

Program Assessment Plan

Program: Adult Gerontology Acute Care Masters NP and Adult Gerontology Acute Care Post Masters Certificate NP

Department: Nursing

College/School: School of Nursing

Date: September 6, 2017 Second Revision: January 30, 2018

Primary Assessment Contact: Joanne Thanavaro

Note: Each cell in the table below will expand as needed to accommodate your responses.

| # | Program Learning Outcomes What do the program faculty expect all students to know, or be able to do, as a result of completing this program? Note: These should be measurable, and manageable in number (typically 4-6 are sufficient). | Assessment Mapping From what specific courses (or other educational/professional experiences) will artifacts of student learning be analyzed to demonstrate achievement of the outcome? Include courses taught at the Madrid campus and/or online as applicable. | Assessment Methods What specific artifacts of student learning will be analyzed? How, and by whom, will they be analyzed? Note: the majority should provide direct, rather than indirect, evidence of achievement. Please note if a rubric is used and, if so, include it as an appendix to this plan. | Use of Assessment Data How and when will analyzed data be used by faculty to make changes in pedagogy, curriculum design, and/or assessment work? How and when will the program evaluate the impact of assessment-informed changes made in previous years? |
|---|---|--|---|---|
| 1 | Implement collaborative strategies to provide ethical, high quality, safe, effective, patient-centered care. | didactic courses: NURS 5040 Role Acquisition | Direct measure for didactic courses: NURS 5040 Role Acquisition: 80% of all students will achieve a grade of B or higher on a paper summarizing an interview with an appropriate clinically active advanced practice nurse (Appendix A) | Aggregate results on appropriate assignment in each didactic course will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 80% of students achieve grade of B on the assignment, results and analysis with recommendations for improvement will be shared |
| | | NURS 5110 Advanced Health Assessment | NURS 5110 Advanced Health Assessment: 80% of all students will achieve a grade of B or higher on a videotaped | at a dedicated advanced nursing practice program committee (ANPPC) curriculum meeting |

| clinical courses: NURS 5110 Advanced Health Assessment NURS 5260 AGAC Clinical Studies 1 NURS 5270 AGAC Clinical Studies 2 | Direct Measure for clinical courses: Direct observation of student clinical performance and therapeutic planning are conducted by NP faculty and preceptors in simulated scenarios, interdisciplinary inpatient rounds, case | Course faculty will aggregate results of all clinical practicum evaluations. Results will be analyzed and compared with trends from previous clinical courses. If aggregate results are less than 90% of students achieving a satisfactory clinical |
|---|---|--|
| NURS 5160 Principles of Practice Management. | NURS 5160 Principles of Practice Management: 90% of all students will achieve a grade of B or higher on a paper focusing on a student selected issue relevant to Adult Gerontology Acute Care advanced nursing practice. (Appendix D) | |
| NURS 5140 Health Promotion | history and physical exam performed on a simulated patient. (Appendix B) NURS 5140 Health Promotion: 80% of all students will achieve a grade of B or higher on a health promotion paper focusing on collaborative strategies to ensure ethical, safe and patent centered care. (Appendix C) | with all graduate nursing faculty and representative student body members. Recommended changes will be implemented on into the curriculum the following academic year and changes will be evaluated at the next annual dedicated ANPPC curriculum meeting. |

| NURS 5810 AGAC Nursing Practicum | conferences and supervised clinical practicum. 1.90% of all students achieve a satisfactory clinical evaluation during NURS 5110, NURS 5260, NURS 5270 and NURS 5810 based on direct preceptor or faculty observation. (Appendix E) | evaluation, student performance will be compared with relevant assignments from previous course. The results, analysis, and recommendation for improvement will be shared at a dedicated ANPPC curriculum meeting with all graduate nursing faculty and representative student body members. Recommended changes will be implemented into the curriculum the following academic year and changes will be evaluated at the next annual dedicated ANPPC curriculum meeting. |
|----------------------------------|--|---|
| | Indirect Measures: Skyfactor exit surveys are administered yearly to graduates to assess satisfaction on a wide variety of program specific benchmarks. 1. Skyfactor 11, Interprofessional teamwork; rating of 5.5 or higher on a 7-point scale on exit surveys. 2. Skyfactor 18, Patient care; rating 5.5 on a 7-point scale on exit surveys. | On an annual basis, student exit rating on Skyfactor item measures 11 and 18 will be incorporated in the analysis. If ratings are <5.5 they will be compared to previous years to identify trends in associations with exit ratings and student performance in NURS 5110, NURS 5260, NURS 5270, and NURS 5810. |

| 2 | Use scholarly inquiry including evidence-based practice and research application to improve decision-making and health outcomes. | didactic courses: NURS 5200 General Research Methods NURS 5140 Advanced Health Promotion. | Direct Measure: NURS 5200 General Research Methods - 80% of all students will achieve 4 out of 5 points on a graded weekly discussion assignment. (Appendix F) NURS 5140 Advanced Health Promotion – 80% of all students will achieve a grade of B or higher on a written evidenced based research assignment. (Appendix C)— | Aggregate results on the appropriate assignments will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 80% of students achieve grade of B on the assignment, results and analysis will be shared at a dedicated ANPPC curriculum meeting with all graduate nursing faculty and representative student body members. Recommended |
|---|--|---|--|--|

| | | | changes will be implemented on into the curriculum the following academic year and changes will be evaluated at the next annual dedicated ANPPC curriculum meeting. |
|---|--|--|--|
| | | Indirect Measures: 1. Skyfactor 8, Research; rating of 5.5 on a 7-point scale on exit surveys. 2. Skyfactor 13, Evidence based knowledge; rating of 5.5 on a 7-point scale on exit surveys. | On the annual basis, student exit rating on Skyfactor item measures 8 and 13 will be incorporated in the analysis. If ratings are <5.5. They will be compared to previous years to identify trends in association with exit ratings. |
| Integrate advanced competencies, skills, theories, and cultural sensitivity in relationships with patients and professionals. | didactic courses: NURS 5080 Advanced Pharmacology NURS 5170 Advanced Pathophysiology | Direct Measure for didactic courses: NURS 5080 Advanced Pharmacology – 90% of students will achieve a grade of B or higher on a variety of case study discussions focusing on pharmacological principles and their impact on health. (Appendix G) NURS 5170 Advanced Pathophysiology -90% of all students will achieve an overall grade of B or higher on a variety of case study discussions focusing on | Aggregate results on the appropriate assignment will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 80% of students achieve grade of B on the assignment, results and analysis with recommendations for improvement will be shared at a dedicated ANPPC curriculum meeting with all graduate nursing faculty and representative student body members. Recommended changes will be implemented into the curriculum the following |

| clinical course NURS 5110 Health Assessment & Clinical Decision Making NURS 5260 AGAC Clinical Studies 1 NURS 5270 AGAC Clinical Studies 2 | pathophysiologic principles and their impact on health. (Appendix H) Direct Measure for clinical courses: Integrated content from NURS 5110, NURS 5260, NURS 5270 is directly measured by NP faculty and preceptors through supervised clinical practicum and patient encounters during residency. 1.90% of all students achieve a satisfactory clinical evaluation based on direct preceptor or faculty observation. (Appendix E) 2.90% of students will receive a proficient or advanced proficient rating on a variety of variety of adult gerontology acute care cases. (Grading rubric in | academic year and changes will be evaluated at the next annual dedicated ANPPC curriculum meeting. Course faculty will aggregate results of all clinical practicum evaluations. Results will be analyzed and compared with trends from previous clinical courses. If aggregate results are less than 90% of students achieving a satisfactory clinical evaluation or a proficient patient encounter rating student performance will be compared with relevant assignments from previous course. The results, analysis, and recommendation for improvement will be shared at a dedicated ANPPC curriculum meeting with all graduate nursing faculty and representative student body members. Recommended changes will be implemented into the curriculum the following academic year and changes will be evaluated at the next annual |
|---|--|---|
| | (Grading rubric in development) | |

| | | | Indirect Measures: 1. Skyfactor, Overall Learning; rating of 5.5 or higher on a 7-point scale on exit surveys | On the annual basis, student exit rating on Skyfactor Overall Learning measures will be incorporated in the analysis. If ratings are <5.5. They will be compared to previous years to |
|---|---|---|--|--|
| | | | | identify trends in association with exit ratings and student performance in NURS 5110, NURS 5260 and NURS 5270. |
| | | | 2. Adult Gerontology Acute Care NP National Board Certification pass rate of 90% or higher. | Board certification pass rates will be analyzed annually for trends. If pass rates fall below 90%, aggregate data will be reviewed for areas of weakness and possible curricular or methodological revisions. |
| 4 | Design culturally sensitive patient care that includes health promotion and disease prevention. | didactic courses: NURS 5140 Health Promotion | Direct Measure for Didactic Course N5140 Health Promotion - 90% of students will achieve a grade of B or higher on a written health promotion assignment that incorporates culturally sensitive care. (Appendix C) | Aggregate results of the Health Promotion assignment will be analyzed and compared with trends from previous course offerings. If aggregate results are <80% of students achieve grade of B on the assignment, results will be shared at a dedicated ANPPC curriculum meeting with all graduate nursing faculty and representative student body members. Recommended changes will be implemented on into the curriculum the following academic year and changes will be evaluated at the next annual |

| clinical courses: NURS 5110 Health Assessment & Clinical Decision Making NURS 5260 AGAC Clinical Studies 1 NURS 5270 AGAC Clinical Studies 2 NURS 5810 AGAC Nursing Practicum | Direct Measure for Clinical courses: 1.90% of all students achieve a satisfactory clinical evaluation based on direct preceptor or faculty observation. (Appendix E) 2.90% of students will receive a proficient or advanced proficient rating on a variety of acute and complex patient encounters based on direct faculty observation (Grading Rubric in development) | Course faculty will aggregate results of all clinical practicum evaluations .Results will be analyzed and compared with trends from previous clinical courses. If aggregate results are less than 90% of students achieve a satisfactory clinical evaluation, or a proficient patient encounter rating, student performance will be compared with relevant assignments from previous courses. The results, analysis, and recommendations for improvement will be shared at a dedicated ANPPC curriculum meeting with all graduate nursing faculty and representative student body members. Recommended changes will be implemented into the curriculum the following academic year and changes will be evaluated at the next annual dedicated ANPPC curriculum meeting |
|---|---|--|
| | Skyfactor 12, Prevention and Population Care; rating of 5.5 or higher on a 7-point scale. | On the annual basis, student exit rating on Skyfactor 12 item measures will be incorporated in the analysis. If ratings are <5.5. |

| | | | | They will be compared to previous years to identify trends in association with exit ratings and student performance in NURS 5110, NURS 5260, NURS 5270 and NURS 5810. |
|---|--|---|--|---|
| 5 | | didactic courses: | Direct Measure: | |
| | Facilitate the improvement of health care through leadership within health care systems and communities. | NURS 5160 Principles of Practice Management | 90% of students will receive a Grade of B or higher on a written assignment that incorporates an analysis of leadership strategies to affect health care policy change. (Appendix D) | Aggregate results on a written assignment will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 90% of students achieve grade of B on the assignment, results and analysis will be shared at a dedicated ANPPC curriculum meeting with all graduate nursing faculty and representative student body members. Recommended changes will be implemented on into the curriculum the following academic year and changes will be evaluated at the next annual dedicated ANPPC curriculum meeting. |
| | | | Indirect Measure: Skyfactor 6, Leadership Skills; rating of 5.5 on a 7-point scale. | On the annual basis, student exit rating on Skyfactor 6 item measures will be incorporated in the analysis. If ratings are <5.5 they will be compared to previous years to identify trends |

| | | | | in association with exit ratings. |
|---|--|---|---|---|
| 6 | Demonstrate competence in a specialized area of advanced practice nursing that builds on foundational nursing knowledge. | clinical course: NURS 5810 AGAC Nursing practicum | Direct Measure: 1.95% of all students achieve a satisfactory clinical evaluation on their final practicum (NURS 5810) based on direct preceptor or faculty observation. (Appendix E) 2.95% of all students will achieve a satisfactory score on the AGACNP Comprehensive Exit Examination. Students not receiving a satisfactory exam score will receive remediation. | Course faculty will aggregate results of all clinical practicum evaluations and comprehensive exam. Results will be analyzed and compared with trends from previous clinical courses. If aggregate results are less than 95% of students achieving a satisfactory clinical evaluation and/or comprehensive exam score, student performance will be compared with relevant assignments from previous courses. The results, analysis, and recommendation for improvement will be shared annually at a dedicated ANPPC curriculum meeting with all graduate nursing faculty and representative student body members. Recommended changes will be implemented on into the curriculum the following academic year and changes will be evaluated at the next annual dedicated ANPPC curriculum meeting. |
| | | | Indirect Measures: Skyfactor, Overall Learning; rating of 5.5 on a 7-point scale. Skyfactor, Overall Effectiveness; rating of 5.5 on a 7-point scale. | On the annual basis, student exit rating on Skyfactor Overall Learning and Overall Effectiveness item measures will be incorporated in the analysis. If ratings are <5.5. They will be |

| | | | Adult Gerontology Acute Care NP National Board Certification pass rates of 90% or higher. | compared to previous years to identify trends in association with exit ratings. Board certification pass rates will be analyzed annually for trends. If pass rates fall below 90% aggregate data will be reviewed for areas of weakness and possible curricular or methodological revisions. |
|---|---|--|---|---|
| 7 | Utilize health care informatics and technologies to support practice. | N5310 Critical Appraisal of Technology | Direct Course of Didactic Course: N5310 – Critical Appraisal of Technology Students will receive a grade of B or higher on an assignment focusing on analysis of a specific medical technology of their choosing to manage the acutely ill patient. (Appendix I) | Aggregate results of the Critical Appraisal of Technology assignment will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 80% of students achieve grade of B on the assignment, results will be shared at a dedicated ANPPC curriculum meeting with all graduate nursing faculty and representative student body members. Recommended changes will be implemented on into the curriculum the following academic year and changes will be evaluated at the next annual dedicated ANPPC curriculum meeting. |

| clinical courses: NURS 5260 AGAC Clinical Studies 1 NURS 5270 AGAC Clinical Studies 2 NURS 5810 AGAC Nursing Practicum | 1. 90% of all students achieve a satisfactory or greater score on their student clinical evaluation for use of electronic resources for evidence- based care. (Appendix E) 2. 90% of students will achieve a B or higher on Typhon notes graded by faculty in clinical courses. (Appendix J) 3.90% of students demonstrate competency with electronic health records by creating and downloading a comprehensive summary of all patients encounters using the available software system. (Appendix K) | Course faculty will aggregate results of all clinical practicum evaluations, (Appendix E) Typhon log grades (Appendix J) and comprehensive summary report of patient encounters (Appendix K) Results will be analyzed and compared with trends from previous clinical courses. If aggregate results are less than the 90% of students achieving a satisfactory score on any of the three direct measures, student performance will be compared with relevant assignments from previous course. The results, analysis, and recommendation for improvement will be shared annually at a dedicated ANPPC curriculum meeting with all graduate nursing faculty and representative student body members. Recommended changes will be implemented into the curriculum the following academic year and changes will be evaluated at the next annual dedicated ANPPC curriculum meeting. |
|---|---|--|
| | Indirect Measure: Skyfactor 9, Healthcare Technologies; rating of 5.5 on a 7-point scale. | On the annual basis, student exit rating on Skyfactor 9 item measures will be incorporated in the analysis. If ratings are <5.5. |

| | | | | They will be compared to previous years to identify trends in association with exit ratings and student performances in NURS 5260, NURS 5270 and NURS 5810. |
|---|--|--|--|---|
| 8 | Advocate for policies that improve the health of the public and the profession of nursing. | didactic course: NURS 5160 Principles of Practice Management | Direct Measure: NURS 5160 Principles of Practice Management - 90% of students will achieve a grade of B or higher on writing assignment focusing on analysis of a healthcare policy or issue of their choosing .(Appendix D) | Aggregate results of the Health Care Policy paper will be analyzed and compared with trends from previous course offerings. If aggregate results are less than a 90% of students achieve a B on the assignment, results and analysis will be shared at a dedicated ANPPC curriculum meeting with all graduate nursing faculty and representative student body members. Recommended changes will be implemented on into the curriculum the following academic year and changes will be evaluated at the next annual dedicated ANPPC curriculum meeting |
| | | | Indirect Measure: Skyfactor 10, Policy and Advocacy; rating of 5.5 on a 7-point scale. | On the annual basis, student exit rating on Skyfactor 10 item measures will be incorporated in the analysis. If ratings are <5.5. They will be compared to previous years to identify trends in association with exit ratings. |

Additional Questions

1. On what schedule/cycle will faculty assess each of the above-noted program learning outcomes? (It is <u>not recommended</u> to try to assess every outcome every year.)

Assessment Plan Cycle:

2016-2017: Outcomes # 3 and # 4

2017-2018: Outcomes # 1 and # 7

2018-2019: Outcomes # 2, #5, # 6, and # 8

2. Describe how, and the extent to which, program faculty contributed to the development of this plan.

In October 2016, a meeting was held with the Advanced Nursing Practice Program Committee (ANPPC) to determine the cycle for this assessment plan. The outcomes were all reviewed and decisions were made on the best approach to evaluating each outcome. Specifically, outcomes that could best be measured in specific courses were selected for review according to when those courses were offered in the curriculum. All faculty members were given a complete copy of the assessment plan and suggestions for revisions were discussed and implemented if there was a majority vote to make a change. Coordinators of each specialty track in the NP program were utilized as expert content for their respective curriculums. In January 2018, the graduate faculty reviewed assessment and additional revisions were made.

3. On what schedule/cycle will faculty review and, if needed, modify this assessment plan?

In the fall, at the beginning of every academic year, the Advanced Nursing Practice Program Committee (ANPPC) will review the outcomes that have been selected for review. Any changes in the planned approach will be discussed and revisions will be made for the upcoming academic year. The assessment cycle has been developed to allow one outcome to be assessed in the fall and spring semesters. Evaluation of outcomes will be discussed in the November-December ANPPC meeting for the fall semester and the April -May ANPPC meeting for the spring semester. Recommended changes will be implemented into the curriculum the following academic year and changes will be evaluated at the next annual dedicated Advanced Nursing Practice Program Committee (ANPPC) curriculum meeting.

IMPORTANT: Please remember to submit any assessment rubrics (as noted above) along with this report.

APPENDIX A

| NURS 5040: ROLE ACQUISITION NP Interview Faculty Grading Rubric | | | | | | | |
|--|-----|--|--|--|--|--|--|
| Topic Points Points Achieved Possible | | | | | | | |
| Interviewee Credentials & Personal History | 30 | | | | | | |
| • Education, progression | | | | | | | |
| Current JobMarketing | | | | | | | |
| Current Practice | 30 | | | | | | |
| Reflection of the Interview on your anticipated Practice • Job Choice Setting Choice Pearls Scope of Practice | 30 | | | | | | |
| Clarity of Paper (includes spelling, grammar, sequencing and presentation of information) | 10 | | | | | | |
| Grade | 100 | | | | | | |

APPENDIX B

NURS 5110 –ADVANCED HEALTH ASSESSMENT Complete History & Physical Exam Faculty Grading Rubric

| Complete History Component | Possible Points | Earned points |
|------------------------------------|-----------------|---------------|
| Chief Complaint | 2. 5 | |
| Hx Present Illness | 5 | |
| Past Medical Hx | 10 | |
| Family Hx | 5 | |
| Genogram | 2.5 | |
| Personal/ Social Hx | 5 | |
| Review of Systems | 10 | |
| Cultural Hx | 5 | |
| Functional Hx | 5 | |
| VS and Constitutional | 2.5 | |
| Skin, Hair , Nails | 5 | |
| Head, Face, Neck | 5 | |
| Eye, Ear, Nose, Throat Mouth | 5 | |
| Lymph, Breast, Axilla | 5 | |
| Chest, Lungs | 5 | |
| Cardiovascular | 5 | |
| Gastrointestinal, Genitourinary | 5 | |
| Musculoskeletal | 5 | |
| Neurological | 5 | |
| Psychological, Mental | 2.5 | |
| TOTAL | | |

Comments:

| Α | 93-100 |
|----|--------|
| A- | 91-92 |
| B+ | 89-90 |
| В | 85-88 |
| B- | 83-84 |
| C+ | 80-82 |

77-79

75-76

70-74

69 and below

С

C-

D

 Students must receive a grade of B to successfully complete this assignment

APPENDIX C NURS 5140 – HEALTH PROMOTION

| Research | Paner | Faculty | Grading | Rubric |
|------------|--------|----------|---------|--------|
| ixescai en | 1 apci | 1 acuity | Grauing | Kubiic |

| Introduction: Detailed Intro (3 points) Level of Prevention Stated (1 point) Purpose Statement Provided (1 point) Background Data: 15 Detailed Significance (15 points) Epidemiology Incidence Prevalence Risk Factors Cultural Implications 15 Case Finding/Screening: 15 Problem Identification (15 points) Screenings Diagnostics 15 History & Physical Other Measures 15 Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) 10 Health Behavior Theory: 10 1 Health Behavior Theory (Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Concise Closure (8 points) 10 Concise Closure (8 points) 10 Strictly Followed (10 points) 10 Strictly Followed (10 points) 10 Strictly Followed (10 points) 5 References: 5 10-12 Pages Typed Text (5 points) 10 References: 5 10-12 Evidence-based Research Articles (3 points) 10 References: 5 References: 5 10-12 Evidence-based Research Articles (3 points) 10 Resources: 5 Resources: 5 8-10 Community/Professional Resources Provided (5 points) 100 TOTAL POINTS 100 | Paper Component | Possible Points | Student Points |
|--|---|--------------------|-------------------|
| Detailed Intro (3 points) Level of Prevention Stated (1 point) Purpose Statement Provided (1 point) Background Data: Detailed Significance (15 points) Epidemiology Incidence Prevalence Risk Factors Cultural Implications Outcomes Case Finding/Screening: Problem Identification (15 points) Screenings Diagnostics History & Physical Other Measures Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) References: 5 10-12 Evidence-based Research Articles (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References: 5 10-10 Community/Professional Resources Provided (5 points) | Introduction: | | |
| Level of Prevention Stated (1 point) Purpose Statement Provided (1 point) Background Data: Detailed Significance (15 points) Epidemiology Incidence Prevalence Risk Factors Cultural Implications Outcomes Case Finding/Screening: Problem Identification (15 points) Screenings Diagnostics History & Physical Other Measures Interventions: Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | | | |
| Purpose Statement Provided (Î point) Background Data: Detailed Significance (15 points) Epidemiology Incidence Prevalence Risk Factors Cultural Implications Outcomes Case Finding/Screening: Problem Identification (15 points) Screenings Diagnostics History & Physical Other Measures Interventions: Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: I Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Conclusion: Strictly Followed (10 points) Writing Style: 10 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 10-12 Evidence-based Research Articles (3 points) References: 5 8-10 Community/Professional Resources Provided (5 points) | | | |
| Detailed Significance (15 points) | ` <u>*</u> / | | |
| Detailed Significance (15 points) Epidemiology Incidence Prevalence Risk Factors Cultural Implications Outcomes Case Finding/Screening: Problem Identification (15 points) Screenings Diagnostics History & Physical Other Measures Interventions: Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: I Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References: 5 8-10 Community/Professional Resources Provided (5 points) | | 15 | |
| Epidemiology Incidence Prevalence Risk Factors Cultural Implications Outcomes Case Finding/Screening: Problem Identification (15 points) Screenings Diagnostics History & Physical Other Measures Interventions: Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | e e e e e e e e e e e e e e e e e e e | | |
| Incidence Prevalence Risk Factors Cultural Implications Outcomes Case Finding/Screening: Problem Identification (15 points) Screenings Diagnostics History & Physical Other Measures Interventions: Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: I Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | , , , | | |
| Prevalence Risk Factors Cultural Implications Outcomes Case Finding/Screening: Problem Identification (15 points) Screenings Diagnostics History & Physical Other Measures Interventions: Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 10-12 Evidence-based Research Articles (3 points) References < 5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | | | |
| Cultural Implications Outcomes Case Finding/Screening: Problem Identification (15 points) Screenings Diagnostics History & Physical Other Measures Interventions: Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: 10 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | | | |
| Cultural Implications Outcomes Case Finding/Screening: Problem Identification (15 points) Screenings Diagnostics History & Physical Other Measures Interventions: Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: 10 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | | | |
| Outcomes Case Finding/Screening: Problem Identification (15 points) Screenings Diagnostics History & Physical Other Measures Interventions: Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References < 5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | | | |
| Case Finding/Screening: Problem Identification (15 points) Screenings Diagnostics History & Physical Other Measures Interventions: Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: I Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: I0-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: I0-12 Evidence-based Research Articles (3 points) References < 5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | - | | |
| Problem Identification (15 points) Screenings Diagnostics History & Physical Other Measures Interventions: Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 5 8-10 Community/Professional Resources Provided (5 points) | | 15 | |
| Screenings Diagnostics History & Physical Other Measures Interventions: Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 5 8-10 Community/Professional Resources Provided (5 points) | | | |
| Diagnostics History & Physical Other Measures Interventions: Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 5 8-10 Community/Professional Resources Provided (5 points) | · • · · · · · · · · · · · · · · · · · · | | |
| History & Physical Other Measures Interventions: Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: I Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: I0-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: I0-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | | | |
| Other MeasuresInterventions:15Including collaborative strategies to provide high quality, safe, patient centered care.153-4 Specific Interventions (10 points)10Barriers to Interventions (5 points)10Health Behavior Theory:101 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points)10Evidence-based Research to Support Theory/Model use in practice (3 points)10Concise Closure (8 points)10New Ideas for what is Needed Next (2 points)10APA Format:10Strictly Followed (10 points)10Writing Style:1010-12 Pages Typed Text (5 points)10No Grammar, Spelling, Punctuation Mistakes (2 points)5Easy to Read with No Quotes used (3 points)5References:10-12 Evidence-based Research Articles (3 points)References:510-12 Evidence-based Research Articles (3 points)Resources:58-10 Community/Professional Resources Provided (5 points) | | | |
| Interventions: Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | | | |
| Including collaborative strategies to provide high quality, safe, patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | | 15 | |
| patient centered care. 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 5 8-10 Community/Professional Resources Provided (5 points) | | 13 | |
| 3-4 Specific Interventions (10 points) Barriers to Interventions (5 points) Health Behavior Theory: 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 5 8-10 Community/Professional Resources Provided (5 points) | | | |
| Barriers to Interventions (5 points) Health Behavior Theory: 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | | | |
| Health Behavior Theory: 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | I / I / | | |
| 1 Health Behavior Theory/Model Discussed to include ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 5 8-10 Community/Professional Resources Provided (5 points) | | 10 | |
| ethical implications to care(7 points) Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 5 8-10 Community/Professional Resources Provided (5 points) | · · · · · · · · · · · · · · · · · · · | 10 | |
| Evidence-based Research to Support Theory/Model use in practice (3 points) Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 5 8-10 Community/Professional Resources Provided (5 points) | | | |
| Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 5 8-10 Community/Professional Resources Provided (5 points) | | | |
| Conclusion: Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 5 8-10 Community/Professional Resources Provided (5 points) | | | |
| Concise Closure (8 points) New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | | 10 | |
| New Ideas for what is Needed Next (2 points) APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 5 8-10 Community/Professional Resources Provided (5 points) | | 10 | |
| APA Format: Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | ` • ' | | |
| Strictly Followed (10 points) Writing Style: 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 5 8-10 Community/Professional Resources Provided (5 points) | | 10 | |
| Writing Style: 10 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 5 8-10 Community/Professional Resources Provided (5 points) | | 10 | |
| 10-12 Pages Typed Text (5 points) No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 5 8-10 Community/Professional Resources Provided (5 points) | | 1.0 | |
| No Grammar, Spelling, Punctuation Mistakes (2 points) Easy to Read with No Quotes used (3 points) References: 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | | 10 | |
| Easy to Read with No Quotes used (3 points) References: 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | | | |
| References: 5 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 5 8-10 Community/Professional Resources Provided (5 points) | | | |
| 10-12 Evidence-based Research Articles (3 points) References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) | | | |
| References <5 years old (2 points) Resources: 8-10 Community/Professional Resources Provided (5 points) 5 | | 5 | |
| Resources: 5 8-10 Community/Professional Resources Provided (5 points) | | | |
| 8-10 Community/Professional Resources Provided (5 points) | | | |
| | | 5 | |
| TOTAL POINTS 100 | 8-10 Community/Professional Resources Provided (5 points) | | |
| | TOTAL POINTS | 100 | |

APPENDIX D

NURS 5160: PRINCIPLES OF PRACTICE MANAGEMENT Health Policy and Leadership Paper Faculty Grading Rubric

| | Faculty Grading R | |
|--|---|---------------------|
| | Section | Points |
| Why is this What are the patient care | e problem/ topic? important? ne implications to practice, econs? e stakeholders that the policy a | |
| B. What is the What are the What are the Whot are the Who | mpact on the | |
| C. Your sugg What woul change to t accomplish need to be persons, as Based upor recommend | uld you that may congress | |
| D. APA forma | t, critical thinking, spelling/ wo | ording 10 |
| Comments: | TAL | |
| A A- B+ B C+ C C- D F | 93-100 91-92 89-90 85-88 83-84 80-82 77-79 75-76 70-74 69 and below | rade of ssfully his |

APPENDIX E STUDENT CLINICAL EVALUATION

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

| A ' 1' 1 1 1 | | | | | |
|--------------------------------|-------------|-------------|--------------|-------------|------------|
| PROFESSIONALISM | 4 | 3 | 2 | 1 | N/A |
| 1= Unsatisfactory | N/A=N | o Opportui | nity or Non- | -Applicable | |
| 4= Above average | $3 = Ave_1$ | rage/Satisf | actory | 2= Needs in | nprovement |
| Please rate your student using | _ | | | | |
| Course: | | | <u> </u> | | |
| | | | | | |
| Preceptor: | | | Date: | | |
| Student: | | | Site: | | |
| | | | | | |

| 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? YesNo | | | | | | | |
| Preceptor comments/ suggestion | ns: | | | | | | | |
| _L | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Preceptor Signature / Date | | | | | | | | |

APPENDIX F NURS 5200 GENERAL RESEARCH METHODS Rubric for Faculty Grading of Discussion Board

| GRADED DOMAINS AND SCALE | GRADING SCHEME | | |
|---|--|--|--|
| Content | PASS | FAIL | |
| 0 to 3 points possible | Contains all elements required and discussion of elements is in-depth, clear, and displays adequate attending to course content | One or more elements is under-developed, missing, unclear or displays minimal application to course content. FAIL Responses to peers is inconsistent with the original post, is lacking depth, is unclear, lacking thoughtful reflection or discourse, or is not contributory to the ongoing discussion. | |
| Response to Peers | PASS | | |
| 0 to 2 points possible | Contains all elements required and responses are in-depth, clear, based upon facts or logical synthesis, and displays adequate attending to course content. | | |
| Etiquette | PASS | FAIL | |
| Maintaining appropriate etiquette is expected. Failure to maintain online etiquette may warrant vacating all points possible for a discussion thread. | All members of the class and their diverse views are treated with an attitude of respectfulness and dissenting views are conveyed and received with civility | One or more members of the class and/or their views are treated with disrespect and/or dissenting views are conveyed or received in manner inconsistent with civility | |

APPENDIX G NURS 5080: ADVANCED PHARMACOLOGY Faculty Grading Rubric for Case Studies

| Content | Possible Points | Points Earned | Comments |
|-------------------------|------------------------|------------------|----------|
| Demonstrate | 2 | | |
| advanced | | | |
| competencies and | | | |
| skills when | | | |
| prescribing | | | |
| appropriate | | | |
| medications. | | | |
| Appropriate dose, | 0.75 (each worth 0.25) | | |
| frequency, and | | | |
| duration. | | | |
| Identify 5 possible | 0.75 | | |
| side effects. | | | |
| Patient Education. | 1 | | |
| Consider cultural | | | |
| sensitivities and | | | |
| theories in relation to | | | |
| pharmacotherapeutic | | | |
| prescribing. | | | |
| References | 0.5 | | |

APPENDIX H

NURS 5170: ADVANCED PATHOPHYSIOLOGY Rubric for Faculty Grading of Discussion Board

| OBJECTIVE | DEVELOPING (C) | ACCOMPLISHED (B) | EXEMPLARY (A) |
|---|--|---|--|
| Shared thoughts | Sometimes shared well-considered thoughts | Often shared well-considered thoughts | Consistently shared well-considered thoughts and introduced new ideas |
| Displayed critical thinking (application, analysis, synthesis & evaluation) | Satisfactory development of critical thinking skills | Very good display of critical thinking skills | Excellent, clear display of critical thinking skills |
| Discussion entered promptly | Sometimes entered discussion promptly; occasionally posted original insights; responses to classmates may be brief | Usually entered discussion promptly; posted original insights and responded appropriately to classmates; postings sometimes elicit classmate or instructor response | Always entered discussion promptly; posted original insights and responded appropriately to classmates; postings nearly always elicit classmate or instructor response |

APPENDIX I N5310 Critical Appraisal of Technology Rubric for Faculty Grading Application of Technology Presentation

| Торіс | Points possible | Points achieved/comments |
|--|-----------------|--------------------------|
| Introduction • Patient scenario | 25 | |
| SOAP formatting Overview of technology for RX | | |
| Indications for use (desired clinical outcome)Alternative technology options | | |
| Critical appraisal of the evidence for technology | 15 | |
| Research Presentation (clinical setting, resources, standards and culture) Process (attitudes that may affect practice) Outcomes (end result; intended or actual) References | 25 | |
| Economic impact | 10 | |
| Style and format (weekly discussion) Style Organization Thoroughness Clarity Defense of technology chosen | 25 | |
| Total grade | 100 | |

APPENDIX J

ACUTE GERONTOLOGY ACUTE CARE NP Rubric for Faculty Grading of Typhon Logs

EXPECTATION: All Typhon entries should include: patient demographics, student participation, reason for visit, type of H & P, ICD and CPT codes and prescriptions for all patients that they are responsible for.

All Typhons should be completed within 14 days of the stated clinical time and must be turned in on time according to the predetermined dates on the course calendar. All entries on the Typhon log should be reconcilable to the date and time log presented for evaluation.

Clinical notes:

| Subjective | 15 | |
|---|-----|--|
| • HPI | | |
| • ROS | | |
| Objective | 15 | |
| Focused physical | | |
| exam | | |
| Assessment | 30 | |
| Medical decision | | |
| making | | |
| Plan | 40 | |
| Medical management | | |
| Preventative measures | | |
| Total grade | 100 | |

APPENDIX K

COMPREHENSIVE REPORT SUMMARY LOG

Rubric for Faculty Grading of Comprehensive Summary Log

Students will download and submit an electronic report of all student clinical log encounters from the Typhon database at the end of the fall N5810 (final course).

Expected level of achievement: ≥ 90 % of students will submit a complete report.

Complete report: 7/7 items completed.

Rubric includes 7 elements: Course Number, Date, Age, Gender, Diagnosis, Clinical Notes, and Student Participation)

| Report Elements | Included | Not Included |
|-----------------------|----------|--------------|
| Course Number | | |
| | | |
| | | |
| Date | | |
| | | |
| Age | | |
| | | |
| | | |
| Gender | | |
| | | |
| | | |
| Student Participation | | |
| | | |
| D | | |
| Diagnosis (ICD 10 | | |
| Codes) | | |
| | | |
| Clinical Notes | | |
| | | |
| | | |