

STUDENT LEARNING ASSESSMENT REPORT

PROGRAM: Doctor of Nursing Practice

Academic Year 2014-2015

SUBMITTED BY: Eileen Sarsfield

DATE: September 30, 2015

BRIEFLY DESCRIBE WHERE AND HOW ARE DATA AND DOCUMENTS USED TO GENERATE THIS REPORT BEING STORED:

Data used to generate this report are stored at the University on the MSHP shared drive and in files on the chair's and faculty computers. There are hard copies of preceptor evaluations, student journals, and papers in locked cabinets in the main office of the MSHP. Data are accessible to only faculty and staff.

EXECUTIVE SUMMARY

Program description from the Course Catalog: Please copy and paste the current year's catalog description of this program. This is generally a one-two paragraph description immediately following the name of the program. Please be sure to include the listing of program outcomes as printed.

Marymount's Doctor of Nursing Practice (D.N.P.) Program provides the knowledge, skills, and abilities needed to negotiate and improve the health care system. Acquired skills include those needed to develop evidence-based practice protocols, develop and utilize databases, and apply epidemiological methods. Students will endeavor to develop new models of care delivery and to become expert in a specific area of nursing. Further, students will expand their knowledge of health care policy and finance so as to better negotiate and influence the health care delivery system and to advocate for improved care for individuals and aggregates. Graduates with this terminal degree will be prepared for roles in direct care or indirect, systems-focuses care.

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

Learning Outcome	Year of Last Assessment	Assessed This Year	Year of Next Planned Assessment
I. DEVELOP NEW APPROACHES TO ADVANCED NURSING PRACTICE AND HEALTH CARE DELIVERY BASED ON SCIENTIFIC KNOWLEDGE AND THEORIES OF NURSING AND OTHER DISCIPLINES	2013-2014		2017-2018
II. DEMONSTRATE CLINICAL, ORGANIZATIONAL, AND SYSTEMS-LEVEL	2011-2012		2015-2016

LEADERSHIP THROUGH THE DESIGN OF INNOVATIVE MODELS OF CARING			
III. DESIGN METHODS FOR EVALUATING CLINICAL OUTCOMES TO DIRECT EVIDENCE-BASED PRACTICE FOR IMPROVING HEALTH CARE		2014-2015	2019-2020
IV. UTILIZE KNOWLEDGE DRAWN FROM EPIDEMIOLOGICAL, STATISTICAL, AND TECHNOLOGICAL DATA TO IMPLEMENT QUALITY IMPROVEMENT INITIATIVES FOR PRACTICE WITH INDIVIDUALS, AGGREGATES, AND POPULATIONS	2010-2011	2014-2015	2015-2016
V. LEAD INTER-PROFESSIONAL TEAMS IN THE ANALYSIS OF COMPLEX PRACTICE AND ORGANIZATIONAL ISSUES	2011-2012	2014-2015	2019-2020
VI. DEMONSTRATE LEADERSHIP IN HEALTH POLICY AT THE STATE, LOCAL, AND FEDERAL LEVEL	2011-2012		2019-2020
VII. DEMONSTRATE ADVANCED LEVELS OF CLINICAL JUDGMENT, SYSTEMS THINKING, AND ACCOUNTABILITY IN DESIGNING, DELIVERING, AND EVALUATING EVIDENCE-BASED CARE TO IMPROVE PATIENT OUTCOMES	2012-2013		2015-2016
VIII. APPLY ETHICAL ANALYSIS WHEN GENERATING POLICY, RESEARCH, AND PRACTICE	2013-2014		2017-2018
IX. USE CONCEPTUAL AND ANALYTICAL SKILLS IN EVALUATING THE LINKS AMONG PRACTICE.	2013-2014		2017-2018

Describe how the program's outcomes support Marymount's mission, strategic plan, and relevant school plan:

The curriculum and the program outcomes of DNP program are developed, implemented, and revised as needed to be congruent with and support the school and University mission, vision, and strategic plan. The University's mission emphasizes academic excellence, a liberal arts foundation, career preparation, and personal and professional development. Congruent with this mission, the aim of the MSHP is to foster the individual development of each student and enable students to become competent advanced practice health professionals prepared to contribute and respond to society's changing health needs. Every effort is made to meet the individual learning needs and foster the individual development of each student, while providing a foundation for advanced nursing practice at the doctoral level. The DNP program directly supports Marymount's strategic plan of offering a rigorous graduate curriculum that produces superior graduates able to succeed in their positions and communities.

The DNP program outcomes support the acquisition and enhancement of the knowledge, skills, and abilities to negotiate the health care system as an advanced practice nurse, develop evidence-based practice protocols, and design methods for evaluating clinical outcomes to direct evidence-based practice. Scholarship, leadership, service, and ethics, which are the hallmarks of a Marymount education are reflected in the program outcomes. The program enables students to become health care professionals who have the necessary skills for advanced practice and who will contribute to the body of knowledge that supports best practices through education, scholarship, and service. Strongly linked to Marymount's hallmark of leadership, the goals of the program focus on preparing graduates to lead inter-professional teams in the analysis of complex practice and organizational issues, demonstrate clinical, organizational, and systems-level leadership through the design of innovative models of caring and demonstrate leadership in health policy at the state, local, and federal level.

Provide a brief description of the assessment process used including strengths, challenges and planned improvements and provide evidence of the existence of a culture of continuous improvement based on assessment:

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 specific to the DNP program included the American Association of Colleges of Nursing (AACN) Essentials of Doctoral Education for Advanced Nursing Practice (2011). Information from the annual learning outcomes assessments is included in these accreditation reports. Additional program review is completed annually in the full faculty systematic evaluation meeting in the spring semester (May).

Each fall the nursing assessment committee and the faculty choose the learning outcomes and outcome measures to be evaluated during the upcoming academic year. Throughout the academic year the department chair and assessment committee collaborate with the faculty to assure that data are collected using specific measures/standards in their courses. In the past academic year, faculty remained involved to assure compliance with University, School and accreditation standards. A continuing challenge for the program has been the small number of students enrolled in the program. This limits the selection of direct and indirect measures that accurately reflect achievement of program outcomes by students. The program suspended admissions for the academic year 2014-2015. Recruitment of students continued and a cohort of 5 students are enrolled beginning with the academic year 2015-2016. Updates on planned program improvements for the 2013-2014 academic year are detailed in the following table. Specific planned improvements for the 2014-2015 academic year are provided later in this document.

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>
Develop new approaches to advanced nursing practice and health care delivery based on scientific knowledge and theories of nursing and other disciplines	With admissions suspended for this year, our planned improvements will be related to changing the <u>delivery</u> model for the DNP courses, including NU 702. Process improvement: NU 702 course was scheduled to be taught by a professor emeritus and NU 705 is taught by a professor outside of the Department of Nursing. In the future, it	The DNP program has transitioned to a hybrid on line program. The on line classes, which use Canvas as the delivery platform, are offered asynchronous and synchronous. This program change was reviewed and approved by Quality Matters and appropriate department, School and University committees in Spring 2015. Students will be coming to campus for a 3 day executive

	<p>will be prudent to have clear communication with the faculty member collecting the data for the outcome measure. The measurement tool/rubric should be submitted to the Graduate Chair (or designee) or the Department of Nursing at the time the outcome is selected for assessment. Rubric for the NU 705 regression assignment in fall 2013 is no longer available</p>	<p>session in early December. Two courses (NU701 and NU703) are being offered during the fall 2015 semester. Five students are enrolled. It is expected that the students will progress through the program as a cohort. Going forward, this approach will remediate the low number of students enrolled in a course. The plan of study is attached as an appendix. The Plan of Study shows that NU 705 is offered in Spring 1 and NU 702 in Summer 1. As there is a platform change in offering of courses, the DNP program director will review course descriptions, objectives and revise assignments in coordination with professors teaching this content. The DNP program director will also coordinate assessment and outcome activities to assure that appropriate data, measures, rubrics and assignments are used. Faculty recruitment from other schools within the Marymount community continues, promoting a robust learning experience from content experts.</p>
<p>Apply ethical analysis when generating policy, research, and practice</p>	<p>When current students move into this new course, we will evaluate their attainment of this outcome through written work and will tailor an exit interview question to measure student perception of skill in this area.</p>	<p>Presently, ethical analysis in areas of policy, research and practice is imbedded in the current curriculum. This fall, NU 701/NU 703 contains learning modules specifically devoted to these topics. It is anticipated this outcome will be met by integrating this content in currently approved courses. The accrediting body, the American Association of Colleges of Nursing (AACN), is in the process of changing the guidelines for the DNP scholarly project. Thus, programmatic changes to the DNP curriculum will begin after the changes are fully operationalized.</p>

		This outcome will be measured again in 2017-2018.
<p>Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal and policy issues.</p>	<p>The execution of the residencies frequently takes longer than one semester. Data collection does not fall into the academic schedule. Perhaps another measure, e.g., a paper grade from the “Leadership, Quality and Ethics in Health Care Organizations” course (NU 707) might be a more stable measure.</p> <p>Below is requested information/revision by UAC: <u>Better connect residency with learning outcomes</u></p> <p>The DNP journal/log template has 2 purposes. One to document residency/practicum hours in the DNP program and secondly it requires the students to document how the activities performed in the practicum are linked to DNP program outcomes</p> <p><u>Two other documents are important in order to complete the journal/log</u> Journal instructions about what types of activities are recorded and the <u>numbered</u> DNP program outcomes (see Appendix 5)</p> <p>On the <u>journal log recording sheet template</u>, students match the DNP Program outcome number (learning outcome) to the activity performed and then provide a reflection. The student can record <u>multiple numbers</u> (outcomes) for various activities performed. Without the DNP program outcome document, the reader cannot understand the meaning of the listed numbers in column#4 of the journal/log template.</p>	<p>A complete review of current DNP journals/logs was completed summer 2015 by the graduate chair and DNP program director. Although residencies and activities surrounding residency were clear and well documented, the link between learning experiences and achievement of terminal program objectives could be more clearly articulated. The AACN white paper, published August 2015, serves as a broad guideline for selection and documentation of project and residency experiences. In order to comply with this national recommendation, electronic communication will be sent to all current students enrolled in the program before Fall 2015. AACN guidelines will be cited and students are requested to review and edit submitted journals and logs to assure compliance with the national guidelines. The DNP director will then perform a timely review, guide students if needed, approve and sign the documents.</p> <p>For students’ enrolled beginning Fall 2015, journal and log recordings will be reviewed in detail during the first Executive Session in December 2015. All documents and forms will be discussed and rubrics for completion reviewed. Specifically, terminal learning outcomes will be linked to course work and it is anticipated that students will reflect on areas of strength and self-growth for each of these learning objectives. The DNP director</p>

	<p><u>Opportunities for improvement:</u> The journal/log template does not have explicit instructions on how to complete it. Secondly, based on review of student completed documents student reflection is sparse and often is not a true self reflection on how the activity meets the program outcome.</p> <p><u>Additional planned curricular improvements:</u> Consider separating out the journal from the log document. Improve instructions to complete log template and recording of practicum activities and hours. Faculty also to develop a rubric for journal and self-reflection.</p>	<p>will review, approve and sign these documents prior to the close of each term.</p> <p>A separate log for project hours will be maintained. In separating this content, tracking student activity and progression through the project will be quickly apparent.</p> <p>Both of these evaluation measures (journal and log) will be transitioned in the coming year from a paper submission to electronic portfolios. This change will facilitate tracking of student performance related to program outcomes.</p>
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Provide a response to last year's University Assessment Committee review of the program's learning assessment report:

The response to last year's University Assessment Committee's review was provided in a re-submission of the June 23, 2014 Assessment Report in January 2015. Additionally, appendices were attached to that report that included rubrics, assignments and survey reports.

Outcomes and Past Assessment

Learning Outcome 1: Lead inter-professional teams in the analysis of complex practice and organizational issues.

Is this outcome being reexamined? X Yes No

If yes, give a brief summary of previous results (including trends) and any changes made to the program.

This program outcome was examined in 2011-2012. The outcome measures were met, however the sample size in two of the three measures was less than three students.

Assessment Activity

<u>Outcome Measures</u> <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	<u>Performance Standard</u> <i>Define and explain acceptable level of student performance.</i>	<u>Data Collection</u> <i>Discuss the data collected and student population</i>	<u>Analysis</u> <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i>
NU800 Item on the Preceptor Evaluation- <i>Lead inter-professional teams in the analysis of complex practice and organizational issues.</i> Likert scale. The evaluations are done at the end of each semester. Evaluation by the preceptor and a self-evaluation by the student of the student's performance at the clinical site. Direct Measure	100 % of students will meet a minimum of a "2" which means demonstrated a satisfactory level of achievement in <i>leading inter-professional teams in the analysis of complex practice and organizational issues.</i>	Data will be collected and aggregated in Dec 2014 and Spring 2015 by the instructor; The preceptor, with student input, decides on the rating achieved. There is a rubric. The scale is : 3= Demonstrated high level of achievement; 2= Demonstrated satisfactory level of achievement; 1= Unsatisfactory in this area; 0= Not observed/no opportunity to achieve this objective/goal	Data aggregated in December 2014 indicated that the standard was met as 100% of the students that were evaluated (n=6) received a rating of "3" which indicated a high level of achievement in meeting this learning outcome. Six of the 7 preceptors completed the evaluation. One preceptor did not return the evaluation to the instructor. Data was not able to be aggregated and analyzed for the spring 2015 as only one student was enrolled in NU800 Spring 2015.

<p>Final journal/ log NU800 The journal/log is submitted to the instructor for the final evaluation at the end of each semester. This is a self-evaluation of the student's performance in meeting this outcome. Direct Measure</p>	<p>100% of students will show evidence in the log of having <i>Led inter-professional teams in the analysis of complex practice and organizational issues</i>).</p>	<p>The instructor will collect the journal/logs. The instructor will evaluate if the student noted in the column labeled "Program Objective" the number "6" which represents this program objective (See appendices for the list of program objectives and a copy of the journal/log). The instructor counts the number of times "6" was listed as an activity that related to the program outcome for each student and aggregates these data.</p>	<p>100 % of the students enrolled in NU800 demonstrated evidence in their logs of having engaged in <i>Leading inter-professional teams in the analysis of complex practice and organizational issues</i>. The standard was met. Seven students engaged in leading inter-professional teams a mean of 4.8 times as evidenced in their logs.</p>
<p>Graduating Student Survey (GSS) Inquiring of students if they perceived that there was an emphasis on <i>Leading inter-professional teams in the analysis of complex practice and organizational issues</i>. Indirect Measure</p>	<p>Survey to be developed. The survey will ask the student to evaluate how well their education prepared them to: <i>Lead inter-professional teams in the analysis of complex practice and organizational issues</i></p> <p>100 % of students will rate themselves as good or excellent (This scale was not used. See next comment.)</p> <p>Since the newly developed survey (developed Spring 2015) is now a formative</p>	<p>There was only one DNP student who graduated in May 2015 thus the survey was not implemented. However, a survey of the current DNP students (n=8) was designed and disseminated via Survey Monkey in early Spring 2015.</p> <p>The program chair will aggregate these data at the end of the Spring 2015 semester.</p>	<p>The standard was not met as evidenced by only 75% of the students said <i>Leading inter-professional teams in the analysis of complex practice and organizational issues</i> was emphasized "most of the time" (n=3). One student (25%) said that <i>Leading inter-professional teams in the analysis of complex practice and organizational issues</i> was emphasized "some of the time."</p>

	<p>evaluation (while the GSS was summative) the stem and scale were changed to reflect that the students had not yet graduated. The stem is “To what extent, up to now, has your Marymount education emphasized: “</p> <p>The new performance standard is 100% of the students will state that the program outcome <i>Leading inter-professional teams in the analysis of complex practice and organizational issues</i> was emphasized at a minimum of “most of the time”.</p> <p>The scale was “never”, “seldom”, “some of the time”, “most of the time”, “all of the time” and “not applicable.”</p>		
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Interpretation of Results

Extent this learning outcome has been achieved by students (*Use both direct and indirect measure results*):

The performance standard “Lead inter-professional teams in the analysis of complex practice and organizational issues”:

- Was met as evidenced by 100% of the students that were evaluated (Fall 2014; n=6) received a rating of “3” from the preceptor (with student input), which indicated a high level of achievement in *leading inter-professional teams in the analysis of complex practice and organizational issues*. The standard was exceeded as the standard to be met was 100 % of students will meet a minimum of a “2” which means demonstrated a satisfactory level of achievement.
- Was met as evidenced by 100 % of the students’ demonstrated evidence in their logs of having engaged in *leading inter-professional teams in the analysis of complex practice and organizational issues*. While this standard was met, the link between the activity the student performed and the program outcome needs to be clearer, not simply a reflection of the number of times an activity is performed, and better articulated.
- Was not met as evidenced by only 75% of the students said that Marymount education, up to now, has emphasized *Leading inter-professional teams in the analysis of complex practice and organizational issues* “most of the time” (n=3). One student (25%) said that this outcome was emphasized “some of the time.”

Program strengths and opportunities for improvement relative to assessment of outcome:

The performance standard *Lead inter-professional teams in the analysis of complex practice and organizational issues* remains relevant and appropriate for the DNP program. The suspension of admissions to the DNP program and the low enrollment in previous years impacted the number of students enrolled in courses including the Spring 2015 NU800 course. This also impacted the number of graduates (n=1) in the Spring 2015 semester. There is an opportunity to improve the enrolled student survey that was conducted in Spring 2015 so student performance is more accurately assessed. For example, the stem sentence and scale could be changed so the student, formatively is evaluating the extent to which they have achieved the learning outcome. The cohort model, that was adopted beginning Fall 2015, will remediate some of these constraints in assessment of student performance. Additionally, as described on page 5 under **Update**, the journal/log process is being changed during the Fall 2015 semester to be more rigorous, based on national accreditation standards and more closely aligned with the program outcomes. These changes will facilitate assessment of student performance.

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

A planned program improvement based on these assessment outcomes is to implement (Fall 2015) innovative recruitment strategies. The DNP Director has planned a combination of educational and recruitment programs at local health facilities. Also retention is being emphasized as the DNP director and faculty plan to meet with the DNP students as a group periodically during the semester to build a sense of “community” and provide an opportunity for students to support each other as they advance through the program. The student survey will be revised as will the journal/log guidelines and process of documenting student performance at their clinical sites. New, more robust measures will be developed (both direct and indirect) that accurately reflect student achievement as reflected in their journal and logs.

Learning Outcome 2: Utilize knowledge drawn from epidemiological, statistical, and technological data to implement quality improvement initiatives for practice with individuals, aggregates, and populations.

Is this outcome being reexamined? Yes No

If yes, give a brief summary of previous results (including trends) and any changes made to the program.

While it is noted in the table of learning outcomes that this outcome was examined in 2010-2011, it was not as the DNP program submitted a Three Year Program Review, per University policy, in place of the Student Learning Outcomes Report for that year.

Assessment Activity

<u>Outcome Measures</u> <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	<u>Performance Standard</u> <i>Define and explain acceptable level of student performance.</i>	<u>Data Collection</u> <i>Discuss the data collected and student population</i>	<u>Analysis</u> <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i>
Comprehensive presentation The comprehensive presentation requires the reviewer (3 faculty members) to evaluate if the student demonstrated that they utilized knowledge drawn from epidemiological, statistical, and technological data to implement quality improvement initiatives for practice with individuals, aggregates, and populations. Direct Measure	Comprehensive - presentation 100 % of students will demonstrate they met this learning outcome	Fall 2014 and Spring 2015 Chair will aggregate the data of those students who presented.	The standard was not able to be assessed as there were only 2 students who did a comprehensive presentation in the Spring 2015 semester. No students presented in the Fall 2014 semester. The numbers are too low to aggregate.

<p>NU800 The journal/log is submitted to the instructor for the final evaluation at the end of each semester. This is a self-evaluation of the student's performance in meeting this outcome.</p> <p>Direct Measure</p>	<p>Final journal/ log 100% of students will show evidence in the log of having <i>utilized knowledge drawn from epidemiological, statistical, and technological data to implement quality improvement initiatives for practice with individuals, aggregates, and populations.</i></p>	<p>Fall 2014 and Spring 2015 Instructor will aggregate the data. The instructor will evaluate if the student noted in the column labeled "Program Objective" the number "4" which represents this program objective (See appendices for the list of program objectives and a copy of the journal/log). The instructor counts the number of times "4" was listed as an activity that related to the program outcome for each student and aggregates these data.</p>	<p>The standard was met as 100 % of the 7 students enrolled in NU800 demonstrated evidence in their logs of having engaged in <i>utilizing knowledge drawn from epidemiological, statistical, and technological data to implement quality improvement initiatives for practice with individuals, aggregates, and populations.</i> Seven students engaged in activities related to meeting this outcome a mean of 3.6 times as evidenced in their logs.</p>
<p>Final Project Report Sections 1 and 2 of the Final Project report include Section 1- Introduction (statement of problem, significance, theoretical foundation and clinical question) and Section 2 - Review of the Literature. Direct Measure</p>	<p>100 % of students who are enrolled in NU899 will successfully complete Sections 1 and 2 according to the checklist in the DNP Handbook. This is an evaluation by the instructor if the student used epidemiological, statistical, and technological data to provide rationale in implementing the proposed quality improvement in Sections 1 and 2.</p>	<p>Fall 2014 and Spring 2015 Individual faculty will report to the chair if the student has successfully completed Sections 1 and 2 and used epidemiological, statistical, and technological data to provide rationale in implementing the proposed quality improvement in Sections 1 and 2. The chair will aggregate the data.</p>	<p>This standard was not met as only 57 % of the 7 students (4/7) enrolled in NU899 successfully completed sections 1 and 2 of the Project Final report as outlined in the DNP Handbook. These data were aggregated Spring 2015 and includes both Fall 2014 and Spring 2015 data.</p>

Interpretation of Results

Extent this learning outcome has been achieved by students (*Use both direct and indirect measure results*):

The performance standard “Utilize knowledge drawn from epidemiological, statistical, and technological data to implement quality improvement initiatives for practice with individuals, aggregates, and populations”:

- Was not able to be assessed as there were only 2 students who did a comprehensive presentation in the Spring 2015 semester.
- Was met as was met as 100 % of the 7 students enrolled in NU800 demonstrated evidence in their logs of having engaged in *utilizing knowledge drawn from epidemiological, statistical, and technological data to implement quality improvement initiatives for practice with individuals, aggregates, and populations*.
- Was not met as evidenced by only 57 % of the students (4/7) enrolled in NU899 successfully completed sections 1 and 2 of the Project Final report as outlined in the DNP Handbook.

Program strengths and opportunities for improvement relative to assessment of outcome:

The performance standard *Utilize knowledge drawn from epidemiological, statistical, and technological data to implement quality improvement initiatives for practice with individuals, aggregates, and populations* remains relevant and appropriate for the DNP program. There are numerous strengths and opportunities for improvement relative to this outcome. The limitation of a sample size too low to analyze will be mitigated as the cohort model was instituted as of Fall 2015. With five students enrolled, the sample size will be large enough to analyze in 2015-2016. The comprehensive presentation may be a more appropriate measure for 2016-2017 when this cohort will be engaged in presenting their project proposal (comprehensive presentation) to faculty. As discussed in the **Update** section (pg. 5) the link between learning experiences and achievement of terminal program objectives could be more clearly articulated. The AACN white paper, published August 2015, serves as a broad guideline for selection and documentation of project and residency experiences. This paper will provide a framework for the development of guidelines for the journal and log activities. This will provide an opportunity for more robust student performance measures in the future. According to the project chairs, 4 of the 7 students enrolled in NU899 demonstrated in their Project Report that they integrated epidemiological, statistical, and technological data to provide rationale in implementing the proposed quality improvement project. Two of the three students that have not completed these sections have changed the focus of their project several times and now are just beginning to identify a project. The third student, while she completed these sections, the chair reports that these sections did not meet the standard.

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

A planned program improvement for this year will be a review of the comprehensive presentation format and process. This will include an evaluation of the guidelines and rubrics that are used by faculty to determine if the student is permitted to begin the project development, implementation and evaluation. Additionally, the Graduate Chair and faculty will now allow students to register for the NU899 only three times after course work is completed. This, along with more focus on the project in their first course, NU 703, will facilitate project identification and completion within a reasonable timeframe.

Learning Outcome 3: Design methods for evaluating clinical outcomes to direct evidence based practice for improving health care.

Is this outcome being reexamined? Yes No

If yes, give a brief summary of previous results (including trends) and any changes made to the program.

Assessment Activity

<p><u>Outcome Measures</u> <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i></p>	<p><u>Performance Standard</u> <i>Define and explain acceptable level of student performance.</i></p>	<p><u>Data Collection</u> <i>Discuss the data collected and student population</i></p>	<p><u>Analysis</u> <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i></p>
<p>Project Final Report Section 3 presents Methods including description of the population, outcomes, procedures, plans for analysis and protection of human subjects. Direct Measure</p>	<p>100 % of students who are enrolled in NU899 will successfully complete Section 3 (Methods) according to the checklist in the DNP Handbook. This is an evaluation by the project chair if the student designed methods for evaluating clinical outcomes to direct evidence based practice for improving health care.</p>	<p>Spring 2015 Individual faculty will report to the chair if the student has satisfactorily completed Section 3. The chair will aggregate the data.</p>	<p>The standard was not met as 42.8% (3/7) students enrolled in NU899 completed Section 3 of the Project Final Report. These data were aggregated Spring 2015 and includes both Fall 2014 and Spring 2015 data.</p>
<p>MU Graduate Research Day Indirect Measure</p>	<p>100% of students who have completed their DNP project and are eligible for the Graduate Research Day will submit an abstract that describes how their DNP project met this learning outcome.</p>	<p>Spring 2015 The graduate chair will aggregate the data (submitted abstracts)</p>	<p>The standard was not able to be assessed as there were only 1 student who completed the DNP project and was eligible to participate in Graduate Research Day. The numbers are too low to aggregate.</p>

<p>Graduating Student Survey Indirect Measure</p>	<p>Survey to be developed The survey will ask the student to evaluate how well their education prepared them to: <i>Design methods for evaluating clinical outcomes to direct evidence based practice for improving health care.</i> 100 % of students will rate themselves as good or excellent.</p> <p>Since the newly developed survey (developed Spring 2015) is now a formative evaluation (while the GSS was summative) the stem and scale were changed to reflect that the students had not yet graduated. The stem is “To what extent, up to now, has your Marymount education emphasized: “</p> <p>The new performance standard is 100% of the students will state that the program outcome <i>Design methods for evaluating clinical outcomes to direct evidence based practice for improving health care</i></p>	<p>Spring 2015 OPIE There was only one DNP student who graduated in May 2015 thus the survey was not implemented. However, a survey of the current DNP students (n=8) was designed and disseminated via Survey Monkey in early Spring 2015. The program chair will aggregate these data at the end of the Spring 2015 semester.</p>	<p>The standard was not met as evidenced by only 50% of the students said <i>designing methods for evaluating clinical outcomes to direct evidence based practice for improving health care</i> was emphasized “most of the time” (n=1) or “all of the time” (n=1). One student (25%) said that <i>designing methods for evaluating clinical outcomes to direct evidence based practice for improving health care</i> was emphasized “some of the time” and one student said it was “seldom” emphasized.</p>
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	<p>was emphasized at a minimum of “most of the time”.</p> <p>The scale was “never”, “seldom”, “some of the time”, “most of the time”, “all of the time” and “not applicable.”</p>		
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Interpretation of Results

Extent this learning outcome has been achieved by students (Use both direct and indirect measure results):

The performance standard “Design methods for evaluating clinical outcomes to direct evidence based practice for improving health care”::

- Was not was not met as 42.8% (3/7) students enrolled in NU899 completed Section 3 of the Project Final Report.
- Was not able to be assessed as there was only 1 student who completed the DNP project and was eligible to participate in Graduate Research Day. The numbers are too low to aggregate.
- The standard was not met as evidenced by only 50% of the students said designing methods for evaluating clinical outcomes to direct evidence based practice for improving health care was emphasized “most of the time” (n=1) or “all of the time” (n=1). The other students (n=2) rated this as being emphasized at a lower rating on the scale.

Program strengths and opportunities for improvement relative to assessment of outcome:

The performance standard *design methods for evaluating clinical outcomes to direct evidence based practice for improving health care* remains relevant and appropriate for the DNP program. Since the cohort model has been adopted there is an opportunity to collect and analyze student performance at an earlier point in the program. Additionally, the cohort model will assure that students progress through the steps (Section 1, 2, 3 etc.) of the Final Project Report in a more uniform way. Students presently enrolled in NU899 were at different stages of project development and implementation and progressed at various speeds. This made data collection and analysis a challenge. Different direct and indirect measures related to *designing methods for evaluating clinical outcomes to direct evidence based practice for improving health care* can be developed specific to NU703 and NU701 which students are now enrolled in for the fall semester. These measures can focus on their early development of their DNP project. Measures using the Final Project Report and participation in Graduate Research Day as data collection tools should be considered when this cohort is entering their last several semesters.

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

Planned improvements for this year based on this assessment of this outcome include an emphasis on methodology for evaluating clinical outcomes in NU701 (Innovative Models of Care Delivery) and NU703 Research Methods and Applications). Readings, assignments, and discussion questions were added to these courses and assignments that will enable students to begin analyzing different evaluation methods that are used to evaluate clinical outcomes. In the Spring 2016 semester NU700 will build on these competencies. Beginning academic year 2015-2016, as previously noted, journal and practicum hour logs entries will align with guidelines from the AACN's white paper on DNP projects. The cohort model provides learners with opportunities for peer feedback and support as all develop projects sequentially. Additionally, all courses in the program (beginning calendar year 2015-2016) will include at least one assignment with a specific DNP project focus. Through reflective journaling, completion of assignments with a project focus (e.g., policy analysis, organizational assessment), link engagement in the clinical practicum hours to project implementation. The project hours will be driven by student assessment of identified gaps, the program's learning objectives and the Essentials of Doctoral Education for Advanced Nursing Practice (2011).

Appendices

1. **DNP Plan of Study 2015-2016**
2. **Preceptor Evaluation Form**
3. **Program Outcomes**
4. **Journal/Log**
5. **Journal/Log Instructions 2014-2015**
6. **New Survey of presently enrolled students (not numbered)**