SAINT LOUIS UNIVERSITY.

Program Assessment: *Annual Report*

Program(s): BSN-DNP and PM DNP

Department: Nursing

College/School: Trudy Busch Valentine School of Nursing

Date: 5/1/2020

Primary Assessment Contact: Joanne Thanavaro

1. Which program student learning outcomes were assessed in this annual assessment cycle?

> Outcome # 5 Develop clinical competence for advanced practice that provides consumers with primary, secondary and/or tertiary health care

2. What data/artifacts of student learning were collected for each assessed outcome? Were Madrid student artifacts included?

> Outcome # 5
>
> 1.Preceptor evaluation forms
>
> 2.Scores on two assignments that evaluate ability to implement strategies to enhance evidence-based practice guidelines.
>
>
> No Madrid Students were included

3. How did you analyze the assessment data? What was the process? Who was involved?
   NOTE: If you used rubrics as part of your analysis, please include them in an appendix.

> 1.The instructor reviewed all preceptor forms for the clinical rotation and discussed student progress with the preceptor via telephone conversation.
>
> 2.The instructor reviewed the scores on two assignments based on the AGREE II evaluation tool for evidence-based practice guidelines. Students self-selected which guidelines were used for these assignments based on relevancy to their proposed DNP projects (See attached grading rubric and AGREE II Tool)

4. What did you learn from the data? <u>Summarize</u> the major findings of your analysis for each assessed outcome.
   NOTE: If necessary, include any tables, charts, or graphs in an appendix.

> 1.Nine students were enrolled in EBP 1 Spring semester of 2020. 7 students completed their clinical hours and received excellent preceptor evaluations. Clinical logs were reviewed to ensure that each student completed the mandatory 75 clinical hours. Two students were unable to complete their clinical hours due to clinical restrictions related to COVID-19.
>
> 2. 90% of students achieved a score of 85% or higher on both assignments. There was considerable improvement in total scores from assignment one (78%) to assignment 2 (89%) The AGREE II format requires students to score and explain their rationale for scores on 7 domains. Students were then required

to discuss how they would implement strategies to improve the use of evidence-based guidelines.

Overall, students scored highest in Domain 7 (overall guideline assessment) on assignment one and highest in Domain 6 (editorial independence) on assignment two.

Areas of weakness were found in Domain 3 (Rigor of development) on assignment one and in Domain 7 (overall guideline assessment) on assignment 2. It is unclear why Domain 7 scored highest on assignment one and lowest on assignment two. It was observed that students spent less time on their overall assessment in this second assignment.

Domains 2 (Stakeholder involvement), 3 (Rigor of development), 5 (Applicability) and 8 (Strategies for implementation) improved from assignment 1 to assignment 2.

(see attached chart)

All students scored well on implementation strategies (Domain 8) indicating transfer of knowledge to application for practice. One student scored received no points in this domain on assignment one because she did not complete this section

5. How did your analysis inform meaningful change? How did you *use the analyzed data to make or implement recommendations for change* in pedagogy, curriculum design, or your assessment plan?

1.The two students who received incomplete grades will complete their clinical hours once they can resume practice at their clinical sites. Review of preceptor evaluations and direct conversation with preceptors continues to be an effective method of evaluating the strengths and weaknesses of doctoral students in this course. No changes recommended.

2. These 2 assignments provide foundational information for the development of the students' final DNP project. Student feedback indicates that these assignments are very helpful in connecting the theoretical concepts of evidence-based guidelines to actual clinical implementation strategies and facilitates critical thinking skills that will be helpful as they design their DNP project. No changes recommended.

6. Did you follow up ("close the loop") on past assessment work? If so, what did you learn? *(For example, has that curriculum change you made two years ago manifested in improved student learning today, as evidenced in your recent assessment data and analysis?)*

This is the first time this program outcome has been evaluated. We will continue to evaluate this outcome on an ongoing basis.

IMPORTANT: Please submit any revised/updated assessment plans to the University Assessment Coordinator along with this report.

AGREE II INSTRUMENT

DOMAIN 1. SCOPE AND PURPOSE

1. The overall objectives) of the guideline is are) specifically described.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

2. The health questions) covered by the guideline is are) specifically described.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

3. The population patients, public, etc.) to whom the guideline is meant to apply is specifically described.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

DOMAIN 2. STAKEHOLDER INVOLVEMENT

4. The guideline development group includes individuals from all relevant professional groups.

☐ 1 Strongly Disagree	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7 Strongly Agree

Comment

5. The views and preferences of the target population patients, public, etc.) have been sought.

☐ 1 Strongly Disagree	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7 Strongly Agree

Comment

6. The target users of the guideline are clearly defined.

☐ 1 Strongly Disagree	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7 Strongly Agree

Comment

DOMAIN 3. RIGOUR OF DEVELOPMENT

7. Systematic methods were used to search for evidence.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

8. The criteria for selecting the evidence are clearly described.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

9. The strengths and limitations of the body of evidence are clearly described.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

10. The methods for formulating the recommendations are clearly described.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

DOMAIN 3. RIGOUR OF DEVELOPMENT continued

11. The health benefits, side effects, and risks have been considered in formulating the recommendations.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

12. There is an explicit link between the recommendations and the supporting evidence.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

13. The guideline has been externally reviewed by experts prior to its publication.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

14. A procedure for updating the guideline is provided.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

DOMAIN 4. CLARITY OF PRESENTATION

15. The recommendations are specific and unambiguous.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

16. The different options for management of the condition or health issue are clearly presented.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

17. Key recommendations are easily identifiable.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

DOMAIN 5. APPLICABILITY

18. The guideline describes facilitators and barriers to its application.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

19. The guideline provides advice and/or tools on how the recommendations can be put into practice.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

20. The potential resource implications of applying the recommendations have been considered.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

21. The guideline presents monitoring and/or auditing criteria.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

DOMAIN 6. EDITORIAL INDEPENDENCE

22. The views of the funding body have not influenced the content of the guideline.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

23. Competing interests of guideline development group members have been recorded and addressed.

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Strongly Disagree						Strongly Agree

Comment

OVERALL GUIDELINE ASSESSMENT

For each question, please choose the response which best characterizes the guideline assessed:

1. Rate the overall quality of this guideline.						
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
Lowest possible quality						Highest possible quality

2. I would recommend this guideline for use.		
	Yes	☐
	Yes, with modifications	☐
	No	☐

Notes ***DOMAIN 8- Implementation Strategies: In this section describe how this guideline is being used at your practicum site. Be specific: Which recommendations are being used and which ones are not being used. Discuss barriers and challenges to using this guideline in your clinical area. Provide strategies for implementing change to improve the use of this guideline.***

Grading Rubric for Critiques of EBP Guidelines Using the AGREE II Instrument

NAME:

DOMAIN	Possible Points	Awarded Points	Comments
1.Scope & Practice	10		
2. Stakeholder Involvement	10		
3. Rigor of Development	20		
4. Clarity of Presentation	10		
5. Applicability	10		
6. Editorial Independence	10		
7.Overall Guideline Assessment	10		
8.Strategies for Implementation	20		

Student	Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6	Domain 7	Domain 8	Total Score	EBP Assignment 1
1	8	9	19	10	10	10	10	19	95%	Domain 1- Scope & Practice-10 possible points
2	10	10	18	10	10	10	10	19	97%	Domain 2-Stakehold Involvement-10 possible points
3	9	10	20	10	10	9	10	18	96%	Domain 3-Rigor of Development-20 possible points
4	10	10	16	10	8	10	10	0	74%	Domain 4-Clarity of presentation-10 possible points
5	10	10	20	10	10	10	10	20	100%	Domain 5-Applicability-10 possible points
6	10	10	20	10	10	10	10	18	98%	Domain 6-Editoral Independence-10 possible points
7	8	8	15	10	10	10	10	20	91%	Domain 7-Overall Guideline Assessment- 10 possible points
8	10	5	10	9	9	10	10	10	73%	Domain 8-Strategies for implementation- 20 possible points
9	10	10	18	9	10	10	10	20	97%	
Total(%)	85(94)	82(91)	166(87)	88(98)	87(97)	89(99)	90(100)	144(80)		

Student	Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6	Domain 7	Domain 8	Total Score	EBP Assignment 2
1	10	10	20	10	10	10	10	18	98%	Domain 1- Scope & Practice-10 possible points
2	10	10	20	10	10	10	10	20	100%	Domain 2-Stakehold Involvement- 10 possible points
3	9	10	20	10	10	10	9	16	94%	Domain 3-Rigor of Development- 20 possible points
4	9	10	20	10	8	10	9	16	92%	Domain 4-Clarity of presentation-10 possible points
5	10	10	20	10	9	10	10	20	99%	Domain 5-Applicability-10 possible points
6	10	10	19	10	10	10	10	19	98%	Domain 6-Editoral Independence-10 possible points
7	8	9	20	10	9.5	9	10	14	89.5%	Domain 7-Overall Guideline Assessment- 10 possible points
8	10	7	14	7	10	10	10	16	84%	Domain 8-Strategies for implementation- 20 possible points
9	10	10	20	10	10	10	4	20	94%	
Total(%)	86(96)	86(96)	173(97)	87(97)	95.5(96)	89(99)	82(91)	159(88)		