areas rated as less than “Above Average” on any of the clinical evaluation forms was still rated as “Average /Satisfactory,” it would appear to be an isolated development issue for a particular student and not generalizable as an area of curricular deficiency.

We will continue to engage students in identification of appropriate labs/imaging and identification of normal and abnormal findings via use of required diagnostic assignments and during Residency when various diagnostics and treatment approaches are emphasized such as radiographic and ECG interpretation. Therapeutic planning and evidence-based practice will continue to be emphasized throughout the curriculum during weekly discussions of patient care and via ongoing discussions of patient plans of care with preceptors.

**Artifact #2:** 8 out of 10 students passed the comprehensive exit examination on the first attempt. After remediation, the remaining two students successfully completed the comprehensive exit examination. Evaluation of group areas of weakness yielded no pattern across the examinations and no areas of identified curricular weakness or deficiency. This measure continues to be important to allow for end of program evaluation of curriculum continuity with national standardized board examinations.

6. Did you follow up (“close the loop”) on past assessment work? If so, what did you learn? *(For example, has that curriculum change you made two years ago manifested in improved student learning today, as evidenced in your recent assessment data and analysis?)*

**Outcome #2:**

In NURS 5140 after making the changes Fall 2016, it was noted the 69 and below

grades dropped from four to one or less Fall 2016-Spring 2018. There was two F's Fall 2018. The two F's were a result of papers being turned in past the due date that lacked depth, APA format, and did not meet the requirements of the rubric.

In NURS 5200 we will continue to monitor student learning data in this course to assessment outcomes. No changes are recommended at this time.

**Outcome #5:**

We recently changed the paper assignment in this course to help educate our students on healthcare policy and leadership. We found that many of our students had difficulty recognizing how to affect change with healthcare policy after discussing curriculum with course coordinators. Therefore we developed this assignment to better prepare them to address professional issues and leadership. A portion of the paper asked the student to reflect on what they learned. Several students commented on how much they learned about leadership and how to affect change within healthcare policy and legislation.

**Outcome #6:**

**Artifact #1:** In the past, the final clinical evaluations by the preceptors have been carefully reviewed but not summarized in writing. Students typically receive all "3 and 4" marks by the preceptor so the evaluations from this year's group of students appear consistent with performance by students in previous years. Student evaluations by preceptors are essential but they can vary a bit based upon preceptor expectations and clinical site characteristics.

**Artifact #2:** Students have been required to pass the comprehensive exam within the course for more than 5 years. While some students may need additional remediation and a second attempt to be successful passing the comprehensive examination, the results from this year's section of students are not inconsistent with prior years.

This is the first year this course was evaluated in a systematic manner utilizing this assessment plan. We will continue to evaluate to determine if patterns emerge.

***IMPORTANT: Please submit any revised/updated assessment plans to the University Assessment Coordinator along with this report.***