

STUDENT LEARNING ASSESSMENT REPORT, 2018-2019

PROGRAM: Nursing (M.S.N.) and Family Nurse Practitioner Post-Master's Certificate¹

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DATE: October 2019

Executive Summary: Description of Assessment Process

List *all* of the program's learning outcomes, as of the assessment year's catalog: (regardless of whether or not they are being assessed this year)

Learning Outcome	Year of Last Assessment	Assessed This Year (Y=Yes)	Year of Next Planned Assessment
1. Translates theoretical knowledge from the sciences and humanities into the delivery of advanced nursing care to diverse populations.	2017-2018		2020-2021
2. Utilizes organizational and systems leadership strategies to promote high quality and safe care to individuals, families, groups, and communities.	2015-2016	Yes	2021-2022
3. Integrates theory and evidence based practice principles to optimize patient care.	2016-2017		2019-2020
4. Incorporates informatics and health care technologies to deliver, coordinate and optimize health care.	2015-2016	Yes	2021-2022
5. Analyzes the influence of health care policy development, regulation, and finance on health care organizations and delivery systems.	2017-2018		2020-2021
6. Applies principles of interprofessional collaboration to improve patient and population health outcomes.	2016-2017		2019-2020
7. Designs preventive clinical strategies to promote health and reduce the risk of disease and chronic illness.	2015-2016	Yes	2021-2022
8. Demonstrates advanced practice competencies in the delivery of safe, quality care to diverse populations.	2016-2017		2019-2020
9. Integrates professional and ethical standards in advanced nursing practice.	2017-2018		2020-2021

¹ The Family Nurse Practitioner (FNP) Post-Master's Certificate is designed for those nurses who hold a Master's degree in nursing and wish to add the FNP knowledge and clinical competencies to their advanced practice skill set by becoming certified as a FNP. Students often transfer in courses from their prior Master's degree. They must take courses not reflected in their prior MSN coursework during their program of study at Marymount. Once they have done so, they are able to meet the same outcomes as Marymount's MSN graduates because these are the outcomes that will allow them to take and successfully meet the CCNE and NONPF competencies and complete the FNP certification exam.

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Provide a **brief** description of the assessment process used including how results are shared and discussed and strengths, challenges, and planned improvements to the **process**, providing evidence of a culture of continuous improvement based on assessment. If there is something that is impeding your ability to implement improvements, please comment on those issues (generally not more than two paragraphs, may use bullet points):

The Department of Nursing has a robust and cyclical assessment process which is a major component of the accreditation process. In early 2013 the Department of Nursing submitted a self-study report to the Commission on Collegiate Nursing Education (CCNE) accreditation program as part of the re-accreditation process. The self-study examined the curriculum, teaching and learning practices and program effectiveness based on student and faculty outcomes. In fall 2013, a site visit was completed and all nursing programs were granted full accreditation status (10 years, with a 5-year interim report due to CCNE). The documents used for this assessment included the American Association of Colleges of Nursing (AACN) Essentials of Master’s Education in Nursing (2011) and the National Organization of Nurse Practitioner Faculties (NONPF) National Task Force Criteria for Evaluation of Nurse Practitioner Programs (2016). Information from the annual learning outcomes assessments is included in this accreditation self-study. Additional program review is completed annually in the full faculty systematic evaluation meeting in the spring semester (May).

In the 2017-2018 academic year we conducted our 5 year program review and received positive feedback from the external reviewer and APBP.

In May 2019 we submitted a Continuous Improvement Progress Report (CIPR) which provided the Department of Nursing with the opportunity to “demonstrate continued compliance with the accreditation standards as well as online program improvement plan” (CCNE website). We have not received a response yet from CCNE about this submission, but to date we have not received any questions about your submission.

Each fall the Nursing Assessment Committee and the faculty choose the learning outcomes and corresponding measures to be evaluated during the upcoming academic year. Throughout the academic year the Chair of Graduate Nursing, FNP Program Director and Assessment Committee collaborate with the faculty to assure that data are collected from their courses using specific measures/standards chosen through the collaborative process. In the past academic year, faculty remained involved to assure compliance with University, School and accreditation standards. Each year the hardest challenge in this process agreeing upon the best direct and indirect measures, but we have found that working with the course instructors has facilitated finding the best measures. Additionally, we examine the certification examination passing rates of our graduates which for 2018 was 100% for first time test takers.

Challenges for our assessment process continue to be the inability to conduct separate assessment of the post-masters FNP certificate program. The enrollment for this track remains under 4 students each year. This low number prevents data from being reported from items such as GSS surveys or in reporting data from courses where this population of students constitutes only 1-2 person in a class of approximately 18-24. We plan to conduct exit interview with the students in the post-master’s FNP certificate track who complete the certificate in 2020.

Closing the Loop: Progress on Planned Improvements from Prior Year

Describe how the program implemented its planned improvements from last year:

Outcome	Planned Improvement	Update <i>(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)</i>
Integrates theory and evidence based practice principles to optimize patient care.	Following completion of the curriculum revisions and finalization of curriculum mapping to program outcomes and national accreditation standards, faculty will identify mechanisms to indirectly measure this outcome in a fashion that will allow discrimination of results between MSN and post-masters certificate students. One measurement that might be used is a program administered pre-post self-assessment completed by students at their entry into and completion of clinical. Another possible strategy is use of focus groups towards the end of the term conducted by faculty/staff outside the department of nursing. This type of discussion will likely provide more information about student opinion than Likert type survey.	To date we have not been able to implement and improved mechanism to parse out differences between MSN and post-masters track due to faculty workloads, staffing and challenges to meet the needs of our program's basic needs. To address this lack of delineation, in spring 2020 we plan to conduct exit interviews with the post-masters FNP certificate student/s to receive qualitative feedback which the faculty will examine in May 2020.
Applies principles of interprofessional collaboration to improve patient and population health outcomes.	To improve students' self-efficacy in collaboration, faculty will identify opportunities to infuse collaboration with other health care team members into the curriculum. This could be done via simulation, clinical assignment or round table discussion. After curriculum revisions are complete, faculty will identify the best method as well to measure it for future assessment and implement this change.	<p>In Fall 2018 and Spring 2019 we collaborated with physical therapy to have them provide instruction on musculoskeletal content to the FNP students in 2 different course (NUF 500/502 and NUF 503). These activities afforded students to learn from their expertise in musculoskeletal system. Additionally, the received positive feedback from FNP students and PT faculty.</p> <p>We are the process of creating an interdisciplinary evidenced based practice course with PT and HHP with temporary course to launch in Spring 2020.</p> <p>In Spring 2020, faculty will bring small group of FNP students to Nicaragua to work on interdisciplinary team with PT to provide services to a vulnerable population as part of NU 504 clinical course.</p>
Demonstrates advanced practice competencies in the delivery of safe, quality care to diverse populations.	FNP Faculty will examine how content from core and diagnostic courses can be included in case studies throughout consecutive semesters to reinforce content that was presented early in the curriculum. For Fall 2017, the case studies in NU 503 have placed more emphasis on pharmacology content compared to the previous	<p>In Spring 2018 and Spring 2019 the review session continued as optional but were recorded.</p> <p>For Spring 2020 the last clinical course, NUF 504, will have a seminar portion to allow for discussion of complex cases</p>

Outcome	Planned Improvement	Update <i>(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)</i>
	year and require students use their clinical resources to look up specific drug dosages and discuss side effect, adverse effect and patient education. Additionally, health policy and advanced practice nursing roles will be imbedded into these clinical decision-making scenarios. Additionally, faculty will examine if the optional review sessions should be mandatory and explore other options to foster students reviewing comprehensive program content.	seen by students in the clinical. Additionally, multiple week in this course are dedicated to complex case studies that involve clinical, ethical, and progression aspects of practice. This the first time that this will be done as it is the first time the revised curriculum and revised courses are being taught. Cases and class exercises in NUF 501, NU 503 and NU 504 (the clinical courses) continues to have annual edits to incorporate and reinforce content from across the curriculum and professional standards for education.

Provide a response to last year's University Assessment Committee review of the program's learning assessment report:

Comment: 2016-2017 comments " well done"

2017-2018 we had our 5 year program review and no report submitted in fall 2018

Response: Graduate Nursing kindly thanks the University Assessment Committee for the positive feedback.

Outcomes Assessment 2018-2019

Learning Outcome 1: Utilizes organizational and systems leadership strategies to promote high quality and safe care to individuals, families, groups, and communities.

Outcome Measures <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	Performance Standard <i>Define the acceptable level of student performance.</i>	Data Collection <i>Discuss the process for collecting this data: who conducted the assessment, when, and how?</i>	Result <i>Did you meet your target? What was the result?</i>
NU 706 policy analysis (Assignment 3—rubric in Appendix A)	100% will achieve a grade of 88% or higher	NU 706 Spring 2019 via Canvas grades	22/23 = 95.65% Not met Note this course is not taken by post-master's FNP certificate students
NUF 503 clinical evaluation item : Demonstrates leadership potential	100% of students will achieve a "3" (average) or better.	NUF 503 End of term clinical evaluation by preceptor Fall 2018	24/24 students Met Please note in the n of 24, 2 students were post masters certificate students but did not report separate data due to low number of students

Interpretation of Results

Analysis and Implications: *What does this result tell you about the extent to which your students achieved this outcome? What are the strengths and weaknesses that this result highlights, and what are the implications for your curriculum or your program?*

Strengths: These data points tell us that our MSN students are viewed by their preceptors as demonstrating leadership potential and are doing well on written work related to policy related leadership. The target of 100% was an ambitious goal and almost met.

Weakness: This data does not capture students actively implementing this outcome in cases which is important to consider for a professional/clinical degree program. The preceptor are not asked to give examples for each item on the evaluation tool because it would be to cumbersome. Additionally, the ability to write about leadership and systems strategies in an assignment/paper does not always mean that a person can do it in real life. To explore if students can implement this outcome in practice we should consider additional more direct measurements of this outcome.

Post-master's students were not part of the NU 706 policy class because that is content they bring from their prior Master's coursework.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

The faculty realized that this outcome was a gap in our program related to the CCNE and NONPF criteria which is why NU 701 Models and NU 707 Leadership were added into the MSN curriculum starting in Fall 2018. To better capture the implementation and application of this outcome, the faculty will consider using measures from NU 707 or NU 701 which utilize executive sessions to assess students via presentation and a systems/leadership game titled "Friday Night in the ER."

In 2018-2019 we revise the post-masters certificate program and starting in Fall 2019 students in this track will take NU 707 Leadership which is content that we identified as distinction of our MSN program.

Faculty will identify at least one measure from NU 707 for measurement of this outcome in the future because both MSN and post-master's certificate students take this course.

Learning Outcome 2: Incorporates informatics and health care technologies to deliver, coordinate and optimize health care.

Outcome Measures <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	Performance Standard <i>Define the acceptable level of student performance.</i>	Data Collection <i>Discuss the process for collecting this data: who conducted the assessment, when, and how?</i>	Result <i>Did you meet your target? What was the result?</i>
NU 501 Chronic Care Model paper See Appendix C (Direct)	90% of students in will achieve a 90% or better	NU 501 Fall 2019 via Canvas grades	7/7 100% Met Note this course is not taken by post-master's FNP certificate students
NUF 504 clinical evaluation item on documentation See appendix B Please note this is an indirect measure because informatics is incorporated into documentation	100% of students will achieve a "3" (average) or better.	NUF 504 Spring 2020 End of term clinical evaluation by preceptor	23/24 students Not met Please note in the n of 24, 2 students were post masters certificate students but did not report separate data due to low number of students

Interpretation of Results

Analysis and Implications: *What does this result tell you about the extent to which your students achieved this outcome? What are the strengths and weaknesses that this result highlights, and what are the implications for your curriculum or your program?*

Strengths: Students demonstrated the ability to incorporate informatics through application of the Chronic Care model to a specific disease process. They were asked to identify ways that technology can be utilized to improve individual and population level health. This shows theoretical application and the clinical evaluation shows robust application via documentation in the clinical setting.

Weakness:

Please note that we consider documentation an indirect measure for informatics/technologies. In the current health care setting, the electronic medical record is a robust amount of digital data that must be utilized by the provider to analyze the patient (medications, vital signs, referrals, diagnostic results) and properly document their assessment to justify their outlined plan for the patient and billing practices. Students have various levels of access to the electronic medical record across various settings but

utilize it on some level in order to provide care in 2018- 2019. While there is value in examining this item on the clinical evaluation tool it is an indirect measure and lacks strength in true assessment of this outcome.

One student did not meet the outcome on the clinical evaluation tool. This is because the student was not successful in clinical for unique reasons that are beyond the scope of this report and were not related to curriculum.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

To establish more direct measures, faculty will revise the clinical evaluation tool to examine more specifically informatics/technologies. Faculty will design new clinical evaluation tool item for implantation in Spring 2020.

Faculty will also explore how we might include simulation to instruct and evaluate students related to informatics and technology.

Learning Outcome 3: Designs preventive clinical strategies to promote health and reduce the risk of disease and chronic illness.

Outcome Measures <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	Performance Standard <i>Define the acceptable level of student performance.</i>	Data Collection <i>Discuss the process for collecting this data: who conducted the assessment, when, and how?</i>	Result <i>Did you meet your target? What was the result?</i>
NUF 501 correctly answer the question on the final exam related to health promotion and risk reduction. (Direct) See Appendix D	95% of students will answer correctly	NUF 501 Summer 2019 Multiple choice exam in Canvas	14/15 = 93.3% Not met Please note in the n of 24, 2 students were post maters certificate students but did not report separate data due to low number of students
NUF 504 clinical evaluation item: "Incorporates principles of health promotion and disease prevention in health care delivery" (Direct)	100% of students will achieve a "3" (average) or better.	End of term clinical evaluation by preceptor	23/24 = 95.8% Not met Please note in the n of 24, 2 students were post maters certificate students but did not report separate data due to low number of students

Interpretation of Results

Analysis and Implications: *What does this result tell you about the extent to which your students achieved this outcome? What are the strengths and weaknesses that this result highlights, and what are the implications for your curriculum or your program?*

Strengths: While the goals were not met, over 93% of our students demonstrated competency in this outcome. Students are identifying best practices for prevention and risk reduction on written examination and in the clinical setting where they apply the knowledge to real patient cases.

Weakness:

One student did not meet the outcome on the clinical evaluation tool. This is because the student was not successful in clinical for unique reasons that are beyond the scope of this report and were not related to curriculum.

Discuss planned curricular or program improvements for this year based on assessment of outcome:

To truly see students implement this outcome at a population level, faculty will explore opportunities for FNP students to “design” and implement health promotion and disease prevention programs for specific populations. In Spring 2020, faculty will take a small group of FNP students on clinical trip with PT to Nicaragua. Part of this trip will be community assessment to identify. The goal is to identify areas of opportunity for long term projects that will engage FNP students to foster health and prevent disease. The hope is to expand this offering to all MSN and FNP post-master’s students in future years rather than just a small group.

Appendices (please only include items that will help reviewers understand your process – for example, test questions, rubrics, survey questions, more detailed description of assessment measures, summary tables of survey results, etc.)

Appendix A:

Rubric

Legislator Background (40%)

- Detailed information on the legislator personal, political, and district/state background

Policy Recap (10%)

- Restate the purpose of the policy you worked on for assignment one

Policy Case (40%)

Consider all aspects from the legislator background with special attention to the following:

- Their political affiliation, what is the best argument for that party?
- How the policy would help the population of their district or state?
- Stakeholder groups that support the legislation

APA (10%)

- Accuracy of information presented



- Proper attribution of sources
- Compliance with formatting parameters

Appendix B: Records relevant/significant data in the documentation

S5 S4 S3 U2 U1 N/O

Writes organized notes documenting identified problems ,

S5 S4 S3 U2 U1 N/O

Demonstrating:

- a. Logic
- b. Conciseness
- c. Relevance
- d. Completeness
- e. SOAP or EMR format

Appendix C:

**NU 501 Theory Paper Fall 2018
Guidelines and Rubric**

The purpose of this paper is to apply the Chronic Care Model to a chronic disease to identify best practices in Primary Care. Please select a chronic disease of your choice to complete this project. This assignment requires you to examine the literature on the chronic illness and explore how the Chronic Care Model can be applied to this disease state.

Introduction: (20 points)

Introduce the chronic disease and discuss its significance in the United States today (morbidity, mortality, financially). Why is this disease significant/important? What are the current issues related to management of this chronic illness in primary care today (i.e. are patient's not well controlled, are they not getting needed follow up care, do they utilize a lot of health care dollars?)

Describe the Chronic Care Model related to the selected chronic disease: (30 points)

Apply the components of the Chronic Care Model to the chronic disease identifying stakeholders and identify outcomes related to this disease state.

For the "Community" portion of the model, look at local resources here in the DMV area—what is available? What is missing (i.e. what are the gaps in the management of this disease related to the Chronic Care Model)?

Identify areas for practice Improvements: (30 points)

What can a primary care do to best manage the selected chronic disease related to the Chronic Care Model? How can the gaps be filled?

How do you expect the management of this disease to improve if these changes/improvements are implemented?

What community resources would be beneficial to be established based on best evidence? (again, use DMV—what needs to be added or changed in terms of community resources and why?)

Conclusion: (15 points)

Close with a brief summary and concluding statement/s on the Chronic Care Model related to the selected disease and its potential for continued application in primary care.

APA format and grammar: (5 points)

Structure: The paper is to be typed, double spaced on 8 ½ by 11" paper. Tables, graphs, and illustrations, if used, should be appended. Excluding title page and appendices, the paper is to be 8-10 max pages, using 12-point font. Papers that do not follow these instructions will be returned.

Style: The paper must be written using correct APA (6th ed.) format. The paper must reflect correct English, including correct spelling, grammar, logical organization, and referencing. Unless classics in the field, current referenced and editions of books must have been published no later than five years hence (5pts).

Appendix D:

Attempts: 15 out of 15

Indicate if the following diseases/illness should be screened for in:

- all adults 18-65 years of age
- adults 18-65 years old at increased risk

Obesity
 Tuberculosis blood test
 Vitamin D level
 Alcohol misuse/abuse
 CBC or anemia

all adults 18-65 years of age	14 respondents	93%	<div style="width: 93%; height: 15px; background-color: #2e8b57;"></div> ✓
adults 18-65 years old at increased risk	1 respondents	7%	<div style="width: 7%; height: 15px; background-color: #333;"></div>

93% answered correctly

Attempts: 15 out of 15

Indicate if the following diseases/illness should be screened for in:

- all adults 18-65 years of age
- adults 18-65 years old at increased risk

Obesity
 Tuberculosis blood test
 Vitamin D level
 Alcohol misuse/abuse
 CBC or anemia

all adults 18-65 years of age		0%	<div style="width: 0%;"></div>
adults 18-65 years old at increased risk	15 respondents	100%	<div style="width: 100%;"></div> ✓

100% answered correctly

Attempts: 15 out of 15

Indicate if the following diseases/illness should be screened for in:

- all adults 18-65 years of age
- adults 18-65 years old at increased risk

Obesity
 Tuberculosis blood test
 Vitamin D level
 Alcohol misuse/abuse
 CBC or anemia

all adults 18-65 years of age		0%	<div style="width: 0%;"></div>
adults 18-65 years old at increased risk	15 respondents	100%	<div style="width: 100%;"></div> ✓

100% answered correctly

Attempts: 15 out of 15

Indicate if the following diseases/illness should be screened for in:

- all adults 18-65 years of age
- adults 18-65 years old at increased risk

Obesity
 Tuberculosis blood test
 Vitamin D level
 Alcohol misuse/abuse
 CBC or anemia

all adults 18-65 years of age	15 respondents	100%	<div style="width: 100%; height: 10px; background-color: green;"></div> ✓	100% answered correctly
adults 18-65 years old at increased risk		0%	<div style="width: 0%; height: 10px; background-color: black;"></div>	

Attempts: 15 out of 15

Indicate if the following diseases/illness should be screened for in:

- all adults 18-65 years of age
- adults 18-65 years old at increased risk

Obesity
 Tuberculosis blood test
 Vitamin D level
 Alcohol misuse/abuse
 CBC or anemia

all adults 18-65 years of age		0%	<div style="width: 0%; height: 10px; background-color: black;"></div>	100% answered correctly
adults 18-65 years old at increased risk	15 respondents	100%	<div style="width: 100%; height: 10px; background-color: green;"></div> ✓	