

Program-Level Assessment: Annual Report

Program: Pediatric Nurse Practitioner MSN/Post MSN **Department:** Nursing

Masters Science of Nursing

Degree or Certificate Level: MSN, Post-Masters

College/School: Trudy Busch Valentine School of Nursing

Date (Month/Year): 3/2021

Primary Assessment Contact: Deborah Loman

In what year was the data upon which this report is based collected? **2020**

In what year was the program's assessment plan most recently reviewed/updated? **Previously in 2019**

1. Student Learning Outcomes

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

Outcome #1 Implement collaborative strategies to provide ethical, high quality, safe, effective, patient-centered care.
Outcome #7 Utilize health care informatics and technologies to support practice.

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 #1: Courses evaluated include NURS 5320, NURS 5330, NURS 5810

Course detail:

- a. NURS 5320 and NURS 5330 contain online didactic content. NURS 5810-17 contains several structured online clinical conferences.
- b. No courses or students from the Madrid campus.
- c. Precepted clinical practicum experiences off-site in NURS 5320, 5330 and 5810.

Artifacts: 90% of students will achieve a satisfactory clinical evaluation based upon direct preceptor or faculty observation. **(Appendix E)**

Skyfactor 11 (interprofessional teamwork)- goal above 5.5/7

Skyfactor 18 (patient care)- goal above 5.5/7

Outcome #7: Courses evaluated include NURS 5320, NURS 5330, NURS 5810.

Course detail:

- a. NURS 5320, NURS 5330, & NURS 5810-17 contain online didactic content and precepted clinical experiences.
- b. No courses or students from the Madrid campus.
- c. NURS 5320, NURS 5330, and NURS 5810-17 contain precepted clinical practicum hours off-site.

Artifacts:

--90% of students will achieve a satisfactory or greater score on their clinical evaluation for use of electronic resources for evidenced-based care. **(Appendix E)**

--90% of students will achieve a grade of B or higher on Typhon notes graded by faculty in clinical courses.

(Appendix K)

--90% of students demonstrate competency with electronic health records by creating and downloading a comprehensive summary of all patient encounters using the available software system **(Appendix L)**

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.

Outcome #1: Direct observation of student clinical performance and therapeutic planning are conducted by NP faculty and preceptors in simulated scenarios, case conferences, and supervised clinical practicums. **(Appendix E).** The clinical preceptors in each clinical course completed the Student Evaluation forms for each student and rated the students on each item according to a four-point scale that ranged from 4 (Above Average) to 1 (Unsatisfactory). The responses to each of the four sections on the Student Evaluation forms were reviewed by the PNP program coordinator and shared with the other PNP faculty members. If a student receives a mark in the “needs improvement” or “unsatisfactory” category for any item, then the preceptor is contacted by the faculty and a telephone call is arranged to discuss the student’s performance. A direct observation of student clinical performance occurs by the PNP faculty through simulated scenarios with the students **(Appendix I)** during the on-site residency experiences. Following completion of the simulation scenarios, the faculty meet and review the scores that students received on their cases. If there are any concerns about a student’s performance, a plan is developed for additional theory review and/or clinical experiences. Measure: 90 % of students will achieve a satisfactory clinical evaluation in the clinical courses.

Outcome #7:

Typhon notes consist of electronic logs of clinical visits that are graded by faculty in clinical courses. **(Appendix K)** They document the care provided and demonstrate the student’s understanding of health promotion activities and diagnosis and management of acute/chronic health conditions encountered in pediatric primary care and outpatient settings. Measure: 90% of students will achieve a grade of B or higher for their typhon logs for the clinical course.

Clinical evaluations of student performance are completed by the preceptor and evaluated by the faculty member. The clinical behavior on the evaluation form for “Utilizes electronic resources (web-based; apps) for evidence-based care (standards, medications, practice guidelines)” is used to evaluate the student’s use of electronic resources for evidence-based care. Measure: 90% of students achieve a satisfactory or greater score on their clinical evaluation for use of electronic resources for evidence-based care. **(Appendix E)**

Upon completion of their clinical hours in their final clinical course (NURS 5810) students will create a report of their clinical experiences utilizing the Typhon platform. Measure: 90% of students demonstrate competency with electronic health records by creating and downloading a comprehensive summary of all patient encounters using the available software system. **(Appendix L)**

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)?

Outcome #1: Artifacts: 90% of students will achieve a satisfactory clinical evaluation based upon direct preceptor or faculty observation. (Appendix E).

Data/ Results:

--NURS 5320 (n= 16) (Fall 2020) This class is offered in the fall semester and some students experienced some disruption in clinical time related to COVID restrictions. 11/16 students were able to complete all course and clinical requirements by the end of fall, 2020 including satisfactory clinical evaluations. Five students completed all theory requirements but did not complete the clinical requirements due to restrictions in some geographic locations for new student clinical placements. Two students completed clinicals and clinical assignments on 1/12/2021 and another

student on 1/19/2021. Two students were not able to complete any of the required 75 clinical hours for this course due to COVID restrictions in their geographic area. The plan is for them to complete clinicals during spring 2021. The 14/16 students who have finished all requirements for the course in December, 2020 or January, 2021 had successfully clinical evaluations on all items – 100%

--NURS 5330 (n=5) (Spring, 2020). This class is held in the spring semester and all students completed their clinical hours during semester and progressed to the summer semester. All students received satisfactory clinical evaluations by their preceptors.

-- NURS 5810 (n=5). (Fall 2020). This class is offered in the fall semester and all five students completed the course and their clinical practicum hours. Five of the five students received above average ratings for their final clinical evaluation by their preceptors. All students were satisfactory on all items of the clinical evaluation form. The majority of preceptors rated the students at "4" (Above average) for most items.

Skyfactor 11 (interprofessional teamwork) rated above goal of 5.5/7 at 6.0

Skyfactor 18 (patient care) rated above goal of 5.5/7 at 5.9

Outcome # 7: Artifacts

- 90% of students achieve a satisfactory or greater score on their clinical evaluation for use of electronic resources for evidence-based care. (Appendix E)

Data Results:

--NURS 5320 (n=16). (Fall, 2020). This class was held in the fall semester of 2020 and some students experienced a delay in starting and completing clinicals. 11/16 students completed the course at the end of the fall semester including the clinical component. 10/11 or 91% received a satisfactory score on their clinical evaluation for use of electronic resources for evidence-based care. One preceptor submitted an evaluation form that did not contain this item (old eval form that was mistakenly emailed to the preceptor by the instructor rather than the current version in the Blackboard course). Three additional students finished the course by mid-January, 2021 and (3/3) received a satisfactory evaluation for use of electronic resources. Total: 13/14 = 92.8%

--NURS 5330 (n=5). (Spring, 2020). All five students completed the course and clinical hours. 100% received a satisfactory evaluation (above average) for use of electronic resources for evidence-based care.

--NURS 5810 (n=5) (Fall, 2020). All five students completed this course and the clinical hours. 100% received a satisfactory evaluation for use of electronic resources for evidence-based care. 4/5 received a score of 4 (above average) while 1 student received a score of 3 (average). That preceptor wrote: "limited use at this site".

Skyfactor 9 (health care technology) rated above goal of 5.5/7 at 5.8

5. Findings: Interpretations & Conclusions

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

Outcome#1: All students were successful in meeting this outcome. Although some students were limited in the number of clinical hours during a particular time frame related to COVID, the student were flexible and adapted their schedule to that of their preceptor and clinical site. Several students used the Aquifer simulation cases for a small portion of their clinical hours and found them useful. For the future, we plan to allow a limited number of simulation cases for students to enrich the range of experiences encountered in pediatric primary care as needed.

Outcome #7: All students were successful in demonstrating their use of technology in class and clinical experiences.

As documented by the clinical evaluations from their preceptors, all students achieved this outcome. Also, at the end of the last clinical course, the students documented all of their clinical encounters by downloading and submitting a summary of their typhon logs. Informally, preceptors often comment that students share new information from clinical articles through access to electronic resources.

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?

These results will be shared with the other MSN Coordinators and at the 3/2021 ANPPC faculty meeting.

Outcome #1: Course faculty review and discuss the various items on the clinical evaluation form to ensure consistency and relevancy. After review with faculty in the Pediatric Primary Care option, the findings are reviewed in the Coordinator's meeting and the Advanced Nursing Practice Program curriculum committee.

Outcome #7: Students are required complete their typhon logs soon after each of their clinical experiences. This allows the faculty time to review the typhon logs over time and throughout the semester. Feedback is given early to students if documentation is incomplete or unclear.

- 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.

#1 At this time, no changes are planned for changing the clinical evaluation process and the clinical evaluation tool.

#7 Teaching techniques and Improvements in technology

This was the first semester that students were encouraged to use online simulation activities to enhance their clinical skills. All students reported that the use of simulation was helpful although most preferred being in the clinical area. A couple of students reported that there were simulated case scenarios with conditions that they had not encountered in the clinical area. We will allow limited use of clinical simulation as needed to support student achievement of course objectives.

If no changes are being made, please explain why.

#1 The current clinical evaluation tool provides valuable information and feedback from the preceptor.

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?

Allow use of clinical simulation consistent with NONPF standards.

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

The process of review is done every semester at the end of each course term. The faculty review the student submitted course evaluations to determine that the course content and delivery are meeting the objectives and to consider suggestions that the students make related to theory and clinical requirements. We also monitor student's performance on NP specialty course examinations, track the NP board pass rates for graduates, and note any changes in the National Organization of Nurse Practitioner Faculty program guidelines that direct the planning for educational programs for NPs in all specialties. Any course changes that are being considered by faculty, are discussed with the PNP faculty first, then at the

NP specialty Coordinators' meeting, and in the ANPPC committee (responsible for curriculum) at the School of Nursing for any revisions.

C. What were the findings of the assessment?

Assessments and evaluations are ongoing.

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

We will continue to collect and analyze assessment data to evaluate the efficacy and relevancy of our curriculum and to evaluate student achievement. The use of a structure evaluation process is helpful for a systematic approach to planning and collecting data for reflection about possible changes within courses.

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

APPENDIX E
Saint Louis University School of Nursing
Student Evaluation
Pediatric Masters NP and Pediatric Post Masters Certificate NP

Student: _____ Site: _____

Preceptor: _____ Date: _____

Course: 5810-17

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

PROFESSIONALISM	4	3	2	1	N/A
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					
SKILLS					
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					

Therapeutic Planning					
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					
Outcomes					
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 _____



APPENDIX I

Case 1

Casey

Instructions to the Student:

Chief Complaint:

Casey is a 22 month-old female who has come to the office with her mother, Mrs. Smith. The chief complaint is runny nose x 1 week, fever to touch x 2 days, and fussiness.

Vital Signs:

- Temp - 100.0 ax HR – 110 RR – 20
- Wt. 24 lb. 8 oz (40%) Ht. -32" (50%)

Immunization Record:

- DTaP, IPV, Hib, PCV13, HepB, RV – Up-to-Date
- HepA, MMR, Varicella, Influenza – Refused at 12 month visit

Tasks: You have 30 minutes to complete the following:

1. State the pre-examination differential diagnoses.
2. Obtain a focused History.
3. Perform a physical examination.
4. Re-examine the list the tentative differential diagnoses.
5. Identify your final differential diagnoses
6. Develop a therapeutic plan including following as appropriate;
 - a. pharmacologic,
 - b. lab/diagnostics if relevant
 - c. nursing/supportive therapies
 - d. health promotion
 - e. health education,
 - f. follow-up

(Instructor Form)

Student Name: _____

Instructor: _____

Date: _____

Case 1: **Casey** **22 month old**

Instructor solicited information

Pre examination differential diagnoses before seeing the client

1. Upper respiratory infection
2. Otitis Media
3. Other viral illness with fever
4. Vaccine Hesitancy

Grade:

- **Differential Diagnoses** **(5 points)**_____
- **History** **(30 points)**_____
- **PE:** **(20 points)**_____
- **Dx:** **(15 points)**_____
- **Treatment:** **(30 points)**_____

Total: **(100 points)**_____

(Instructor Form)

Differential Diagnoses (5 points):

Points	Category	Student Expectations	Student Performance
5	Differential Diagnoses	List 3-4 differential diagnoses	

History (30 Points):

Points	Category	Student Expectations	Student Performance
20	History of Present Illness	• Confirm chief complaint	
		• Onset	
		• Progression of symptoms	
		• Alleviating factors	
		• Aggravating factors	
		• Medications	
		• Changes in activity	
		• Changes in diet	
		• Habits (bottle/cup bed)	
		• Smoking	
		• Child care	
		• Immunizations	
5	Past Medical History	• ROS (general, resp., eye, nose, ear, GI, skin)	
		• Previous illnesses	
		• Allergies	
5	Family History	• ED visits	
		• Mother, father, siblings, grandparents	

Physical Examination (20 points):

Points	Category	Student Expectations	Student Performance
2	General appearance	Well nourished, well developed, alert, playing with toy's on mother's lap, responsive, & cooperative.	
2	Skin	Warm, dry, no lesions, no rash, rapid capillary refill, & good turgor.	
2	Head/Neck	H – normocephalic, fontanel closed N – supple neck, no lymphadenopathy.	
2	Eyes	EOM's, conjunctiva without redness or drainage, bilateral red reflex present.	
2	Ears	Canals clear with slight cerumen; left TM, clear with visible landmarks; right TM full, red, no landmarks, resists right ear exam.	
2	Nose	Dried mucus in both nares; resists nasal exam.	
2	Mouth/Throat	M – moist, 2 upper molars erupting T – pink, tonsils 2+, no exudate	
2	Heart	S1 and S2, RRR, no murmur HR 120	
2	Lungs	Equal lung sounds, no wheezing, good aeration, RR 20	
2	Abdomen	Soft, nontender, no masses, no organomegaly, BS present in all 4 quadrants.	

Diagnoses (15 points):

Points	Category	Student Expectations	Student Performance
5	Diagnosis 1	Right Otitis Media	
5	Diagnosis 2	URI	
5	Diagnosis 3	Immunization Delay	

Treatment (30 points):

Points	Category	Student Expectations	Student Performance
20	ROM URI	1. Appropriate antibiotic Rx (Take all prescribed antibiotic) or option to Wait & See (WASP)	
		2. Pain/fever recommendation a. Ibuprofen (100mg/5mL) 1 tsp Q6-8 hours PRN. b. Tylenol (160mg/5mL) 1 tsp Q4-6 hours PRN.	
		3. Heating pad/warm towel to right ear PRN pain.	
		4. Cool mist humidifier at naptime and bedtime.	
		5. NS and bulb suction PRN.	
		6. Elevate HOB.	
		7. 1 tsp honey Q4 hours PRN cough if desired	
		8. . Avoid second hand smoke.	
		9. Follow-up for ear recheck and well visit.	
10	Vaccine Hesitancy	Appropriate counseling of needed vaccines.	

APPENDIX K Typhon Log Rubric PNP

TYPHON LOG: CONTENT AND FORMAT

1. A clinical log entry should be made for each day of clinical experience/encounter and should be entered within 2 weeks. The date listed for the encounter must be accurate.
2. The following must be included in the clinical log:
 - Date, age, gender, race, student participation, chief complaint or reason for visit, ICD code, and clinical notes.
3. Under clinical notes, include a brief description of the history, pertinent positives, pertinent negatives, health promotion focus, final medical dx, and management plan including medications. Management plan for well children would indicate 3 elements of anticipatory guidance and/or education. Provide the dosing for any antibiotics prescribed. You must describe any abnormal physical exam findings and normal findings pertinent to the chief complaint. For well child visits, document at least 8 areas of the PE even if all are normal. For sick child visits, document at least 6 areas of the PE even though most may be normal.
4. You are expected to complete a minimum of 75 encounter and clinical notes for this course.

GRADING CRITERIA FOR TYPHON LOGS

Log entries should include: well defined chief complaint & relevant past medical history; list of current medications and allergies; pertinent review of systems; pertinent exam findings; differential diagnoses if relevant; final/working diagnosis; treatment plan (labs/testing/ meds, health promotion, immunizations, follow-up).

100%	Log entries were entered on-time. Notes were complete and all categories of required content were included.
95%	Log entries were entered on-time. Minor prompting by faculty was required to clarify an encounter or to remind student to include a content area. Student responded promptly to any questions from instructor.
90%	Most log entries were entered on-time. Occasional prompting by faculty was required for clarification. Occasionally, logs were not concise or were missing information or were similar to previous postings. Student responded promptly to questions from instructor.
85%	Often, logs were late or incomplete or plan was not consistent with history and assessment. Student did not respond readily to faculty questions.
80%	Log entries were very late. Notes were incomplete. Student had minimal response communication with faculty. No logs were entered by midterm.

A student may receive a grade in-between the above categories based upon log entries or if improved with feedback. Students are expected to respond to faculty suggestions and feedback on logs.

TYPHON LOG: CONTENT AND FORMAT

1. A clinical log entry should be made for each day of clinical experience/encounter and should be entered within 2 weeks. Typhon does not allow entries 4 weeks after encounter date. The date listed for the encounter must be accurate.
2. The following must be included in the clinical log:
 - Date, age, gender, race, student participation, and chief complaint or reason for visit and ICD code.
3. Under clinical notes, include a brief description of the history, pertinent positives, pertinent negatives, health promotion focus, final medical dx, and management plan including medications. Management plan for well children would indicate 3 elements of anticipatory guidance and/or education. Provide the dosing for any antibiotics prescribed. You must describe any abnormal physical exam findings and normal findings pertinent to the chief complaint. For well child visits, document at least 8 areas of the PE even if all are normal. For sick child visits, document at least 6 areas of the PE even though most may be normal.
4. You are expected to complete a minimum of 75 encounter and clinical notes for this course.

GRADING CRITERIA FOR TYPHON LOGS

Log entries should include: well defined chief complaint & relevant past medical history; list of current medications and allergies; pertinent review of systems; pertinent exam findings; differential diagnoses if relevant; final/working diagnosis; treatment plan (labs/testing/ meds, health promotion, immunizations, follow-up).

100%	Log entries were entered on-time. Notes were complete and all categories of required content were included.
95%	Log entries were entered on-time. Minor prompting by faculty was required to clarify an encounter or to remind student to include a content area. Student responded promptly to any questions from instructor.
90%	Most log entries were entered on-time. Occasional prompting by faculty was required for clarification. Occasionally, logs were not concise or were missing information or were similar to previous postings. Student responded promptly to questions from instructor.
85%	Often, logs were late or incomplete or plan was not consistent with history and assessment. Student did not respond readily to faculty questions.

80% Log entries were very late. Notes were incomplete. Student had minimal response communication with faculty. No logs were entered by midterm.

A student may receive a grade in-between the above categories based upon log entries or if improved with feedback. Students are expected to respond to faculty suggestions and feedback on logs.