

STUDENT LEARNING ASSESSMENT REPORT

PROGRAM: Family Nurse Practitioner, Graduate Nursing Program

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

BEING STORED: Data for the annual Student Learning Assessment report were gathered during the 2015-2016 academic year. This information is stored on the SHP share drive and with chair of the Nursing Assessment Committee. The program description utilized in this report is the one located in 2016-2017 Graduate Catalog. Curriculum mapping data was based on syllabi from 2015-2016 academic year and are stored on the Malek School of Health Professions' share drive.

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 Master of Science in Nursing (M.S.N.) family nurse practitioner program prepares nurse practitioners to provide primary care to the family. An in-depth study is made of health, as well as common acute and chronic illnesses throughout the life cycle. Laboratory and clinical experiences are provided to develop competence in the diagnosis and treatment of common illnesses. This degree program prepares graduates to sit for nationally recognized certification examinations offered by the American Academy of Nurse Practitioners and the American Nurses Credentialing Center.

Marymount's family nurse practitioner curriculum is designed and based upon the American Association of Colleges of Nursing's (AACN) The Essentials of Master's Education in Nursing (2011) as well as "The Criteria for the Evaluation of Nurse Practitioner Programs" from the National Organization of Nursing Practitioner Faculties (NONPF) (2012).

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
1. Translates theoretical knowledge from the sciences and humanities into the delivery of advanced nursing care to diverse populations.			<i>2017-2018</i>
2. Utilizes organizational and systems leadership strategies to promote high quality and safe care to individuals, families, groups, and communities.		<i>2015-2016</i>	
3. Integrates theory and evidence based practice principles to optimize patient care.			<i>2016-2017</i>
4. Incorporates informatics and health care technologies to deliver, coordinate and optimize health care.		<i>2015-2016</i>	
5. Analyzes the influence of health care policy development, regulation, and finance on health care organizations and delivery systems.			<i>2017-2018</i>
6. Applies principles of interprofessional collaboration to improve patient and population health outcomes.			<i>2016-2017</i>
7. Designs preventive clinical strategies to promote health and reduce the risk of disease and chronic illness.		<i>2015-2016</i>	
8. Demonstrates advanced practice competencies in the delivery of safe, quality care to diverse populations.			<i>2016-2017</i>

9. Integrates professional and ethical standards in advanced nursing practice.			<i>2017-2018</i>
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***These program outcomes were significantly revised and approved by faculty and appropriate University committees January 2015. As such, the initial evaluation of the new outcomes occurred during the 2015-2016 academic year.**

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

The curriculum and the program outcomes for the MSN Family Nurse Practitioner (FNP) program are developed, implemented, and revised 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 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 practice nursing. The FNP 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.

Scholarship, leadership, service, and ethics, which are the hallmarks of a Marymount education are reflected in the program outcomes. The FNP program enables students to become health care professionals who have the skills necessary for advanced practice and who will contribute to the body of knowledge that supports best practices through education, scholarship, and service. Linked to the hallmark of leadership, one of the goals of the program is to educate leaders who will utilize organizational and systems leadership strategies to promote high quality health care. Nurse practitioners exemplify service in a primary care setting meeting the needs of patients from a variety of demographic and socioeconomic backgrounds. This goal aligns with the university and school mission to serve others.



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 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 (2012). 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). Of note, the NONPF published new Criteria for Evaluation of NP Programs published in July 2016 and moving forward these new guidelines will be used for our FNP Program development and evaluation.

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 department chair 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. A continuing challenge for the program is twofold: first, the selection of direct and indirect measures that accurately reflect achievement of program outcomes by students and, second, assuring that changes in learning outcomes are updated in the Graduate catalog. Updates on planned program improvements for the 2015-2016 academic year are detailed in the following table. Specific planned improvements for the 2016-2017 academic year are provided later in this document.

Additionally, data from recent Marymount Alumni Survey (years 2014, 2015) were examined. FNP graduate responses were parsed from overall graduate response. Questions related to program outcomes were reviewed gaining insight into perceived student achievement (see Marymount Alumni Data attachment). Most notable were responses at or below the 50th percentile. The item with a less than 50% response was as follows: "ability to conduct research supporting a position." Evaluation of research course content and sequencing at the graduate level is under current review by the graduate faculty and will be presented to and reviewed by the Department of Nursing Curriculum Committee and the Department of Nursing faculty. Graduating Student Survey (GSS) responses for academic year 2015-2016 were reported at the 80th percentile or higher on all measures. Lower scores on the same measures were from graduates in the work force for at least 12 months. Proposed changes will assure appropriate leveling in research courses at the



master’s and doctoral levels so that our graduates obtain the education necessary to feel more confident in program outcomes/objectives and meet national guidelines set by nursing accrediting bodies including CCNE and NONPF.

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

The faculty continues working towards selection of direct and indirect measures that accurately reflect student achievement. As no substantive changes were recommended from the 2014-2015 University Assessment Committee’s review of the program’s Student Learning Assessment Report (submitted in September of 2015), faculty followed the same method as last year when selecting outcome measures to assess for the 2015-2016 academic year and were mindful of University Assessment Committee remarks regarding inclusion of background data points (e.g., number of students assessed when reporting percentages) when benchmarking outcome achievement. The faculty chose to review three different outcome measures for academic year 2015-2016 which precluded them from re-assessing the 3 outcomes measured during 2014-2015 academic year. This was intentional because the 2015-2016 academic year was the first opportunity to evaluate updated terminal program learning objectives and faculty wanted to move forwards with measuring 3 different objectives because there were no substantial changes following review and approval of the 2014-2015 SLA report by the University Assessment Committee. Faculty will review the remaining six updated terminal program outcomes in the SLA Reports over the next two years. It is noteworthy that the National Organization of Nurse Practitioner Faculties (NONPF) Task Force Criteria for evaluation of Nurse Practitioner programs published a 5th edition in July 2016. Faculty will review this as part of the FNP curriculum mapping and/or incorporate learning objectives and/or content into the FNP program as needed. Additionally, we deferred defining performance standards for outcomes not identified as being measured in this year’s SLA report to allow for incorporation of any changes needed based on the updated NONPF Criteria for Evaluating Nurse Practitioner Programs which were not published until July 2016.

<p>Outcome</p>	<p>Planned Improvement (Taken directly from the planned curricular/program improvements from the 2014-2015 SLA report for each outcome measured in that report)</p>	<p>Update DURING THE 2015-2016 AY (Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)</p>
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<p>Old outcome: Develop expertise in specialized areas of advanced nursing practice</p> <p>Revised/new outcome: Outcome #5 <i>Demonstrates advanced practice competencies in the delivery of safe, quality care to diverse populations.</i></p>	<p>A planned improvement is to ensure there are direct and indirect measures of the new revised outcome.</p>	<p>The new program outcomes were adopted for the 2015-2016 year and relate to items on the clinical evaluation form completed by student's preceptors (2015-2016).</p> <p>While items on the current clinical evaluation tool measure this outcome (such as, "modifies plan as needed"), we need to ask specifically about safe, quality care across the age spectrum and diverse backgrounds. Additionally, changes needed to be made to the GSS to capture students' perception of their achievement of this outcome (indirect measure) by asking them questions related to safe, quality care across the age spectrum and diverse backgrounds. The clinical evaluation and GSS data were not changed in the 2015-2016 year because faculty were waiting for the release of the updated NONPF Criteria for Evaluating Nurse Practitioner Programs before implementing further changes to the FNP curriculum, evaluations and surveys. This updated document from NONPF was not published until July 2016.</p>
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<p>Old outcome: Plan and initiate change in nursing practice and health care systems</p> <p>Revised/new outcome: Outcome #2 <i>Utilizes organizational and systems leadership strategies to promote high quality and safe care to individuals, families, groups, and communities.</i></p>	<p>The faculty will develop new performance standards, data collection and analysis methods to address student performance of this new outcome measure. Additionally, faculty plan to conduct a content analysis of key courses to assure the inclusion of objectives that address the new program outcomes. New rubrics and assignments will need to be developed for select FNP courses.</p>	<p>The objectives and course description of NU512, which includes leadership and systems content, was revised in Fall 2015 to be congruent with this revised program outcome.</p> <p>The planned improvements regarding performance standards, data collection, analysis and content analysis of key courses were not completed in the 2015-2016 year because faculty were waiting for the release of the updated NONPF Criteria for Evaluating Nurse Practitioner Programs before implementing further changes to the FNP curriculum, evaluations and surveys. This updated document from NONPF was not published until July 2016 and will be utilized by the faculty in 2016-2017 academic year in the planned curriculum mapping process. This mapping will allow content analysis of key courses to assure the inclusion of objectives and content that address the new program outcomes.</p>
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<p>Old outcome: Utilize research findings to provide high quality health care</p> <p>Revised/new outcome: Outcome #3 <i>Integrates theory and evidence based practice principles to optimize patient care</i></p>	<p>“The performance standard of “utilizing research and EBP” has been removed as a program outcome. Given the strong focus on the use of Evidence-Based Practice and research to guide advanced nursing practice, the faculty will evaluate if there is a need for a program outcome that addresses the competency of FNPs utilizing research and EBP in providing patient care to individuals and families. The item <i>Use quantitative /qualitative techniques within your professional field</i> will continue to be examined in order to assess any trends related to this measure.”</p>	<p>The planned improvements regarding examining this program outcome was not completed in the 2015-2016 year because faculty were waiting for the release of the updated NONPF Criteria for Evaluating Nurse Practitioner Programs before implementing further changes to the FNP outcomes, curriculum. This updated document from NONPF was not published until July 2016 and will be utilized by the faculty in 2016-2017 academic year in the planned curriculum mapping process after which identified changes will be made to ensure our program meets national standards.</p> <p>In the meantime, the continued measurement of this item in the GSS will allow us to explore future curriculum changes to meet the needs of our students to promote their success after graduation.</p>
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Provide a response to last year’s University Assessment Committee review of the program’s learning assessment report:

Last year’s report was accepted as submitted without substantive recommendations for changes. Faculty, including the FNP Program Director and the Chair of Graduate Studies in the Department of Nursing, have reviewed the comments. Program outcomes that were reviewed, modified and approved by faculty in January 2015 are being used to guide the current evaluation and will be the foundation



for this academic year (2016-2017) and indirect and direct performance standards will be defined after curriculum mapping process during the 2016-2017 academic year.

Outcomes Assessment 2015-2016

Learning Outcome 2: Utilizes organizational and systems leadership strategies to promote high quality and safe care to individuals, families, groups and communities

Assessment Activity

Outcome Measures <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	Performance Standard <i>Define and explain acceptable level of student performance.</i>	Data Collection <i>Discuss the data collected and student population</i>	Analysis <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i>

<p>NUF 503/504</p> <p>Direct Measure</p> <p>Evaluation by the preceptor of student performance at the clinical site via the FNP student clinical evaluation by preceptor form. The evaluations are done at the end of each semester.</p>	<p>100% must achieve 3 or better on end of the semester clinical evaluation item pertaining to leadership. (demonstrates leadership potential) (Appendix 1)</p>	<p>Fall 2015 (NUF 503) (n = 16)</p> <p>Spring 2016 (NUF 504) (n = 16)</p> <p>The instructor will collect the preceptor evaluations of student performance from the preceptors and aggregate the data. The scale ranges from a 5 (exceptional), 4 (above average), 3 (average), 2 (Below average) and 1 (Not acceptable).</p>	<p>Fall 2015 (NUF 503) (n = 16) 16 of 16 students achieved performance standard (100%) Met</p> <p>Spring 2016 (NUF 504) (n = 16) 16 of 16 students achieved performance standard (100%) Met</p>
<p>NU 512</p> <p>Direct Measure</p>	<p>100% must achieve 85% or above using the rubric for group project presentation (Appendix 2)</p>	<p>Spring 2016 (NU 512) (n = 17)</p>	<p>Spring 2016 (NU 512) (n = 17) 17 of 17 students achieved performance standard (100%) Met **Unable to separate MSN from certificate students. Number reflects all students in this class who are either MSN or certificate candidates.</p>

Interpretation of Results

Extent this learning outcome has been achieved by students (*Use both direct and indirect measure results*): This outcome was met by 100% of students. This outcome was evaluated through both didactic (group project) and clinical exercises. Portions of assessment were completed by practicing clinicians via the clinical evaluation form. Outcome measures reflect clinical and classroom competence in this area.

Program strengths and opportunities for improvement relative to assessment of outcome: Licensed clinicians precepting our students recognize our students' potential for leadership within health care. This reflects positively on the development of our students' professional practice, which is necessary after graduation as they seek to improve the health of individuals and communities, thereby living out the university mission of service to others. As 100% of students met this outcome, faculty will discuss raising the minimum performance standard. Incorporation of indirect data assessment measures, such as the GSS would lend an alternative view to the future measurement of this objective.

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

Develop a survey item for student response related to this measure in the GSS. Additionally, for the 2016-2017 academic year, the faculty have identified the need to map the curriculum of the FNP program to program outcomes and national accreditation standards (CCNE & NONPF) to identify areas for improvement in the FNP curriculum, incorporate the revised NONPF Task Force on Nurse Practitioner Programs (published in July 2016), reduce redundancies and facilitate a more seamless transition of degree progression for BSN prepared nurses who want to obtain a DNP and will meet the competencies for the FNP national certification examination along the way. Additionally, faculty and the Department of Nursing Assessment Committee will assess whether or not the benchmark should be changed from 3 (average) to 4 (above average) on the clinical evaluation form completed by students' preceptors.

Additionally, moving forward outcome measurements will be separate to distinguish between post-masters certificate and MSN candidates in both direct and indirect measures. The FNP Program Director will work with the Department of Nursing Assessment Committee and the Faculty of the individual courses to identify which students are certificate students and which students are MSN for reporting purposes. Also, we will request for GSS data to be separated between MSN and certificate students.

Learning Outcome 4: Incorporates informatics and health care technologies to deliver, coordinate and optimize health care.

Assessment Activity

Outcome Measures <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i>	Performance Standard <i>Define and explain acceptable level of student performance.</i>	Data Collection <i>Discuss the data collected and student population</i>	Analysis <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i>
NU 501 Direct Measure	90% of students will correctly answer question about informatics on final exam (Appendix 3)	Fall 2015 (NU 501) (n = 16)	Fall 2015 (NU 501) (n = 16) 11 of 16 students achieved performance standard (69%) *Not Met **Unable to separate MSN from certificate students. Number reflects all students in this class who are either MSN or certificate candidates.
NU 510 Direct Measure	90% of students will score at least 17/20 (85%) on the Health Promotion Paper Rubric criterion: "Discussion on the importance of the informatics and/or health technology used in the intervention " (Appendix 4)	Summer 2016 (NU 510) (n = 16)	Summer 2016 (NU 510) (n = 16) 16 of 16 students achieved performance standard (100%) Met **Unable to separate MSN from certificate students. Number reflects all students in this class who are either MSN or certificate candidates.

Interpretation of Results

Extent this learning outcome has been achieved by students (*Use both direct and indirect measure results*): 69% (11/16) of students correctly answered a question about informatics on the final examination. This did not meet the performance standard of a 90% correct result. The performance standard of 90% of students scoring at least 85% on the criterion “discussion on the importance of the informatics and/or health technology used in the intervention” portion of the Health Promotion Paper Rubric was met (100% achieved).



Program strengths and opportunities for improvement relative to assessment of outcome: One direct measure indicates that our students were able to discuss the importance of informatics/technology. This result is likely due to the nature of the content in the NU 510 course which is focused on population health which necessitates keeping up with current trends in health care. Current trends have a strong emphasis on informatics/technology. In this assignment students demonstrated they recognized the role that informatics plays in the promotion of health which is integral to the role of the practicing FNP. The direct measure related to NU 501 was not met. It is unclear why there was low achievement related to this performance standard measure. Faculty will do a curricular examination of the content in efforts to determine the reason for the low achievement. Faculty recognize the need to map curriculum and content to program outcomes as well as national standards to reduce redundancies, foster student knowledge acquisition and competence achievement.

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

For the 2016-2017 academic year, the faculty will map the curriculum of the FNP program to program outcomes and national accreditation standards (CCNE & NONPF) to identify areas for improvement in the FNP curriculum, reduce redundancies and facilitate a more seamless transition of degree progression for BSN prepared nurses who want to obtain a DNP and will meet the competencies for the FNP national certification examination along the way. This mapping will include re-evaluation of assignments for redundancy and the opportunity to enhance learning by ensuring that adequate time is given to address the content that is outlined as essential for the preparation of advanced practice nurses by national accreditation standards published by CCNE and NONPF.

Additionally, moving forward outcome measurements will be separate to distinguish between post-masters certificate and MSN candidates in both direct and indirect measures. The FNP Program Director will work with the Department of Nursing Assessment Committee and the Faculty of the individual courses to identify which students are certificate students and which students are MSN for reporting purposes. Also, we will request for GSS data to be separated between MSN and certificate students.

Learning Outcome 7: Design preventative clinical strategies to promote health and reduce risk of disease and chronic illness.

Assessment Activity

<p>Outcome Measures <i>Explain how student learning will be measured and indicate whether it is direct or indirect.</i></p>	<p>Performance Standard <i>Define and explain acceptable level of student performance.</i></p>	<p>Data Collection <i>Discuss the data collected and student population</i></p>	<p>Analysis <i>1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.</i></p>
<p>NUF 503 Direct Measure</p>	<p>100% must achieve 3 or better on end of the semester clinical evaluation item pertaining to health promotion/disease prevention (Appendix 5)</p>	<p><u>Fall 2015</u> (NUF 503) (n = 16)</p>	<p><u>Fall 2015</u> (NUF 503) (n = 16) 16 of 16 students achieved performance standard (100%) *Met</p>
<p>NUF 504 Direct Measure</p>	<p>90% will correctly answer exam question pertaining to health promotion in children on the child-wellness exam (Appendix 6)</p>	<p><u>Spring 2016</u> (NUF 504) (n = 16)</p>	<p><u>Spring 2016</u> (NUF 504) (n = 16) 16 of 16 students achieved performance standard (100%) Met</p>



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

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

The achievement of these measures indicates that our students are meeting the learning outcome. Preparing our students in the realm of health promotion and disease prevention meets program and national standards and equips students to engage in promoting the health of the patients they serve after graduation, whether individual, family or community/population. Within the Marymount University Department of Nursing, there are several faculty members with expertise in population health. A stand-alone course in population health is a distinctive feature of our graduate nursing program. Opportunities for improvement include examining the FNP curriculum to eliminate redundancies to better foster learning and mastery of content which can be evaluated in the future by more in-depth student work relating to health promotion and disease prevention in addition to the test question and clinical performance standards.

Discuss planned curricular or program improvements for this year based on assessment of outcome: Addition of indirect measures related to this topic will include a GSS survey item related to student's perception of their ability to promote health and prevent disease and potentially via employer survey. Additionally, for the 2016-2017 academic year, the faculty will map the curriculum of the FNP program to program outcomes and national accreditation standards (CCNE & NONPF) to identify areas for improvement in the FNP curriculum, reduce redundancies and facilitate a more seamless transition of degree progression for BSN prepared nurses who want to obtain a DNP and will meet the competencies for the FNP national certification examination along the way. Additionally, faculty and the Department of Nursing Assessment Committee will assess whether or not the benchmark should be changed from 3 (average) to 4 (above average) on the clinical evaluation tool completed by students' preceptors.

Summary list of planned curricular or program improvements based on above assessment

1. Faculty review of NONPF Task Force July 2016 publication on Nurse Practitioner Programs*
2. Map FNP program curriculum to program outcomes and national accreditation standards *
3. Department of Nursing Curriculum Committee will identify program curricular "gaps" and redundancies presenting findings to nursing faculty with recommendation for modification
4. Nursing Department Assessment Committee will lead nursing faculty in discussion generating updated outcome measures identified through curricular re-evaluation and modification
5. Faculty discussion surrounding minimum standard of performance for those measures where 100% performance standard met.
6. Incorporate indirect measures for outcome assessment by updating GSS.



7. Incorporate indirect measures for outcome assessment in clinical courses by emphasizing anecdotal remark section in FNP student clinical evaluation tool completed by preceptor
8. Ensure that all listings of FNP program terminal objectives/outcomes are updated to properly reflect changes (Graduate Catalog and clinical evaluation form)

*Task force within Department of Nursing Curriculum Committee charged with this deliverable