SAINT LOUIS UNIVERSITY.

Program(s):	**Pediatric Primary Care NP and Pediatrics Primary Care Post Masters Certificate NP**
Coordinator:	**Deb Loman, Associate Professor**
College/School:	**Nursing**
Date:	**4-17-19**
Primary Assessment Contact:	**Joanne Thanavaro, Associate Dean, School of Nursing**

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.

2. What data/artifacts of student learning were collected for each assessed outcome? Were Madrid student artifacts included? We have no Madrid students in this course.

> **NURS 5200-** 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. No Madrid students were included in this assessment.
>
> Sky Factor Scores
>
> Factor 8: Learning Outcomes from Core Masters: Research 85%
>
> Factor 13: Learning Outcome from Core Masters: Evidenced Based Knowledge 88.3%

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.

> 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.

4. What did you learn from the data? <u>Summarize</u> the major findings of your analysis for each assessed outcome.
   NOTE: If necessary, include any tables, charts, or graphs in an appendix.

> 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.

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?

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.

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?)*

We will continue to monitor student learning data in this course to assessment outcomes. No changes are recommended at this time.

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

Appendix 5200

Homework Four

<u>*Instructions*</u>
Your task is to select a measure used in patient care to respond to the items below. Examples of patient care measures may include, the CDC Epidemiological Depression Scale, Tennessee Self-Concept Scale, Spirometry, or digital Blood Pressure monitors for home, to name a few.

1. Describe the purpose of the measure and describe how the measure is designed to assess the quality it is designed to measure. For example, is the tool a self-report measure? If so, what is the design of the self-report scale (e.g., 4-point Likert scale)? Is the tool practical to implement? For example, is it relatively error free for home use or does it evoke the gag reflex?

2. Under what population characteristics is the tool appropriate? For example, is the tool justified for use with adolescent patients being seen in a family practice?

3. What does the research have to say about the reliability of the measure? Provide two examples of reliabilities reported in the literature. If the literature provides no evidence for the reliability of the measure, say so and discuss whether this is justified or problematic and why.

4. What does the research have to say about the validity of the measure? Provide one example of the validity reported in the literature for the scale you have chosen. If the literature provides no evidence for the validity of the scale, say so and discuss whether this is justified or problematic and why.

5. In light of your responses to items 1 through 4, is use of the scale justified? If so, in what capacity? Justify your answers.

[Spring 2019 item] 6. In light of your synthesis of the clinimetric or psychometric qualities and parameters of the scale you investigated, how will application of the tool impact patient care, if at all? Justify your answer.

Program(s):	**Pediatric Nurse Practitioner MSN/Post Masters PNP**
Coordinator:	**Deb Loman, Associate Professor**
College/School:	**St. Louis University**
Date:	**12-6-18**
Primary Assessment Contact:	**Joanne Thanavaro, Associate Dean, School of Nursing**

7. 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**

8. What data/artifacts of student learning were collected for each assessed outcome? Were Madrid student artifacts included? **We have no Madrid students in this course**.

> 9. 80% of all students will achieve a grade of B or better on a written evidenced based/research in **NURS 5140** assignment

10. 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.

> **NURS 5140** 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).

11. 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.

> 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.

12. 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?

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.

13. 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?)*

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.

SAINT LOUIS UNIVERSITY.

Program(s):	**Pediatric Nurse Practitioner MSN/Post Masters PNP**
Coordinator:	**Deb Loman, Associate Professor**
College/School:	**School of Nursing**
Date: 12/5/18	
Primary Assessment Contact:	**Joanne Thanavaro, Associate Dean, School of Nursing**

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

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

15. What data/artifacts of student learning were collected for each assessed outcome? Were Madrid student artifacts included? NURS 5160

> NURS 5160 - 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. We have no Madrid students in this course.
>
> Sky Factor Score
>
> Factor 6: Learning Outcomes from Core Masters: Leadership 89.3%

16. 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.

> 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.
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> N=86
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> Maximum score: 100%
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> Minimum score: 87%
>
> Median score: 96%
>
> Average score: 95.5%
>
> 85 students: 90-100%
>
> 1 student: 80-89%
>
> No student scored below 87%

17. What did you learn from the data? <u>Summarize</u> the major findings of your analysis for each assessed outcome.
    NOTE: If necessary, include any tables, charts, or graphs in an appendix.

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.

Sky factor score is in the good-excellent range and will be tracked annually.

18. 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?

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?

19. 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?)*

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.

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

Program Assessment: *Annual Report*

Program(s):	**Pediatric Nurse Practitioner MSN/Post Masters PNP**
Coordinator:	**Deb Loman, Associate Professor**
Department:	**Nursing**
College/School:	**School of Nursing**
Date:	**Jan. 22, 2019**
Primary Assessment Contact:	**Joanne Thanavaro, Associate Dean, School of Nursing**

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

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

21. What data/artifacts of student learning were collected for each assessed outcome? Were Madrid student artifacts included?   We have no Madrid students in this course.

> **A. Clinical evaluations from NURS 5810-17** Adv. Practice Nursing Clinical Practicum
>
> **Goal: 95% of all students achieve a satisfactory clinical evaluation on their final practicum (N5810) based on direct preceptor or faculty observation.**
>
> For each of the 25 items on the clinical evaluation form, the rating scale has a range from 4 (above average) to 1 (unsatisfactory). Also, there is a final question at the end of the form that states: "Did the student appropriately apply knowledge and skills during this clinical experience" with a yes-no option.
>
> **B. PNP Board Certification pass rates:** First-time pass rate 90% or higher.
>
> **C. Student Comprehensive Exam in NURS 5819**: 100 percent of students achieved a score of 70 % on a national practice exam.
>
> Sky Factor Scores
>
> Overall Learning 86.7 %
>
> Overall Program Effectiveness 80.8 %
>
> Board Certification Rates: > 94%

22. 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.

> A. Eighteen students completed the course in fall, 2018, and clinical evaluations were received from all preceptors. Ten students had more than one preceptor. Therefore, 33 clinical evaluations were reviewed by the PNP program coordinator. The summary of the

data was also reviewed by the other PNP course faculty.

The evaluation form contains 4 sections: Professionalism (6 items), Skills (10 items), Therapeutic Planning (6 items) and Outcomes (3 items). All preceptor comments were also reviewed.

100% of the students achieved a satisfactory clinical evaluation on their final practicum (NURS 5810) based on direct preceptor observation. All preceptors marked "yes" to the "appropriately apply knowledge and skills" question.

39% (7) of the students achieved the highest possible score ("4") for all 25 items. Also, the majority of the students were scored as "4" for all of the items in the Professionalism (61%) and Outcomes (94%) sections.

94% of the 18 students received "Above average (4)" or "Average/Satisfactory (3)" on all items on the evaluation tool.

Half of the students received a score of 3 on one or more items in the category of Therapeutic Planning (items such as identifies appropriate tests (labs/imaging), develops reasonable differential diagnosis, formulates appropriate plan using evidence based practice guidelines; and identifies therapeutic pharmacological and non-pharmacological treatments/patient education).

One student had a rating from one preceptor of "Needs Improvement (2)" on six items (two items in Skills and 4 items in Therapeutic Planning) but the other items were satisfactory or above average. The student's other preceptor at a different clinical site rated the student with "3" (3 items) or "4" (3 items) on the same clinical behaviors. A phone conversation ensued with the first preceptor who reported that the setting was a busy office with short appointment times. Since the student spent an equal amount of time with both preceptors and both marked "yes" to the last item, this combined evaluation was deemed as satisfactory.

B. For the PNP graduates who took Certification Boards in 2018, 91% passed on the first time (10/11). The PNCB national average pass rate was 82% in 2018.

C. 100 percent of students achieved a score of 70 % on a national practice exam (n= 18). Students were allowed two attempts to score a 70%. The Barkley DRT PNP pre and post tests were used. 100 percent of students achieved a score of 70 % or greater on this national practice exam; (n= 18). Three students had to take the second test. The passing scores ranged from: 70 to 82.

B. What did you learn from the data? <u>Summarize</u> the major findings of your analysis for each assessed outcome.
NOTE: If necessary, include any tables, charts, or graphs in an appendix.

The goal of 95% of students having a satisfactory clinical evaluation was achieved.

A.Overall, the students received positive evaluations from their clinical preceptors. There is an element of judgement by the preceptor and students encounter a variety of types of patient encounters at each clinical site but each student experience is different.

B. Certification Pass rates for our graduates in 2018 were above the national mean.

C. We were unable to identify any areas of weakness in the students by analyzing the Barkley DRT scores. Student summary sheets contain 19 clinical content areas and 7 domains of knowledge. However, the number of items in each category is not provided. However, several students noted that 3-4 questions appeared outdated. One student who had a low score on the first attempt has English as a second language so this may be a risk factor to consider in the future.

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

C. 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?

Overall, the data show that the student outcomes are strong and current teaching approaches are effective. The two sections on the evaluation tool where students were satisfactory but many were not above average were Skills and Therapeutic Planning. The faculty will focus on skills and management though review of case studies and other assignments used in NURS 5320, NURS 5330 and NURS 5810. Also, the faculty plan to review other possible comprehensive exams to use that may be more current.

D. 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?)*

A. In the past, the final clinical evaluations by the preceptors have been carefully reviewed but not summarized in writing. Students typically receive all "4 and 3" 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.

B. The pass rate on the national exam is typically 90% or higher.

C. Students have passed the comprehensive exam within the course for the past 5 years with a 70% or greater (allowing 2 attempts).

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