

Assurance of Student Learning Report 2022-2023

College of Health and Human Services

School of Nursing and Allied Health

Family Nurse Practitioner Certificate 0449

Dr. Liz Sturgeon Interim Director

Is this an online program? Yes No

Please make sure the Program Learning Outcomes listed match those in CourseLeaf . Indicate verification here
 Yes, they match! The three Program Student Learning Outcomes identified here match courseleaf; however, there are a total of seven program outcomes. See **Assessment Cycle**.

Use this page to list learning outcomes, measurements, and summarize results for your program. Detailed information must be completed in the subsequent pages. Add more Outcomes as needed.

Program Student Learning Outcome 1: The student will integrate theoretical knowledge of health promotion and maintenance and illness/disease prevention to achieve optimal health

Instrument 1 Direct: Subjective Objective Assessment Plan (SOAP) Note

Instrument 2 Indirect: Analysis of Preceptor Clinical Evaluation on the item “implements health promotion and disease prevention education”

Instrument 3

Based on your results, check whether the program met the goal Student Learning Outcome 1.

Met

Not Met

Program Student Learning Outcome 2: The student will integrate theory and research from nursing and related disciplines as a foundation for advanced practice.

Instrument 1 Direct: Family Nurse Practitioner (FNP) National Certification Pass Rate

Instrument 2

Instrument 3

Based on your results, check whether the program met the goal Student Learning Outcome 2.

Met

Not Met

Program Student Learning Outcome 3: [Add the Program Student Learning Outcome from CourseLeaf here]

Instrument 1 Direct: Analysis of Cultural Subjective Objective Assessment Plan Note in NURS 547 and NURS 549 (no students to assess)

Instrument 2 Direct: Analysis of Patient Centered Assessment Method (PCAM) Assignment

Instrument 3

Based on your results, check whether the program met the goal Student Learning Outcome 3.

Met

Not Met

Assessment Cycle Plan:

All program outcomes (7) will be identified in the ASL report for 2023-24. In 2021, the American Association of Colleges of Nursing (AACN) adopted competency based learning identifying core competencies for professional nursing education and these are to be adopted within the next three years. The Level 2 AACN sub-competencies have been incorporated by the National Organization of Nurse Practitioner Faculties (NONPF) into the NP role core competencies. For accreditation we must implement competency based learning and evaluate the competencies longitudinally. For each DNP program outcome a potential competency has been identified in the plans for next cycle.

Program Student Learning Outcome 1

Program Student Learning Outcome	The student will integrate theoretical knowledge of health promotion and maintenance and illness/disease prevention to achieve optimal health		
Measurement Instrument 1	Direct: Subjective Objective Assessment Plan (SOAP) Note		
Criteria for Student Success	Students will score an average of ≥ 42 of 45 pts on NURS 554 (Primary Care Practicum) on four clinical SOAP notes.		
Program Success Target for this Measurement	92%	Percent of Program Achieving Target	
Methods	NURS 554 SOAP note scores are reviewed each semester. Student clinical documentation includes SOAP notes which include: Subjective (chief complaint, history of present illness, past medical history, family history, personal/social history, and review of systems); Objective (vital signs, physical examination, laboratory and radiology tests; Assessment (differential diagnosis, final diagnosis, and screenings appropriate for age); Plan (non-pharmacologic, pharmacologic, health promotion/patient education, follow-up visit, and referral); Pharmacology Note, and Ethical, Genetic, Cultural or Spiritual considerations. NURS 554 SOAP notes (n = 1) in Sp23 were reviewed and the student scored an average of ≥ 42 pts on the four SOAP notes with an overall average score of 44.7 (Sp 23).		
Measurement Instrument 2	Indirect: Analysis of Preceptor Clinical Evaluation on the item “implements health promotion and disease prevention education”		
Criteria for Student Success	Students enrolled in NURS 554 (Primary Care Practicum) will score ≥ 9 pts on the preceptor clinical evaluation section of “Plan of care and implementation of treatment.”		
Program Success Target for this Measurement	100%	Percent of Program Achieving Target	100%
Methods	NURS 554 is the final clinical course for family nurse practitioner certificate students. Final preceptor evaluations are completed by the clinical preceptor and reviewed each semester by clinical faculty and the program coordinator. Each student is assessed on a 4 point Likert scale with <i>competency not met (1); inconsistent performance, preceptors assistance more than expected (2); consistently improving in this area, preceptor assistance as expected (3); and consistently demonstrates competency (4)</i> by the clinical preceptor on the preceptor evaluation form. Students are expected to score ≥ 3 pts on each clinical evaluation item. The preceptor evaluation section of plan of care and implementation of treatment includes three items: “formulates patient care management plan in collaboration with preceptor”; “implements health promotion and disease prevention education”; and “recommends referral for those patients beyond the NP scope of practice” for a maximum score of 12 pts. Preceptor evaluations for NURS 554 (Primary Care Practicum) were reviewed in F22 and Sp23 and 100% (n = 1). scored ≥ 9 pts on the plan of care and implementation section. The subsection item average scores were 4.0 (formulates patient care management plan in collaboration with preceptor, 4.0 (implements health promotion and disease prevention education), and 4.0 (recommends referral for those patients beyond the NP scope of practice).		
Based on your results, highlight whether the program met the goal Student Learning Outcome 1.		<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Results, Conclusion, and Plans for Next Assessment Cycle (Describe what worked, what didn't, and plan going forward)			
Results: These results were as expected and included the small number of students enrolled in the FNP certificate program.			
Conclusions: The indirect measure of Preceptor Clinical Evaluation will need revision to reflect the FNP core role competencies.			
Plans for Next Assessment Cycle: As mentioned previously AACN and NONPF have identified core competencies for professional nursing education and these are to be adopted within the next three years. One role core competency related to outcome 1 is “The nurse practitioner integrates, translates, and applies established and evolving scientific knowledge from diverse sources as the basis for ethical clinical judgement, innovation, and diagnostic reasoning.”			

Program Student Learning Outcome 2			
Program Student Learning Outcome	The student will integrate theory and research from nursing and related disciplines as a foundation for advanced practice.		
Measurement Instrument 1	Direct: FNP Certificaion Exam First Time Pass Rates		
Criteria for Student Success	Post-MSN FNP Certificate students will successfully pass the FNP national certification on the first attempt.		
Program Success Target for this Measurement	92%	Percent of Program Achieving Target	100%
Methods	FNP certification scores from American Nurses Credentialing Center and the American Academy of Nurse Practitioner are reviewed. Family nurse practitioner certification first time pass rates are reviewed each semester for Post Graduate Certificate family nurse practitioner students. The pass rate was 100% (1/1).		
Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 2.		<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Results, Conclusion, and Plans for Next Assessment Cycle (Describe what worked, what didn't, and plan going forward)			
<p>Results: Incomplete</p> <p>Conclusions:</p> <p>Plans for Next Assessment Cycle:</p> <p>As mentioned previously AACN and NONPF have identified core competencies for professional nursing education and these are to be adopedted within the next three years. One role core competency related to outcome 2 is “The nurse practitioner generates, appraises, synthesizes, translates, integrates, and disseminates knowledge to improve person-centered health and systems of care.”</p>			

Program Student Learning Outcome 3			
Program Student Learning Outcome	The student will demonstrate an understanding and appreciation of human diversity.		
Measurement Instrument 1	Direct: Analysis of Cultural Subjective Objective Assessment Plan Note (see attached).		
Criteria for Student Success	Students will score ≥ 42 of 45 pts on the cultural SOAP note completed in NURS 547 and NURS 549.		
Program Success Target for this Measurement	92 %	Percent of Program Achieving Target	100%
Methods	All NURS 547 and NURS 549 SOAP notes with a cultural focus are reviewed each semester. The cultural consideration section includes the student prompts of "Clearly state the consideration in this patient, support your discussion with evidence-based literature, discuss how the consideration was addressed, and how it influenced the care of the patient." Three FNP certificate students were enrolled in NURS 547 or 549 in F22 or SP23 all scored $\geq 42/45$ pts.		
Measurement Instrument 2	Direct: Patient Centered Assessment Method (PCAM) Assignment: Health Literacy and Communication		
Criteria for Student Success	Students will complete PCAM reflection and share with preceptor		
Program Success Target for this Measurement	92%	Percent of Program Achieving Target	100%
Methods	PCAM assessments are completed in the clinical courses of NURS 547 (Primary Care of the Infant, Child, and Adolescent), NURS 549 (Primary Care of the Adult), and NURS 554 (Primary Care Practicum.). The PCAM item "how well does the client now understand their health and well-being and what do they need to do to manage their health" prompts the student to assess the patient, document potential issues, and report their findings to the clinical preceptor. All (100%) students (n = 3) completed reflections identifying their assessment of the patient's understanding and engagement in their health care, identified barriers to care, and reviewed the assessment with their clinical preceptor receiving 100% agreement.		
Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 3.		<input checked="" type="checkbox"/> Met	<input type="checkbox"/> Not Met
Results, Conclusion, and Plans for Next Assessment Cycle (Describe what worked, what didn't, and plan going forward)			
Results: These results were as expected and included the small number of students enrolled in the FNP certificate program.			
Conclusions: The SOAP note assignment/rubric will need revision			
Plans for Next Assessment Cycle: As mentioned previously AACN and NONPF have identified core competencies for professional nursing education and these are to be adopted within the next three years. One core competency related to outcome 2 is "The nurse practitioner collaborates with the interprofessional team to provide care through meaningful communication and active participation in person-centered and population-centered care."			

***** Please include Curriculum Map (below/next page) as part of this document**

Program Learning Outcomes – Post-MSN Family Nurse Practitioner Certificate 0449 (crosswalk)

COURSES	Demonstrate proficiency in the utilization of research and quality improvement, including problem identification, awareness of outcomes, evaluation, and dissemination of research.	Analyze emerging organizational, financial, political, and technological issues confronting nursing and society as a basis for enacting change.	Practice from an ethical perspective that acknowledges conflicting values and rights.	Assume and develop practice and professional roles to meet societal needs to promote high quality, safe, patient care.	Integrate theory and research from nursing and related disciplines as a foundation for advanced practice.	Demonstrate an understanding and appreciation of human diversity.	Integrate theoretical knowledge of health promotion and maintenance and illness/disease prevention to achieve optimal health.
NURS 508		D/A	D/A	D/A	D/A	D/A	
NURS 509		D/A		D/A			
NURS 546	R	D/A	D/A			D/A	D/A
NURS 547	D/A	D/A	D/A			D/A	D/A
NURS 548	R	D/A	D/A			D/A	D/A
NURS 549	D/A	D/A	D/A			D/A	D/A
NURS 554	M/A	M/A	M/A			M/A	M/A

I = Introduced; R = Reinforced; M = Mastered; A = Assessed

Clinical SOAP Note

Patient age:

Gender:

All SOAP notes need to include one of the following considerations. Please indicate which of your notes includes the consideration.

SOAP Note Considerations (denote the focus of each note submitted):

Clinical Note #1 Ethical Genetic Cultural Spiritual

Clinical Note #2 Ethical Genetic Cultural Spiritual

Clinical Note #3 Ethical Genetic Cultural Spiritual

Clinical Note #4 Ethical Genetic Cultural Spiritual

Clinical Notes are required to be presented on the topics in NURS 548 that are chronic conditions. All clinical notes should observe HIPAA requirements for confidentiality. Clinical notes are based on *Seidel's Guide to Physical Examination*

	Possible Points	Points Earned
<p><u>Subjective:</u></p> <p>CC: "Patient/informants own words"</p> <p>HPI: Narrative form, include each component in parentheses. Onset, Location, Duration, Character, Aggravating/Associated factors, Relieving factors, Temporal factors, and Severity of symptoms.</p> <p>The HPI is specific to the patient and the chief complaint. Refer to Seidel for specific information to contain.</p>	6	
<p>PMH/PSH: PMH for all patients must include patient allergies with reactions, current prescribed and OTC medications with the corresponding diagnosis. Last menstrual period in women. Immunizations should be included for all patients. Other relevant information as listed in Seidel.</p>	2	
<p>FH: (Must include 3 generations)</p>	1	
<p>Personal and Social History: Minimum of the following information. Other relevant history listed in Seidel.</p> <p>Occupation – Education – Marital status – Tobacco – Alcohol – Drugs – Spiritual – Cultural – Environmental – Nutrition – Fitness – Sleep –</p>	4	
<p>ROS: (Must be pertinent to the CC and contain short succinct statements. Do not use sentences. Must contain all the components for the differential diagnosis rationale).</p> <p>Please include the bolded systems in all clinical notes:</p> <p>General: HEENT: CV: RESP: GI: GU: MS: NEURO:</p>	5	

PSYCH: SKIN: ENDOCRINE: HEMATOLOGIC:		
Objective: VS: B/P, Pulse, Respirations, and Pulse oximetry (if completed) PE: (Must be pertinent to your CC and differential. List the PE in the order in noted in the text. Positives are listed first, negatives follow). Please include the systems bolded below in all notes: General: HEENT: CV: RESP: ABD: GU: MS: NEURO: PSYCH: SKIN:	5	
LABS: (Must include name of test(s) and results) RADIOLOGY: (Must include name of test(s) and results) (Briefly describe what the results indicate. If no test were done, list what test could help with diagnosis. If results are not back, list what you are expecting to find and the significance.)	2	
ASSESSMENT: List 3 differential diagnoses (Must include the actual diagnosis as one of the 3 differential diagnoses). <u>Please, do not list more than 3 differentials.</u> Differential Diagnosis #1: Differential Diagnosis #2: Differential Diagnosis #3: Describe under each of the 3 differential diagnoses, the <u>subjective symptoms and objective findings</u> that <i>*support this potential diagnosis. Then describe how the potential diagnosis was ruled in or ruled out as the actual diagnosis for this patient.</i> <i>*Must include APA citation(s) in this section and include reference(s) under reference section.</i> Final Diagnoses: List all with CPT code.	3	
SCREENINGS APPROPRIATE FOR AGE: (Document age appropriate screenings even if you did not screen this patient.) <i>*Document screenings appropriate for this patient's age and how often the screenings need to be performed. Document your patient's Risk Factors and *any necessary additional or more frequent screening(s) that need to be done. Use the following website:</i> http://www.uspreventiveservicestaskforce.org/recommendations.htm <i>*Must include APA citation(s) in this section and include reference(s) under reference section.</i>	1	
PLAN: Report the plan developed by the preceptor, include references. Non-pharmacologic: * Pharmacologic: Health Promotion/Patient Education: * Follow up visit: Referral/Consult:	5	
Patient Care Team List all appropriate team members (actual referral and potential referral) and discuss how collaboration will impact care. This is based on patient centered care model. <i>*Must include APA citation(s) in this section and include reference(s) under reference section.</i>	1	
PHARMACOLOGY NOTE: * Trade and generic name of medication: Class of medication: Medication used for patient's diagnosis of:	4	

Educate patient on the following adverse medication reactions: Medication interactions with patient's other medication(s): Pregnancy category (if patient is female and of child bearing age): Pharmacology of medication: (metabolized by liver and/or kidney; half-life of medication) Estimated cost of medication (treatment regiment for short-term treatment or monthly for long term treatment): Can the patient afford this medication? (will insurance cover or can afford out of pocket cost): (If you did not prescribe any medications for this patient, what could you have given?) <i>*Must include APA citation(s) in this section and include reference(s) under reference section.</i>		
<u>Ethical, Genetic, Cultural, or Spiritual Consideration:</u> Clearly state the ethical, genetic, cultural or spiritual consideration associated with this patient. Discuss stated consideration in depth and support your discussion with evidenced-based literature. <u>Describe how this was addressed with the patient and how it influenced care. If it did not influence care, you may not use the situation.</u> <i>(Must address each one of these considerations within the four SOAP notes during the semester; if not 4 points will be deducted from the final SOAP note for each consideration not addressed.)</i>	4	
References: <i>All references should be in APA format. 1 reference should be from an EBP article.</i>	2	
Total points	45 points	

ROS: (Must be pertinent to the CC and contain short succinct statements. Do not use sentences. Must contain all the components for the differential diagnosis rationale). Please include the bolded systems in all clinical notes: General: HEENT: CV: RESP: GI: GU: MS: NEURO: PSYCH: SKIN: ENDOCRINE: HEMATOLOGIC:	5	
Objective: VS: B/P, Pulse, Respirations, and Pulse oximetry (if completed) PE: (Must be pertinent to your CC and differential. List the PE in the order in noted in the text. Positives are listed first, negatives follow). Please include the systems bolded below in all notes: General: HEENT: CV: RESP: ABD: GU: MS: NEURO: PSYCH: SKIN:	5	
LABS: (Must include name of test(s) and results) RADIOLOGY: (Must include name of test(s) and results)	2	

(Briefly describe what the results indicate. If no test were done, list what test could help with diagnosis. If results are not back, list what you are expecting to find and the significance.)		
ASSESSMENT: List 3 differential diagnoses (Must include the actual diagnosis as one of the 3 differential diagnoses). Please, do not list more than 3 differentials. Differential Diagnosis #1: Differential Diagnosis #2: Differential Diagnosis #3: Describe under each of the 3 differential diagnoses, the <u>subjective symptoms and objective findings</u> that *support this potential diagnosis. Then describe how the potential diagnosis was ruled in or ruled out as the actual diagnosis for this patient. *Must include APA citation(s) in this section and include reference(s) under reference section. Final Diagnoses: List all with CPT code.	3	
SCREENINGS APPROPRIATE FOR AGE: (Document age appropriate screenings even if you did not screen this patient.) *Document screenings appropriate for this patient's age and how often the screenings need to be performed. Document your patient's Risk Factors and *any necessary additional or more frequent screening(s) that need to be done. Use the following website: http://www.uspreventiveservicestaskforce.org/recommendations.htm *Must include APA citation(s) in this section and include reference(s) under reference section.	1	
PLAN: Report the plan developed by the preceptor, include references. Non-pharmacologic: * Pharmacologic: Health Promotion/Patient Education: * Follow up visit: Referral/Consult:	5	
Patient Care Team List all appropriate team members (actual referral and potential referral) and discuss how collaboration will impact care. This is based on patient centered care model. *Must include APA citation(s) in this section and include reference(s) under reference section.	1	
PHARMACOLOGY NOTE: * Trade and generic name of medication: Class of medication: Medication used for patient's diagnosis of: Educate patient on the following adverse medication reactions: Medication interactions with patient's other medication(s): Pregnancy category (if patient is female and of child bearing age): Pharmacology of medication: (metabolized by liver and/or kidney; half-life of medication) Estimated cost of medication (treatment regimen for short-term treatment or monthly for long term treatment): Can the patient afford this medication? (will insurance cover or can afford out of pocket cost): (If you did not prescribe any medications for this patient, what could you have given?) *Must include APA citation(s) in this section and include reference(s) under reference section.	4	
<u>Ethical, Genetic, Cultural, or Spiritual Consideration:</u> Clearly state the ethical, genetic, cultural or spiritual consideration associated with this patient. Discuss stated consideration in depth and support your discussion with evidenced-based literature. <u>Describe how this was addressed with the patient and how it influenced care. If, it did not influence care, you may not use the situation.</u> (Must address each one of these considerations within the four SOAP notes during the semester; if not 4	4	

points will be deducted from the final SOAP note for each consideration not addressed.)		
References: <i>All references should be in APA format.</i> <i>1 reference should be from an EBP article.</i>	2	
Total points	45 points	

Journal

Students are required to submit one journal with each soap note. The journal should be 1-2 paragraphs in length and discuss students' individual clinical experience including, challenges, accomplishments, observations, and/or self-assessment. The journal should serve as a reflection of your clinical journey

Western Kentucky University

**Family Nurse Practitioner Track
Preceptor Evaluation Form Nursing 554
Final Evaluation**

Student Name _____ Date of Evaluation _____
Preceptor Name and Clinical Site _____ Total number of hours _____

Directions: In each section please rate the student's performance based on these four levels of performance:
 4 - Consistently demonstrates competency
 3 - Consistently improving in this area
 2 - Inconsistent performance
 1 - Competency not met
 Preceptor assistance as expected
 Preceptor assistance more than expected

		Circle number to indicate rating:			
I.	Professional Role				
	A. Communicates effectively with patients, families, and health professionals	4	3	2	1
	B. Demonstrates professionalism in appearance and demeanor	4	3	2	1
II.	Assessment of Health Status				
	A. Obtains and accurately documents a relevant history	4	3	2	1
	B. Performs and accurately documents expected physical examination	4	3	2	1
	C. Analyzes client data	4	3	2	1
III.	Diagnosis of Health Status				
	A. Identifies clinical presentation of primary care problems in children	4	3	2	1
	B. Selects appropriate diagnostic tests and screening procedures	4	3	2	1
	C. Formulates comprehensive differential diagnosis	4	3	2	1
IV.	Plan of Care and Implementation of Treatment				
	A. Formulates patient care management plan in collaboration with preceptor	4	3	2	1
	B. Implements health promotion and disease prevention education	4	3	2	1
	C. Recommends referral for those patients beyond the NP scope of practice	4	3	2	1
V.	Clinical Judgment and Decision-making				
	A. Demonstrates sound clinical judgment	4	3	2	1
	B. Collaborates with other health professionals appropriately	4	3	2	1

Comments: _____

Preceptor signature _____

Student signature _____

Additional Comments: