

## Program-Level Assessment: Annual Report

Program: Adult Gerontology Acute Care NP and Adult Gerontology acute Care NP (post-masters) Department: Nursing

Degree or Certificate Level: degree and certificate College/School: Trudy Busch Valentine School of Nursing

Date (Month/Year): May, 2022 Primary Assessment Contact: Joanne Thanavaro/Gere Ochs

In what year was the data upon which this report is based collected? 2022

In what year was the program’s assessment plan most recently reviewed/updated? 2020

### 1. Student Learning Outcomes

Which of the program’s student learning outcomes were assessed in this annual assessment cycle?

Outcome #3 (spring semester): Integrate advanced competencies, skills, theories, and cultural sensitivity in relationship with parents and professionals.

### 2. Assessment Methods: Artifacts of Student Learning

Which artifacts of student learning were used to determine if students achieved the outcome(s)? Please identify the course(s) in which these artifacts were collected. Clarify if any such courses were offered a) online, b) at the Madrid campus, or c) at any other off-campus location.

Outcome #3 (N5270) site visit and standardized patient

- clinical grading rubric form -Appendix E
- standardized patient scenario -Appendix M
- Program outcome evaluation -Appendix L
- Sky factor Benchworks Assessments – factor 23 Overall learning report

### 3. Assessment Methods: Evaluation Process

What process was used to evaluate the artifacts of student learning, and by whom? Please identify the tools(s) (e.g., a rubric) used in the process and include them in/with this report.

Direct observation and clinical evaluations were conducted by the clinical course faculty to local students (4) within their designated clinical sites and the (9) distant students at residency using a standardized patient. The clinical grading rubric form (Appendix E) was utilized in both settings. Clinical faculty Preceptors scored the NP students using the patient(s) they were assigned to on that day in their clinical site. Student performance was scored as above average, average/satisfactory, needs improvement, and/or unsatisfactory. Greater than 90% of the student’s achieved a satisfactory clinical evaluation in their clinical courses.

Critical feedback was given to each student by the clinical faculty after the evaluation was completed. Results were reviewed by the AGACNP coordinator and presented to the ANPPC meeting in May for review.

All students (both local and during residency) were scored during direct observation of a patient encounter on the following program outcomes #3A, 3B, 3C, 4A (Appendix L). Students’ performances were scored advanced, proficient, not proficient.

### 4. Data/Results

What were the results of the assessment of the learning outcome(s)? Please be specific. Does achievement differ by teaching modality (e.g., online vs. face-to-face) or on-ground location (e.g., STL campus, Madrid campus, other off-campus site)?

>90% of all students achieved satisfactory clinical evaluations based on the direct faculty observation during their clinical practicum or during residency (Appendix E). Achievement of the students' skills and therapeutic planning did not differ from clinical patients to standardized patients (Appendix M)

>90% of students received a proficient rating or advanced rating on program evaluation #3 (Appendix L). Specifically all 12 students scored proficient in 3A and 3C, 11 student scored proficient in 3B, 10 students scored proficient in 3D.

Sky factor #23, overall learning: rating > 5.5 (6.29) on a 7-point scale on the exit surveys

## 5. Findings: Interpretations & Conclusions

What have you learned from these results? What does the data tell you?

The 2 students that scored proficient in 3B and 3D were evaluated at residency utilizing a standardized patient possibly making it difficult to fully assess these specific outcomes. These specific students scored above average on their clinical evaluations that their preceptors (Board certified APRNs) performed at their specific sites throughout the course.

## 6. Closing the Loop: Dissemination and Use of Current Assessment Findings

A. When and how did your program faculty share and discuss these results and findings from this cycle of assessment?

Outcome #3 the formalized assessment tools will be discussed with clinical faculty as to the areas of strengths and weaknesses to facilitate learning experiences. The residency week proves to be a very rewarding experience for the faculty and the students.

B. How specifically have you decided to use these findings to improve teaching and learning in your program? For example, perhaps you've initiated one or more of the following:

Changes to the Curriculum or Pedagogies

- Course content
- Teaching techniques
- Improvements in technology
- Prerequisites
- Course sequence
- New courses
- Deletion of courses
- Changes in frequency or scheduling of course offerings

Changes to the Assessment Plan

- Student learning outcomes
- Artifacts of student learning
- Evaluation process
- Evaluation tools (e.g., rubrics)
- Data collection methods
- Frequency of data collection

Please describe the actions you are taking as a result of these findings.

Due to hospital barriers and faculty clinical practice sites the faculty are looking at creating realistic standardized patients to be able to evaluate cultural sensitivities during residency week. The Coordinator of the course takes discussion for future change to the ANPPC faculty meeting for dissemination.

If no changes are being made, please explain why.

## 7. Closing the Loop: Review of Previous Assessment Findings and Changes

A. What is at least one change your program has implemented in recent years as a result of assessment data?

Standardized rubrics and evaluation tools and modifying invasive skills workshop to address competencies of the AGACNP

**B. How has this change/have these changes been assessed?**

The process of review is done after residency. The AGACNP coordinator collaborates with the clinical faculty with the results of the residency evaluations done by students as well as course evaluations .

**C. What were the findings of the assessment?**

Continue wit the present assessment and evaluations.

**D. How do you plan to (continue to) use this information moving forward?**

Continue to evaluate alternative clinical evaluations that are done at residency for the distant student.

**IMPORTANT: Please submit any assessment tools and/or revised/updated assessment plans along with this report.**

**EVALUATION**  
**Adult Gerontology Acute Care Masters NP and Adult Gerontology Acute  
 Care Post Masters Certificate NP**

**Appendix E**

Please rate your student using the following:

4= Above average                      3= Average/Satisfactory                      2= Needs improvement  
 1= Unsatisfactory                      N/A=No Opportunity or Non-Applicable

<b>PROFESSIONALISM</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
Arrives to clinic prepared and professionally dressed					
Demonstrates self-directed learning					
Respects patients privacy					
Relates well with staff					
Relates well with preceptor					
Articulates the scope of NP practice					
<b>SKILLS</b>					
Uses appropriate interviewing techniques (obtains history)					
Performs organized & timely physical exam					
Performs appropriate physical exam					
Uses exam equipment properly					
Identifies appropriate ancillary test (labs/ imaging)					
Presents findings to preceptor accurately					
Uses correct medical terminology					

Utilizes electronic resources (web-based; apps) for evidence-based care (standards, medications, practice guidelines)					
Readily identifies normal and abnormal findings					
Develops reasonable differential diagnosis					
<b>Therapeutic Planning</b>					
Demonstrates knowledge in the treatment and evaluation of patients					
Formulates appropriate plan using evidence based practice					
Identifies appropriate indications for specific diagnosis					
Implements appropriate strategies for health promotion and patient education					
Identifies therapeutic pharmacological and non-pharmacological treatment (patient education)					
Recommends appropriate follow up and referral					
<b>Outcomes</b>					
Demonstrates culturally sensitive care					
Demonstrates appropriate developmental care					
Provides patient centered safe care					

In your opinion, did this student appropriately apply the knowledge and skills during this clinical experience? Yes \_\_\_\_\_ No \_\_\_\_\_

Preceptor comments/ suggestions:

Preceptor Signature / Date

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**Adult Gerontology Acute Care Masters NP and Adult Gerontology Acute  
Care Post Masters Certificate NP  
Appendix L**

Program Outcome Evaluation

Spring 2022

During direct observation of a patient encounter, score the student on the following program outcomes.

Program Learning Outcomes	advanced	Proficient	Not proficient
3A. The student integrates advanced competencies in relationship with patients/professionals			
3B. The student integrates cultures theories in relationships with patients/families/professionals			
3C. The student integrates cultural sensitivity in relationships with patients/professionals			
4A. The student designs culturally sensitive patient care that includes health promotion and disease prevention.			

Definitions:

Advanced : performs/demonstrates at a superior level with no verbal cues or prompting (91-100)

Proficient : performs/demonstrates at the expected level with minimal verbal cues or prompting (80-90)

Not proficient: performs/demonstrates below minimally competent level; requires frequent verb cues/prompting. Requires mediation. (79 or below)

# Adult Gerontology Acute Care Masters NP and Adult Gerontology Acute Care Post Masters Certificate NP

## Standardized Patient for Residency

### Appendix M

**Instruction to the student:** (put this info in the chat box or a word document and share your screen). The student is responsible for going thru the case and you can give the feedback that is in red to the student to help build onto this case.

#### CASE!

Your team is on call for internal medicine today. Dr. Greene asks you to evaluate a new patient in the Emergency Department. "Perform a complete history and physical, then come and find me," states Dr. Greene.

You stop in front of the patient's room and review the nurse's intake information:

**Name:** Jenny Koda

**Age:** 54 years old

Mrs. Koda arrived via ambulance after passing out at the supermarket.

#### **Vital signs:**

- **Temperature:** 37 C (98.8 F)
- **Pulse:** 130 beats/minute
- **Respiratory rate:** 18 breaths/minute
- **Oxygen saturation:** 95% on room air
- **Blood pressure:** 110/70 mmHg
- **Weight:** 50 kg (110 lbs)
- **Height:** 152 cm (60 in)

**History?** (the instructor provides the answers to the questions that the student asks only)

Mrs. Koda, do you remember what brought you into the Emergency Department today?"  
"I'm not really sure. I was shopping at the local market, then the next thing I remember was waking up on the floor. Harold, my husband, told me that I passed out."

"How were you feeling before you passed out?"

"A little tired and short of breath and a little lightheaded. It's hard to explain, but I also had an uneasy feeling in my chest."

"Did you have any lightheadedness or chest pain?"

"No, it felt like my heart was fluttering or racing, but it wasn't pain."



"Was your husband with you when you passed out?"

"Yes, I was with her," says Mr. Koda. "There didn't seem to be anything wrong while we were shopping. Then, all of the sudden, she slumped to the floor! She didn't make any strange movements while she was unconscious. She was out for probably less than a minute. The paramedics showed up soon after and they brought her here."

"How did you feel when you woke up?"

"Not much different than before I passed out. Just a little sore from falling."

"Were you confused?"

"I was surprised, but not really confused."

"Have you ever fainted before?"

"No, I've never fainted before, but I have sometimes felt my heart racing out of the blue, kind of like what happened before I fainted."

"Do you have any problem with daily activities?"

"I don't know. I think I've been more tired in the last few years, but I've also been really busy."

"Have you been eating and drinking normally lately?"

"I've been eating and drinking what I normally do."

"Any vomiting or diarrhea?"

"No, I haven't had anything like vomiting or diarrhea."

**Past History reviewed:** (the instructor gives this information to the student)

**Past Medical History:** Hypothyroidism for 5 years; G1P1; rheumatic fever as a child.

**Past Surgical History:** Cesarean section; appendectomy as a child.

**Allergies:** No known drug allergies.

**Medications:** Levothyroxine 50 mcg po daily; no over-the-counter medications, no herbal supplements.

**Social History:** Mrs. Koda is originally from Japan. She immigrated to the United States with her family at the age of 8. She is married and has one daughter. She is employed as a professional writer. She denies use of tobacco, alcohol, or illicit drugs.

**Family History:** Father died of myocardial infarction at age 70; mother died of gastric cancer at age 62.

**Review of Systems:** Unremarkable, except those reviewed in the history of present illness (HPI). She specifically denies weight loss, headaches, nausea, diarrhea, heat intolerance, tremulousness, and anxiety.

**Physical exam:** (the student tells you what they would like to exam and what the rationale and possible findings could be)

**Supine:** Blood pressure: 106/70; supine pulse: 115, irregular.

**Standing:** Blood pressure: 110/78; standing pulse: 120, irregular.

Mrs. Koda therefore does not have orthostatic hypotension. **What exactly is orthostatic hypotension?** You continue your exam.

**General:** Mrs. Koda is a thin female; she appears mildly distressed.

**Skin:** No evidence of trauma or bruising.

**Head, eyes, ears, nose and throat (HEENT):** Normocephalic, atraumatic. **Eyes:** Pupils equal, reactive to light and accommodation bilaterally; extraocular movements intact; fundoscopic exam benign. **Ears:** Tympanic membranes visible, good cone of light. **Nose:** Septum midline, mucosa pink and moist. **Throat:** Good dentition, no erythema or exudate, no tongue lesions.

**Neck:** Thyroid is normal size, no nodules; no lymphadenopathy.

**Cardiovascular: Heart:** No heaves or thrills, point of maximal impulse at the midclavicular line in the 5th intercostal space; tachycardic, irregularly irregular rhythm; loud S1 and normal S2; a II/VI diastolic murmur with an opening snap is heard with the bell at the apex. **Vascular:** No jugular venous distention; carotid upstrokes brisk, no bruits heard.

You hear a diastolic murmur: *what would that sound like?*

**Lungs:** Thoracic expansion symmetric; normal tactile fremitus, resonant to percussion; vesicular breath sounds in all lung fields, faint bibasilar crackles are heard.

**Abdomen:** Normoactive bowel sounds; tympanic/resonant to percussion; no hepatosplenomegaly; no tenderness to palpation.

**Extremities:** No cyanosis, clubbing or edema; 2+ peripheral pulses.

**Neurologic:** Alert and oriented to person, place, and time; cranial nerves 2-12 intact; strength 5/5 in all extremities; deep tendon reflexes 2+ in all extremities; no gross sensory abnormalities.

Summary statement from findings: ( see how the student summarizes positive and negative findings for this patient )

1. Epidemiology and risk factors: 54-year-old female, history of rheumatic fever, on treatment for hypothyroidism
2. Key clinical findings about the present illness using qualifying adjectives and transformative language:
  - syncope for thirty seconds with associated palpitations and dyspnea
  - preceded by fatigue
  - no seizure-like activity
  - normal orthostatics
  - irregularly irregular rhythm
  - diastolic murmur with opening snap
  - bibasilar crackles

Top DDX: (student should provide this to you)

- Neurocardiogenic syncope
- Valvular cardiac disease – mitral stenosis or mitral regurgitation can cause a diastolic murmur
- Arrhythmia

- Acute coronary syndrome/CAD

**Labs/Imaging:** (what does the student want to order given the H & P findings and the rationale)

- ECG - It may be diagnostic of the cause of syncope, such as new arrhythmia, or reveal abnormalities such as ischemia that warrant further investigation **atrial fibrillation with rapid ventricular response with T wave flattening and inversion and ST depression that may indicate rate dependent ischemia**
- CXR - is warranted if the patient has findings such as chest discomfort, shortness of breath, and crackles on exam. **Bilateral interstitial pulmonary infiltrates, mild cardiomegaly**
- Cardiac enzymes - rule out acute myocardial infarction. **Normal x1**
- CMP - **normal**
- UA - **normal**
- Thyroid-stimulating hormone - should be evaluated in select patients to rule out iatrogenic (treatment-induced) hyperthyroidism which can lead to a new arrhythmia, like atrial fibrillation. **normal**
- Testing not indicated:
  - In the evaluation of simple syncope and a normal neurological examination, don't obtain brain imaging studies (CT or MRI). In patients with witnessed syncope but with no suggestion of seizure and no report of other neurologic symptoms or signs, the likelihood of a central nervous system (CNS) cause of the event is extremely low and patient outcomes are not improved with brain imaging studies.
- Ultrasound – **mitral valve is thickened, calcified and moderately stenotic, no thrombus in the mitral valve or in the left atrium**

**What test do you need to confirm the diagnosis for this patient?** ECHO

**Final diagnosis:** **Mitral stenosis due to rheumatic disease**

**Management:** (have the student give you the plan for this patient):

- Medications to control ventricular rate:
  - Beta blocker
  - Calcium-channel blocker
  - Digoxin
- Warfarin po daily, titrate to an INR of 2-3
- Furosemide to improve her pulmonary congestion
- Cardioversion – if symptoms do not improve
- Consultation with a CV surgeon for possible mitral valve repair or replacement

**Discharge instructions:**

- Continue taking diltiazem, furosemide and warfarin as directed
- You need to adhere to a restricted sodium diet
- Follow up with cardiology/CV