

STUDENT LEARNING ASSESSMENT REPORT

PROGRAM: Family Nurse Practitioner Post-Master's Certificate, Graduate Nursing Program

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DATE: September 30, 2017

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 2016-2017 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 2017-2018 Graduate Catalog. Curriculum mapping data was based on syllabi from 2016-2017 academic year and are stored on the Malek School of Health Professions' share drive.

EXECUTIVE SUMMARY

Program description from the Course Catalog: Family Nurse Practitioner Post-Master's Certificate (post master's certificate) 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).

***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 admitted to the post-master's certificate program must have a master's degree in nursing from a CCNE accredited program. The post-master's curriculum builds upon their core graduate coursework (completed at another university) providing competencies as an advanced practice nurse specializing as a FNP. Upon completion, they are able to meet the same outcomes as Marymount's MSN graduates because these outcomes are required to meet the CCNE and NONPF competencies and complete the FNP certification exam.**

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

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

The curriculum and the program outcomes for the Family Nurse Practitioner Post-Master’s Certificate 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 (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).

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, data from recent Marymount Graduate student survey were examined. FNP graduate responses were parsed from overall graduate response. Because of only one FNP Post-Masters certificate student responded to the GSS this response was included with the MSN response because it could not be reported as a single response. Questions related to program outcomes were reviewed gaining insight into perceived student achievement (see Marymount Alumni Data attachment). Most notable were responses in which less than half of the students reported feeling their level of preparation was "Good" or "Excellent." While the number of responses was low (n = 8 or 7 depending on the item), only one item had less than 50% response was as follows: "pursue more education in your field." This item had only 37.5% of respondents indicating they were prepared for this at a "Good" or "Excellent" level. This information will be considered as the FNP Program undergoes examination and revision to streamline the BSN to DNP course work, during which the students complete the MSN curriculum. There is movement within the profession of Advance Practice Nursing to make the Doctor of Nursing Practice the entry level of practice for nurse practitioners. As a result, the graduates of our FNP Program should feel well prepared to take on additional education after achieving their master's degree.

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

<p>Outcome</p>	<p>Planned Improvement</p>	<p>Update <i>(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)</i></p>
<p>Utilizes organizational and systems leadership strategies to promote high quality and safe care to individuals, families, groups and communities. (Outcome #2)</p>	<p>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.</p> <p>Additionally, moving forward outcome measurements will be separate to distinguish between post-master's 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</p>	<p>The GSS survey was updated for the 2017-2018 edition to reflect items specific for each of the FNP Program outcomes.</p> <p>Curriculum was examined and areas were identified that will streamline the BSN to DNP pathway. Curriculum modifications to reduce redundancies and achieve program outcomes and national requirements for practice are in progress. The changes to courses or addition/subtraction of courses will be mapped to the program outcomes and national accreditation standards during the 2017-2018 academic year.</p> <p>Unfortunately, the 2016-2017 GSS survey does not reflect if students are MSN or certificate students because the number of certificate students who completed the GSS was too small to report separately.</p> <p>FNP Program Director and Chair of Graduate Nursing examined the benchmark of 3 (average) vs. 4 (above average) on the clinical evaluation tool and determined that 3 would remain the benchmark for 2 reasons. First, despite the instructions in the clinical evaluation tool, there is variability between preceptors between what is "average" and "above average." Second, we are waiting to reassess benchmarking for the clinical evaluation tool to reflect changes to the clinical</p>

Outcome	Planned Improvement	<p style="text-align: center;">Update</p> <p style="text-align: center;"><i>(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)</i></p>
	<p>purposes. Also, we will request for GSS data to be separated between MSN and certificate students.</p>	<p>courses following the curriculum changes/modifications. Once the curriculum change is made, the clinical evaluation tools will be updated ensuring congruent outcome benchmarking</p>
<p>Incorporates informatics and health care technologies to deliver, coordinate and optimize health care. (Outcome #4)</p>	<p>For the 2016-2017 academic year, the faculty will map the curriculum of the FNP certificate 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 will specifically examine the need for certificate students to take NU 501, Population Health because it is important content and a unique feature of our MSN program. 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.</p> <p>Additionally, faculty will specifically examine the need for certificate students to take NU 510, Population Health because it is important content and a unique feature of our MSN program. This mapping will include re-evaluation of assignments</p>	<p>Curriculum was examined and areas were identified that will streamline the BSN to DNP pathway which directly impacts and enriches the MSN sequence of courses. Curriculum modifications to reduce redundancies and achieve program outcomes and national requirements for practice are in progress. The changes to courses or addition/subtraction of courses will be mapped to the program outcomes and national accreditation standards during the 2017-2018 academic year.</p> <p>Unfortunately, the 2016-2017 GSS survey does not reflect if students are MSN or certificate students because the number of certificate students who completed the GSS was too small to report separately. Faculty were able to separate out post-masters vs. MSN students in the direct course measures.</p> <p>The FNP Program Director and the Chair of Graduate Nursing reviewed this and decided to</p>

Outcome	Planned Improvement	<p style="text-align: center;">Update</p> <p style="text-align: center;"><i>(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)</i></p>
	<p>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.</p>	<p>postpone assessment of potential changes to the post-master's certificate program until all of the curriculum changes are made to the BSN to DNP option. Post-master's certificate will be re-evaluated in 2017-2018 academic year after the BSN to DNP has been revised.</p>
<p>Design preventative clinical strategies to promote health and reduce risk of disease and chronic illness. (Outcome #7)</p>	<p>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. We will explore assessing this outcome 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.</p>	<p>The GSS survey was updated for the 2017-2018 edition to reflect items specific for each of the FNP Program outcomes.</p> <p>Curriculum was examined and areas were identified that will streamline the BSN to DNP pathway. Curriculum modifications to reduce redundancies and achieve program outcomes and national requirements for practice are in progress. The changes to courses or addition/subtraction of courses will be mapped to the program outcomes and national accreditation standards during the 2017-2018 academic year.</p> <p>Unfortunately, the 2016-2017 GSS survey does not reflect if students are MSN or certificate students because the number of certificate students who completed the GSS was too small to report separately.</p> <p>FNP Program Director and Chair of Graduate Nursing examined the benchmark of 3 (average) vs. 4 (above average) on the clinical evaluation tool and determined that 3 would remain the</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>
		benchmark for 2 reasons. First, despite the instructions in the clinical evaluation tool, there is variability between preceptors between what is “average” and “above average.” Second, we are waiting to reassess benchmarking for the clinical evaluation tool to reflect changes to the clinical courses following the curriculum changes/modifications. Once the curriculum change is made, the clinical evaluation tools will be updated ensuring congruent outcome benchmarking.

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
 Action: Completed
 - Faculty reviewed the updated “2016 Criteria for Evaluation of Nurse Practitioner Programs (5th ed)”
2. Map FNP program curriculum to program outcomes and national accreditation standards
 Action: In Process
 - Curriculum of MSN, post-master’s certificate and the BSN to DNP option were reviewed and areas of redundancies and streamlining were identified. Curriculum modifications are in process to changes several courses including a few changes in credit hours and plan of study. Syllabi are being edited now. Next steps will include updating curriculum maps to program outcomes and national accreditation standards to ensure compliance.
3. Department of Nursing Curriculum Committee will identify program curricular “gaps” and redundancies presenting findings to nursing faculty with recommendation for modification
 Action: In Process
 - Chair of Graduate Nursing and FNP Program director have reviewed curriculum and identified areas of gaps and redundancies. Modifications are being put forward to the Department of Nursing in October 2017 to streamline BSN to DNP option which will reduce redundancies in the current MSN program and spreads the diagnostic content of the MSN program out over 3 classes to assist students with knowledge acquisition.
4. Nursing Department Assessment Committee will lead nursing faculty in discussion generating updated outcome measures identified through curricular re-evaluation and modification.

Action: In Process

- Curricular evaluation and modifications are currently in process. Once finalized, will bring forward to the Department of Nursing Committee for input and review.

5. Faculty discussion surrounding minimum standard of performance for those measures where 100% performance standard met.

Action: In Process

- FNP Program Director and Chair of Graduate nursing have discussed this and no changes made now. Will reassess once changes/modifications to curriculum are completed because we anticipate the clinical evaluation tool will need to be modified once it is reviewed which may change benchmarks.

6. Incorporate indirect measures for outcome assessment by updating GSS.

Action: Completed

- GSS FNP Specific questions were updated to reflect current FNP Program Outcomes for the 2017-2018 survey

7. Incorporate indirect measures for outcome assessment in clinical courses by emphasizing anecdotal remark section in FNP student clinical evaluation tool completed by preceptor.

Action: Not completed

- The clinical evaluation tool was updated to reflect the current MSN program outcomes, but there was no additional emphasis placed on the free response section of this tool. During site visits to clinical sites to meet with preceptors and students, faculty encourage preceptors to provide feedback and document this feedback in their site visit evaluation. We decided not to make the remarks section of the tool a measure because not all preceptors write in this section, despite our encouragement to do so in the past.

8. Ensure that all listings of FNP program terminal objectives/outcomes are updated to properly reflect changes (Graduate Catalog and clinical evaluation form)

Action: Completed

- This change was made in the 2017-2018 Graduate Student Catalog

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 recommendations for changes. Faculty, including the FNP Program Director and the Chair of Graduate Studies in the Department of Nursing, have reviewed the comments. All mention of the "old" learning outcomes prior to the 2015 Program Outcome changes have been removed from the current reports, catalog and GSS. The GSS was updated to get more accurate indirect measurement of the student's perception of the program learning outcomes. Once the curriculum changes/modifications are completed, the FNP Program Director and Chair of Graduate Nursing will seek input from the Department of Nursing Assessment Committee for new indirect measures to make the annual assessments more robust.

Outcomes Assessment 2016-2017

Learning Outcome 1: Integrates theory and evidence based practice principles to optimize patient 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>
Direct Measure NUF 503 Soap note critique	90% of students will achieve passing score of 85% on the Soap Note Critique.	Fall 2016 NU n = 3 post-master's certificate students	MET 3 of 3 (100%) of students met the performance standard Accurate use of SOAP note writing is key in documentation for advanced practice nurses. This measure indicates that the benchmark is met and the vast majority of students demonstrate competence in the incorporation of theory and evidence of best practice principles into this assignment generated from clinical practicum experience. The small number of post-master's certificate students assessed makes meaningful interpretation difficult.
Indirect Measure GSS MSN Exit Survey 2016-2017	100% of students will rate themselves as "Good" or "Excellent" in regard to this SLO on the exit survey. GSS survey asks students to rank how well the program prepared them for the item using scale of: Poor Needs to be improved Adequate Good	2016-2017 GSS n = 7 2 items used: 1. "Solve problems in your field using your knowledge & skills" 2. "Evaluate the quality of information"	Not Met Items: 1. 71.4% Good/excellent Mean = 4** 2. 71.1% Good/excellent Mean 3.86** **Unable to separate MSN from certificate students. Number reflects all students in this class who are either MSN or certificate candidates



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 1) Describe the analysis process. 2) Present the findings of the analysis including the numbers participating and deemed acceptable.
	Excellent		Although this outcome measure was not met, small response rates limit meaningful interpretation.

Interpretation of Results

Extent this learning outcome has been achieved by students (*Use both direct and indirect measure results*): 100% post –master’s certificate students met achieved an 85% or greater on the direct measure that examined their performance on the SOAP Note Critique Assignment. The indirect measure using the GSS to examine how students felt prepared related to 1. “Solve problems in your field using your knowledge & skills” and 2. “Evaluate the quality of information” was not met because only 71.4% of students indicated “Good” or “Excellent.” Because of the small response rate of post-master’s certificate students, this measure does not separate MSN from post-master’s certificate students. Also, the number of responses is very low limiting meaningful interpretation.

Program strengths and opportunities for improvement relative to assessment of outcome: On the direct measure, our MSN students demonstrated they could integrate theory and evidenced based practice to optimize patient care. The results on this assignment show that students can identify the most current evidence based practice guidelines and apply them to the care of their patients to create holistic plans of care. The indirect measure was not met. This could be due to the small number of responses on the GSS and the fact that the program outcome was not directly stated on the GSS. The 2017-2018 GSS has been changed to directly state how students perceive their “preparedness” related to this MSN program outcome. Additionally, faculty need to explore how to gain better indirect measures of this outcome especially given the curriculum changes that are in progress to streamline the BSN to DNP which includes changes to the MSN to reduce redundancies and strengthen students’ achievement the programs’ outcomes and national accreditation standards

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

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-master’s 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.

Learning Outcome 2: Applies principles of interprofessional collaboration to improve patient and population health outcomes.

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>
Direct Measure NUF 504 Preceptor Evaluation	100% of students will rate “3” or better on the preceptor evaluation tool item “Engages in Collaborative Relationships”.	Spring 2017 NUF 504 n = 3 post-master’s certificate students The instructor collected the preceptor evaluations of student performance from the preceptors and aggregated the data. The scale ranges from a 5 (exceptional), 4 (above average), 3 (average), 2 (Below average) and 1 (Not acceptable).	Met 3 of 3 students (100%) achieved a 3 or better on the clinical evaluation tool item: “Engages in Collaborative Relationships”. The small number of post-master’s certificate students assessed makes meaningful interpretation difficult.
Indirect measure GSS MSN Exit Survey 2016-2017	100% of students will rate themselves as “Good” or “Excellent” in regard to this SLO on the exit survey. GSS survey asks students to rank how well the program prepared them for the item using scale of: Poor Needs to be improved Adequate Good Excellent	2016-2017 GSS Nursing Survey n = 8 Item: “Works as part of an effective team”	Not met 62.5% “Good” or “Excellent” mean is 3.88** **Unable to separate MSN from certificate students. Number reflects all students in this class who are either MSN or certificate candidates Although this outcome measure not met, small response rates limit meaningful interpretation.

Interpretation of Results

Extent this learning outcome has been achieved by students (*Use both direct and indirect measure results*): Direct measure of the students’ performance complete by their clinical preceptors indicates that this outcome is being achieved (3 out of 3 obtaining a 3 or higher). However, the indirect measure of students’ perception of their preparation for collaborating in a team was not met as only 62.5% of respondents indicated themselves as “Good” or “Excellent.” Because of the small response rate of post-master’s certificate students, this measure does not separate MSN from post-Masters certificate students. Also, the number of responses is very low limiting meaningful interpretation or results.

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

Preceptors rating our students as “average” or “above average” on collaboration indicates a direct measurement of strength in our program’s ability to promote this skill in our students. To more accurately identify distinction between “average” and “above average” a rubric detailing observable behavior in all levels of assessing this concept will be given to preceptors for completion at the midpoint and end of the course to make this measurement more valuable in assessing student outcomes. After this change, we can do new benchmarking to determine if our target for student outcomes should be “above average.” However, the indirect results indicate that students do not have strong self-efficacy related to this program outcome. We want our students to feel confident in their ability to carry out the program outcomes. As a result, improving opportunities for students to engage in collaboration is an area for improvement. Additionally, as previously mentioned with small cohorts and low response rates on electronic surveys, use of focus groups led by faculty/staff outside the department of nursing may be another avenue for more meaningful assessment of this learning outcome.

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

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.

Learning Outcome 3: Demonstrates advanced practice competencies in the delivery of safe, quality care to diverse populations.

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>
Direct Measure	90% of students will achieve a passing score (85%) on end of	Spring 2017 NUF 502	Met

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>
NUF 502 Skills Assessment Head-to-toe check off	semester head-to-toe assessment/skills "check off."	n = 1 post-master's certificate student	1 of 1 achieved an 85% or better. The small number of post-master's certificate students assessed makes meaningful interpretation difficult.
Direct Measure Comprehensive Exam	90% of students will achieve passing score (85%) related to this SLO on the comprehensive exit exam on first attempt *used score on exam because the whole exam assesses their competency in providing entry level care as an advanced practice nurse	Spring 2017 n =3 MSN students Comprehensive exit exam given to students prior to graduating from the program.	Spring 2017 Not met 1 of 3 (33.33%) passed on the first attempt with a score of 85% or better The small number of post-master's certificate students assessed makes meaningful interpretation difficult.

Interpretation of Results

Extent this learning outcome has been achieved by students (*Use both direct and indirect measure results*): A direct measure early in the program (NUF 502 Head-to-Toe Check off) indicates that our students demonstrate the requisite safe health assessment skills (fundamental skills in advanced practice nursing) with 100% of the students achieving this outcome. However, at the end of the program only 33% of post-master's certificate students passed the comprehensive exit exam on the first attempt. This test incorporates content from the entire curriculum and models the licensing certification exam for advanced nursing practice nurses. Students are eligible for the examination after successful program completion. The small number of post-master's certificate students assessed makes meaningful interpretation difficult.

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

While it is evident that our program has strengths in instructing students on the topic of health assessment, the comprehensive measurement at the end of the program fell short. The FNP Program Director met with each of the students who was not successful, reviewed content and offered recommendations for test taking strategies and content review. Both students successfully passed a second comprehensive exam. Upon review of this data during the summer of 2017, the FNP Program Director and Graduate Nursing Chair considered program gaps possibly leading to this outcome. The program currently offers optional



review sessions held for numerous week throughout the graduating semester. We did not take attendance at these sessions so are uncertain which students participated in this learning opportunity. In analyzing areas of difficulty on this comprehensive exam, many unsuccessful students incorrectly answered questions related to health care policy and scope of practice related to the advanced practice nurse. This content is covered in the MSN degree that the post-master's certificate students earned before enrolling the post-master's certificate program here at MU. However, it is important for post-master's students to show competency in this content because one of the certification exams asks questions about this content and it is imperative that students know this content as a professional advanced practice nurse.

Faculty have examined these results, yet the factors associated with student performance challenges remain unclear. The FNP Program Director offered optional review sessions and content review similar to what was offered in Spring 2016. Of note, most of the Spring 2016 cohort attend the review sessions and the entire Spring 2016 cohort passed the comprehensive exam on the first attempt. However, approximately one third of the Spring 2017 cohort attended the review sessions offered. More than 33% of our post-master's students should be successful on the first attempt of their comprehensive exit exam (however, the low number of post-master's certificate students in this cohort makes meaningful interpretation difficult). In evaluating these results, it appears students meet achievement benchmarks for health assessment. This check off involves demonstration of psychomotor skills in physical examination. In contrast, the comprehensive exit examination tests the student's ability to diagnose and develop a treatment plan given a presenting patient complaint and set of physical findings. Questions about scope of practice and health policy are also included as this information is assessed on one of the two post-graduation certification examinations required for advanced practice. From these results, students successfully demonstrate physical examination skills but as a cohort do not achieve minimal pass rate on a comprehensive examination testing required knowledge for novice nurse practitioners.

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

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 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.

Appendices:

2015-1016 SLO Post- master's certificate report

GSS report

NUF 503/403 Clinical Evaluation

Curriculum Map

These will be sent for review and feedback to the Liberal Arts Core Committee.

GRADUATE CURRICULUM MAP

Degree Program: Family Nurse Practitioner, Graduate Nursing Program

Year: 2016-2017

For each course, indicate which competencies are included using the following key. Please refer to the director of assessment in Planning and Institutional Effectiveness if you need more detailed explanation of the four core competencies.

Level of instruction: I – Introduced, R-reinforced and opportunity to practice, M-mastery at the senior or exit level

Assessment: PR-project, P-paper, E-exam, O-oral presentation, I-internship, OT-other (explain briefly)

Program Outcomes:

Program Outcome	Critical Reading	Written Communication	Oral Communication/Persuasive Argument	Identification, Investigation, and Application of Theory and Principles of the Discipline	Scholarly Presentation and the Use of Resource Materials
Translates theoretical knowledge from the sciences and humanities into the delivery of advanced nursing care to diverse populations	R	R	R	R	R
Utilizes organizational and systems leadership strategies to promote high quality and safe care to individuals, families, groups, and communities.	R	R		R	R
Integrates theory and evidence based practice principles to optimize patient care.	R	R	R		
Incorporates informatics and health care technologies to deliver, coordinate and optimize health care.	R	R		R	

Program Outcome	Critical Reading	Written Communication	Oral Communication/Persuasive Argument	Identification, Investigation, and Application of Theory and Principles of the Discipline	Scholarly Presentation and the Use of Resource Materials
Analyzes the influence of health care policy development, regulation, and finance on health care organizations and delivery systems	R	R	R	R	
Applies principles of interprofessional collaboration to improve patient and population health outcomes.			R	R	
Designs preventive clinical strategies to promote health and reduce the risk of disease and chronic illness.	M	M	M	R	M
Demonstrates advanced practice competencies in the delivery of safe, quality care to diverse populations.	M	M	R	M	M
Integrates professional and ethical standards in advanced nursing practice.	M	M		M	M

Graduate program competencies derived from GSC Committee Requirements for New Graduate Programs: “Achieving this criteria may be demonstrated by, but is not limited to:

1. Course content that is increasingly more complex and rigorous than UG courses (course objectives, learning activities, outcome expectations, etc.)
2. Coursework that produces graduates with advanced skills in reading critically.
3. Coursework that produces graduates with advanced skills in writing clearly.
4. Coursework that produces graduates with advanced skills in arguing persuasively.
5. Coursework that produces graduates competent in identifying, investigating, and applying theory and principles of the discipline to new ideas, problems, and materials.
6. Competence in the scholarly presentation of the results of independent study and in the use of bibliographic and other resource materials with emphasis on primary sources for data.
7. A capstone or final integrative activity that demonstrates achievement of graduate-level knowledge and application of the theory and principles of the discipline”

Curriculum Map:

For each course, indicate which competencies are included using the following key. Please refer to the director of assessment in Planning and Institutional Effectiveness if you need more detailed explanation of the four core competencies.

Level of instruction: F-foundational, A-advanced, M-mastery

Assessment: PR-project, P-paper, E-exam, O-oral presentation, I-internship, OT-other (explain briefly)

Required Course	Critical Reading ¹		Written Communication		Oral Communication/Persuasive Argument		Identification, Investigation, and Application of Theory and Principles of the Discipline		Scholarly Presentation and Use of Resource Materials	
	Level	Assess	Level	Assess	Level	Assess	Level	Assess	Level	Assess
NU 501	A	PR, P, E O	A	P	A	O	A	PR, P, E	A	P, E, O, PR
NU 510	A	E, P	A	P	A	O	A	E, P	A	O, P, E
NU 512	A	E, P	A	P	A	O	A	O, P, E	A	O, P, E
NU 590	A	E, OT (assignments)	A	PR, OT (assignments)			A	E, PR	A	E, PR, OT (assignments)
NU 591	A	E, P	A	P, PR	A	OT (poster presentation)	A	E, PR, P, OT (poster presentation)	A	OT (poster presentation), PR, P
NU 550	A	P,E	A	P			A	E	A	E
NU 551	A	P,E	A	P			A	E	A	E
NU 552	A	E					A	E		
NUF 502	A	O,E	A	P			A	P,E		
NUF 501	A	O,E	A	P,E	F	OT (clinical hours)	A	PR	A	PR
NUF 503	A	O,E	A	P,E	A	OT (clinical hours)	A	PR	A	PR
NUF 504	A	O,E	A	P,E	A	OT (clinical hours)	A	PR	A	PR