

Program Assessment Plan

Program: MSN- CNL Master's of Science in Nursing- Clinical Nurse Leader

Department: Graduate

College/School: Nursing

Date: Jan 30, 2018

Primary Assessment Contact: Kris L'Ecuyer Ph.D., RN; kris.lecuyer@slu.edu

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 5110 Advanced Health Assessment NURS 5140 Health Promotion NURS 5604 Advanced Clinical Studies (seminar) | Direct measure didactic courses: 5110 – 80% of students will achieve a grade of B or better on a history and physical exam video performed with a simulated patient Rubric Appendix A 5140- 80% of students will achieve a grade of B or better on a health promotion paper focusing on collaborative strategies to ensure ethical, safe and patient centered care. Rubric Appendix B 5604 – 90% of students will achieve a grade of B or better on a clinical progress report on CNL role development. Rubric Appendix C | Direct assessment: Aggregate results on 5110, 5140, and 5604 assignments will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 80% (5110) or 90% (5604) of students achieve a grade of B or better, student performance will be compared with relevant assignment in previous courses. |

| | | Clinical Courses: NURS 5604 Advanced Clinical Studies NURS 5605 Practicum in Clinical Leadership | Direct measure clinical courses: 5604 and 5605 - Direct observation by MSN CNL faculty and preceptors of student clinical performance of microsystem assessment and project planning/implementation in supervised clinical practica, including assessment of SLO 1. 95% of students are expected to achieve a satisfactory rating on the "MSN CNL Preceptor Feedback" form used in both 5604 and 5605. Rubric Appendix D Evaluations and assignments are graded by course faculty; results are analyzed in conjunction with option coordinator; and shared with MSN CNL curriculum team as needed. 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 of 5.5 or higher on a 7-point scale on | Course faculty will aggregate results of all clinical practicum evaluations. Results will be analyzed and compared with trends from previous clinical courses of 5604 and 5605. If aggregate results are less than 95% of students achieving a satisfactory clinical evaluation, student performance will be compared with relevant assignment in previous courses. Indirect assessment: On an annual basis student exit ratings on skyfactor item measures 11 and 18 will be incorporated in the analysis. If ratings are <5.5 they will be compared to results from previous years to identify trends in exit ratings in relation to student performance. The results and analysis of the above assessment, and the recommendations for improvement in curriculum will be discussed at an annual dedicated MSN CNL and 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 |
|---|--|---|---|---|
| | | | 1 | , |
| 2 | Use scholarly inquiry including evidence-based practice and research application to improve decision-making and health outcomes. | <u>Didactic Courses</u> : NURS 5200 General Research Methods <u>Clinical Courses</u> : NURS 5605 Practicum in Clinical Leadership (seminar) | Direct measure: 5200 - 80% of all students will achieve a score of 5 out of 5 points on weekly Evidence based/Research Methods discussion postings. Rubric Appendix E 5605- 80% of student will achieve a grade of B or better on final CNL. Masters Capstone Thesis process | Direct: Aggregate results on 5200 and 5605 assignments will be analyzed and compared with trends from previous course offerings. If aggregate results indicate that less than 80% of students achieve 5 out 5 points (5200), or a B or better on the final paper (5605), student performance will be compared with |

Clinical Courses:

NURS 5604 Advanced Clinical Studies NURS 5605 Practicum in Clinical Leadership improvement paper. Rubric Appendix F

Direct measure clinical courses:

5604 and 5605 - Direct observation by MSN CNL faculty and preceptors of student clinical performance of microsystem assessment and project planning/implementation in supervised clinical practica, including assessment of SLO 2. 95% of students are expected to achieve a satisfactory rating on the "MSN CNL Preceptor Feedback" form used in both 5604 and 5605. Rubric Appendix D

Evaluations and assignments are graded by course faculty; results are analyzed in conjunction with option coordinator; and shared with MSN CNL curriculum team as needed.

Indirect measure:

- 1. Skyfactor 8. Research; rating of 5.5 on a 7-point scalce on exit surveys.
- Skyfactor 13. Evidence based knowledge; rating of 5.5 on a 7point scale on exit surveys.

relevant assignments in previous courses.

Course faculty will aggregate results of all clinical practicum evaluations.

Results will be analyzed and compared with trends from previous clinical courses of 5604 and 5605. If aggregate results are less than 95% of students achieving a satisfactory clinical evaluation, student performance will be compared with relevant assignment in previous courses.

Indirect:

On an annual basis student exit ratings on skyfactor item measures 8 and 13 will be incorporated in the analysis. If ratings are <5.5 they will be compared to results from previous years to identify trends in exit ratings in relation to student performance.

Integrate advanced competencies, skills, theories, and cultural sensitivity into microsystems in relationships with patients and interprofessional teams.

Didactic Courses:

NURS 5080 Advanced Pharmacology NURS 5170 Advanced Pathophysiology

NURS 5605 Practicum in Clinical Leadership (seminar)

Clinical Courses:

NURS 5604 Advanced Clinical Studies NURS 5605 Practicum in Clinical Leadership

Direct measure didactic course:

5080- 90% of students achieve a grade of B or better on a variety of case studies focusing on pharmacological principles. Rubric Appendix G

5170 – 90% of students achieve a grade of B or better on weekly case study discussions focusing on pathophysiologic principles and their impact on health outcomes, including evidence from the literature as appropriate. Rubric Appendix H

5605 - 90% of students achieve a B or better on written final CNL Masters Capstone Thesis process improvement paper. **Rubric Appendix F.**

Direct measure clinical course:

5604 and 5605 - Direct observation by MSN CNL faculty and preceptors of student clinical performance of microsystem assessment and project planning/implementation in supervised clinical practica, including assessment of SLO 3. 95% of students are expected to achieve a satisfactory rating on the "MSN CNL Preceptor Feedback" form used in both 5604 and 5605.

Rubric Appendix D

Evaluations and assignments are graded by course faculty; results are analyzed in conjunction with option coordinator; and shared with MSN CNL curriculum team as needed.

Indirect measure:

- Skyfactor marker 'overall learning' rating of 5.5 on a 7 point scale on exit surveys.
- National Clinical Nurse Leader (CNL) board certification pass rate of 85% or higher.

Direct:

Aggregate results on 5080, 5170, and 5605 assignments will be analyzed and compared to trends from previous course offerings. If aggregate results are less than 90% of students achieve a grade of B or better, student performance will be compared with relevant assignments in previous courses.

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 <95% of students achieving a satisfactory clinical evaluation, student performance will be compared with relevant assignments from previous courses.

Indirect:

On an annual basis student exit ratings on skyfactor item measures 'overall learning' will analyzed. If ratings are <5.5 they will be compared to results from previous years to identify trends.

CNL certification pass rates will be reviewed and analyzed annually by MSN CNL faculty. If pass rates are less than 85%, results will be compared to results of previous years and performance in other courses.

The results and analysis of the above assessment, and the recommendations for improvement in curriculum will be discussed at an annual dedicated MSN CNL and 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 MSN CNL and ANPPC curriculum meeting. |
|---|---|--|--|--|
| 4 | Design culturally sensitive patient care that includes health promotion and disease prevention. | Didactic courses: NURS 5140 Health Promotion Clinical Courses: NURS 5604 Advanced Clinical Studies NURS 5605 Practicum in Clinical Leadership | Direct measure didactic course: 5140-80% of students achieve a grade of B or better on Health Promotion paper that incorporates culturally sensitive care. Rubric Appendix B Direct measure clinical course: 5604 and 5605 - Direct observation by MSN CNL faculty and preceptors of student clinical performance of microsystem assessment and project planning/implementation in supervised clinical practica, including assessment of SLO 4. 95% of students are expected to achieve a satisfactory rating on the "MSN CNL Preceptor Feedback" form used in both 5604 and 5605. Rubric Appendix D Evaluations and assignments are graded by course faculty; results are analyzed in conjunction with option coordinator; and shared with MSN CNL curriculum team as needed. Indirect measure Skyfactor 12, Prevention | Direct: Aggregate results on the health promotion assignment will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 80% of students achieve a grade of B or better, student performance will be compared with relevant assignment in previous courses. Course faculty will aggregate results of all clinical practicum evaluations. Results will be analyzed and compared with trends from previous clinical courses of 5604 and 5605. If aggregate results are less than 95% of students achieving a satisfactory clinical evaluation, student performance will be compared with relevant assignment in previous courses. Indirect: On an annual basis student exit ratings on skyfactor item measures 12 will be analyzed. If ratings are <5.5 they will be compared to results from previous years to identify trends. The results and analysis of the above assessment, and the recommendations for improvement in curriculum will be discussed at an annual dedicated MSN CNL and 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 MSN CNL and ANPPC curriculum meeting. |

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|---|--|--|---|---|
| 5 | Facilitate the improvement of health care through leadership within health care systems and communities. | Didactic courses: NURS 5020 Health Care Systems and Policy NURS 5605 Practicum in Clinical Leadership (seminar) Clinical Courses: NURS 5604 Advanced Clinical Studies NURS 5605 Practicum in Clinical Leadership | Direct measure didactic course: 5020-80% of students achieve a grade of B or better on case study presentation on a health care system paper discussing services and deliver of care. Rubric Appendix I 5605-90% of students achieve a grade of B or better on Final MSN Capstone Process Improvement Paper. Rubric Appendix F Direct measure clinical course: 5604 and 5605 - Direct observation by MSN CNL faculty and preceptors of student clinical performance of microsystem assessment and project planning/implementation in supervised clinical practica, including assessment of SLO 5. 95% of students are expected to achieve a satisfactory rating on the "MSN CNL Preceptor Feedback" form used in both 5604 and 5605. Rubric Appendix D Evaluations and assignments are graded by course faculty; results are analyzed in conjunction with option coordinator; and shared with MSN CNL curriculum team as needed. Indirect measures: Skyfactor 6, Leadership skills: rating of 5.5 on a 7 point scale | Aggregate results on 5020 and 5605 paper will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 80% (5020) or 90% (5605) of students achieve a grade of B or better, student performance will be compared with relevant assignment in previous courses. Course faculty will aggregate results of all clinical practicum evaluations. Results will be analyzed and compared with trends from previous clinical courses of 5604 and 5605. If aggregate results are less than 95% of students achieving a satisfactory clinical evaluation, student performance will be compared with relevant assignment in previous courses. Indirect: On an annual basis student exit ratings on skyfactor item measures 6 will be analyzed. If ratings are <5.5 they will be compared to results from previous years to identify trends and associations with exit ratings. The results and analysis of the above assessment, and the recommendations for improvement in curriculum will be discussed at an annual dedicated MSN CNL and 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 MSN CNL and ANPPC curriculum meeting. |
| 6 | Synthesize systems data, | <u>Didactic courses</u> : | <u>Direct measure didactic course</u> : | <u>Direct:</u> |
| | information and evidence based and | NURS 5605 Practicum in Clinical | 5605- 90% of students achieve a grade | Aggregate results on MSN Capstone |
| | | | | |

theoretical knowledge to reduce risk, improve safety, and achieve optimal client adaptation and outcomes.

Leadership (seminar)

Clinical Courses:

NURS 5604 Advanced Clinical Studies NURS 5605 Practicum in Clinical Leadership of B or better on Final MSN Capstone Process Improvement Paper. Rubric Appendix F

Direct measure clinical course:

5604 and 5605 - Direct observation by MSN CNL faculty and preceptors of student clinical performance of microsystem assessment and project planning/implementation in supervised clinical practica, including assessment of SLO 6. 95% of students are expected to achieve a satisfactory rating on the "MSN CNL Preceptor Feedback" form used in both 5604 and 5605. Rubric Appendix D

Evaluations and assignments are graded by course faculty; results are analyzed in conjunction with option coordinator; and shared with MSN CNL curriculum team as needed.

Indirect measure:

- Skyfactor, Overall Learning and Overall Effectiveness; rating of 5.5 on a 7 point scale.
- National Clinical Nurse Leader (CNL) board certification exam pass rate: Frist time pass rate 85% or higher

Papers (5605) will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 90% of students achieve a grade of B or better, student performance will be compared with relevant assignment in previous courses.

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 <95% of students achieving a satisfactory clinical evaluation, student performance will be compared with relevant assignments from previous course.

Indirect:

On an annual basis student exit ratings on skyfactor item measures Overall Learning and Overall Effectiveness will be analyzed. If ratings are <5.5 they will be compared to results from previous years to identify trends and associations with exit ratings. Board certification pass rates will be analyzed annually for tends. If pass rates fall below 85% aggregate data will be reviewed for content areas of weakness.

7 Utilize appropriate information and health care technologies to improve health care outcomes.

Didactic courses:

NURS 5025: Informatics and Quality Improvement

NURS 5605 Practicum in Clinical Leadership (seminar)

Clinical Courses:

NURS 5604 Advanced Clinical Studies NURS 5605 Practicum in Clinical Leadership

Direct measure didactic course:

5025: 90% of students achieve a B or better on a presentation of a personal improvement project applying appropriate quality improvement tools and concepts discussed in the course. Rubric Appendix J

5605- 90% of students achieve a grade of B or better on Final MSN Capstone Process Improvement Paper.

Rubric Appendix F

Direct measure clinical course:

5604 and 5605 - Direct observation by MSN CNL faculty and preceptors of student clinical performance of microsystem assessment and project planning/implementation in supervised clinical practica, including assessment of SLO 7. 95% of students are expected to achieve a satisfactory rating on the "MSN CNL Preceptor Feedback" form used in both 5604 and 5605.

Rubric Appendix D

Evaluations and assignments are graded by course faculty; results are analyzed in conjunction with option coordinator; and shared with MSN CNL curriculum team as needed.

Indirect measure:

Skyfactor 9, Healthcare technologies: rating of 5.5 on a 7 point scale

Direct:

Aggregate results on health improvement presentations (5025) and MSN Capstone Papers (5605) will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 90% of students achieve a grade of B or better, student performance will be compared with relevant assignment in previous courses.

Course faculty will aggregate results of all clinical practicum evaluations. Results will be analyzed and compared with trends from previous clinical courses of 5604 and 5605. If aggregate results are less than 95% of students achieving a satisfactory clinical evaluation, student performance will be compared with relevant assignment in previous courses.

Indirect:

On an annual basis student exit ratings on skyfactor item measures 9 will be analyzed. If ratings are <5.5 they will be compared to results from previous years to identify trends and associations with exit ratings in relation to student performance.

| | a) |
|---|---|
| 8 | Manage human and fiscal nursing team resources. |
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Didactic courses:

NURS 5605 Practicum in Clinical Leadership (seminar)

Clinical Courses:

NURS 5604 Advanced Clinical Studies NURS 5605 Practicum in Clinical Leadership

Direct measure didactic courses:

5605- 90% of students achieve a grade of B or better on Final MSN Capstone Process Improvement Paper.

Rubric Appendix F

Direct measure clinical courses:

5604 and 5605 - Direct observation by MSN CNL faculty and preceptors of student clinical performance of microsystem assessment and project planning/implementation in supervised clinical practica, including assessment of SLO 8. 95% of students are expected to achieve a satisfactory rating on the "MSN CNL Preceptor Feedback" form used in both 5604 and 5605.

Rubric Appendix D

Evaluations and assignments are graded by course faculty; results are analyzed in conjunction with option coordinator; and shared with MSN CNL curriculum team as needed.

Indirect measure:

Skyfactor, Overall Learning and Overall Effectiveness; rating of 5.5 on a 7 point scale.

Direct:

Aggregate results on 5605 paper will be analyzed and compared with trends from previous course offerings. If aggregate results are less than 90% of students achieve a grade of B or better, student performance will be compared with relevant assignment in previous courses.

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 <95% of students achieving a satisfactory clinical evaluation, student performance will be compared with relevant assignments from previous course.

Indirect:

On an annual basis student exit ratings on skyfactor item measures Overall Learning and Overall Effectiveness will be analyzed. If ratings are <5.5 they will be compared to results from previous years to identify trends and associations with exit ratings in relation to student performance.

9 Advocate for policies that improve the health of the public and the profession of nursing.

Didactic courses:

NURS 5020: Health care systems and policy

Direct measure didactic courses:

5020- 95% of students achieve a score of B or better on letter to legislator assignment in which students use evidence to advocate for a health care issue. Rubric Appendix K

Evaluations and assignments are graded by course faculty; results are analyzed in conjunction with option coordinator; and shared with MSN CNL curriculum team as needed.

Indirect measure:

Skyfactor 10, Policy and advocacy rating of 5.5 on a 7 point scale.

Aggregate results on Letter to legislator assignment (5020) will be analyzed and compared with trends from previous course offerings. If aggregate results indicate that less than 95% of students achieve a B or better on the papers, student performance will be compared with performance in previous courses.

Indirect:

On an annual basis student exit ratings on skyfactor item measures 10 will be analyzed. If ratings are <5.5 they will be compared to results from previous years to identify trends and associations with exit ratings in relation to student performance.

The results and analysis of the above assessment, and the recommendations for improvement in curriculum will be discussed at an annual dedicated MSN CNL and 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 MSN CNL and ANPPC curriculum meeting.

APPENDIX:

- A 5110 history and physical video rubric
- B- 5140 health promotion paper rubric
- C- 5604 clinical progress note rubric
- D- 5604 5605 clinical evaluation rubric
- E 5200 Research Methods paper rubric
- F- 5605 Final MSN capstone paper rubric
- G 5080 Adv Pharm Case study assignment rubric
- H 5170 Adv Patho case study assignment rubric
- I- 5020 health care system case study presentation rubric

J- 5025 Quality improvement and Informatics assignment rubric

K- 5020 Advocacy Letter to Legislator assignment rubric

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.)

Year One (2016-2017): Outcome # 3 and 4

Year Two (2017-2018): Outcome # 1 and 7

Year Three (2018-2019): Outcome # 2, 5, 6, 8, and 9

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

This plan was written by option coordinator, presented for discussion and approved by in the MSN CNL option at a monthly faculty meeting.

In Oct 2016, a meeting was held with the ANPPC committee 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 to be reviewed 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 option in the MSN program were utilized as expert content for their respective curriculum. In Jan 18 the graduate faculty reviewed the assessment plan and additional revisions were made. In addition the MSN CNL assessment plan was reviewed by all MSN CNL faculty.

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

Program Assessment Plan will be placed on yearly agenda for August MSN CNL faculty meeting.

At the beginning of every academic year, the ANPPC committee 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 outcomes to be assessed in the fall and spring semesters. Evaluation of outcomes will be discussed in the Nov-Dec 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 ANPPC meeting.

| Comple | NURS 5110 te History & Physical Exam | Grading Pubric |
|---------------------------------|---|--|
| Complete History Component | Possible Points | Earned points |
| Chief Complaint | 2. 5 | |
| Hx Present Illness | 5 | |
| Past Medical Hx | 10 | |
| Family Hx | 5 | |
| Genogram Personal/ Social Hx | 2.5 | |
| Total IIX | | |
| 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 | 5 | |
| Mouth | | |
| Lymph, Breast, Axilla | 5 | |
| Chest , Lungs | 5 | |
| Cardiovascular | 5 | |
| Gastrointestinal, Genitourinary | 5 | |
| Musculoskeletal | 5 | |
| Neurological | 5 | |
| Psychological, Mental | 2.5 | |
| TOTAL: | | F1 |
| Comments: | 100 | |

NURS 5140 - Health Promotion Research Paper Rubric for Faculty Grading

| Paper Component | Possible Points | Student Points |
|---|--------------------|-------------------|
| Introduction: | 5 | |
| 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 | | 0 |
| Cultural Implications | | |
| Outcomes | | |
| Case Finding/Screening: | 15 | |
| Problem Identification (15 points) | 1 | |
| Screenings | | |
| Diagnostics | 20 | |
| History & Physical | | |
| Other Measures | | |
| Interventions: | 15 | |
| Including collaborative strategies to provide high quality, safe, | 13 | |
| patient centered care. | | |
| 3-4 Specific Interventions (10 points) | | |
| Barriers to Interventions (5 points) | | |
| Health Behavior Theory: | 10 | <u> </u> |
| 1 Health Behavior Theory/Model Discussed to include ethical | 10 | |
| implications to care(7 points) | | |
| | | |
| Evidence-based Research to Support Theory/Model use in practice | | |
| (3 points) | 10 | |
| Conclusion: | 10 | |
| Concise Closure (8 points) | | |
| New Ideas for what is Needed Next (2 points) | | |
| APA Format: | 10 | |
| 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) | | |
| TOTAL POINTS | 100 | |



Clinical Progress Report MSN-CNL

NURS 5604 Advanced Clinical Studies

Student Name:

Date:

| Criterion | Points Possible | Points Earned |
|--|-----------------|---------------|
| Summarize your clinical experience Hours spent in direct patient care Hours spent in leadership activity | 20 | |
| -Highlight areas of greatest learning 2. CNL role development | | |
| -exemplar of CNL role | 20 | |
| 3. Log ONE a. discussion of clinical and cost outcomes b. discusses organization-wide committee. c. discussion of partnership with a Quality Improvement Specialist to review systems for improving care. d. discussion of participation with an interprofessional healthcare team to address a clinical or system problem to improve patient outcomes 3. Log TWO a. Differentiate the role and responsibilities of the CNL from other care providers b. Incorporate evidence-based practice into the CNL role. c. Identify the role of the CNL in developing plans of care specific to a patient population. d. Analyze key challenges facing the CNL in implementing the role. e. Identify strategies for successfully integrating this role into health care organizations across the continuum of care. | 20 | |
| Discuss progress on Microsystem assessment and development of capstone project | 20 | |
| 5. Evaluate your performance for the week. How have you participated in provision of ethical, high quality, safe, effective, patient-centered care? What would you do differently and what went well? Look at the goals you set in your last log and consider the progress made toward meeting them. | 20 | |
| Total points earned: | | |

Note: APA format is expected. A 5 point deduction will be enforced if APA format is not utilized.



MSN CNL PRECEPTOR FEEDBACK

Please use this form to evaluate the student.

| NURS 5604 Advanced Clinical Studies NURS 5605 Practicum in Clinical Leadership Semester: | | | | |
|---|---|--|--|--|
| Student Preceptor/Mentor Name:Name: | | | | |
| Clinical Agency: | | | | |
| Please Rate MSN CNL Clinical Student Behavior Outcomes (SLO) on the Following Scale: | ors which relate to Student Learning | | | |
| E = Excellent S = Satisfactory I = Improvement Needed U = Unsatisfactory NA = Not Applicable | If an I (Improvement needed) or U (Unsatisfactory) are given, please give an explanation as to why on the comment line. | | | |
| RESPONSIBILITY/PROFESSIONALISM | | | | |
| a. Clinical Preparedness b. Ownership & Completion of Duties and Assignments c. Is self-directed d. Demonstrates critical thinking and clinical judgment e. Punctuality f. Sociocultural awareness g. Identifies and analyzes ethical issues h. Takes ownership of duties as assigned i. Considers human and fiscal resources when making decisions (SLO 8) | | | | |
| Comment: | | | | |
| CLINICAL COMPETENCE – THEORY | | | | |
| a. Synthesizes knowledge from nursing theory and relevant research (SLO 2, 6) b. Examines issues that impact patient safety and quality care (SLO 6) c. Applies evidence-based nursing care to improve processes of care (SLO 2,4,5) d. Utilizes Information technology (SLO 7) e. Synthesizes relevant data to make decisions(SLO 2, 6) f. Proposes a process improvement plan in microsystem (SLO 5, 6) g. Strategically/successfully implements proposed plan (SLO 5) h. Evaluates/disseminates results of improvement plan (SLO 5) i. Asks Relevant Questions | | | | |

| CLINICAL COMPETENCE – LEADERSHIP | |
|--|------|
| a. Understanding of Principle(s) Underlying Skills (SLO 3) b. Application of Principle(s) to Skills (SLO 3) c. Proficiency in Performing Existing Skills (SLO 3) d. Proficiency in Learning New Skills e. Applies leadership skills in collaborative manner (SLO 1, 3,5, 9) f. Participates in lateral integration or coordination of care (SLO 4, 9) g. Promotes safety and quality care outcomes (SLO 1,4,6,7, 9) h. Promotes patient centered care (SLO 1) i. Considers cultural and ethical implications in decision making (SLO 1, 1, 1) j. Demonstrates professional and effective communication skills | 3,4) |
| Comment: | |
| | |
| TEAM WORK | |
| a. Functional Interaction with Colleagues (SLO 1,3,5) b. Functional Interaction with Interprofessional team (SLO 1,3,5) c. Advocates for improvements for healthcare improvements and the profession of nursing (SLO 9) | = |
| Comment: | |
| Please write any additional comments here: | |
| Preceptor's SignatureDate: | |
| Student's SignatureDate: | |
| Return to Clinical Faculty: Dr. Gerrie Meyer, Gerrie.meyer@slu.edu | |

NURS 5200 Discussion Board Rubric

Discussion Thread Tool and Expectations

Grading Rubric¹

| Graded Domains & Scale | Grading Scheme | | |
|---|---|--|--|
| Content | Content Pass | | |
| 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. | |
| Response to Peers | Pass | Fail | |
| 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. | 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. | |
| 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. | |

^{1.} Note, the rubric applies to discussion threads one through nine only.

NURS 5605: Evaluation of Final Capstone Thesis Paper

| Name | | |
|----------------|------|--|
| Project Title: | | |

| Criterion | Points Possible | Points Earned |
|--|-----------------|---------------|
| Abstract | | |
| Pertinent information presented in appropriate depth | 10 | |
| Guidelines followed | | |
| Revisions from 5604 first draft and 5605 second draft | | |
| Revisions of chapter ONE (unit overview, human and fiscal team | 5 | |
| resources, clinical problem, unit assessment) | 5 | |
| Revisions of chapter TWO (Literature review/use of research and EBP) | 5 | |
| Revisions of chapter THREE (Project prospectus, timeline) | 5 | |
| Revisions of chapter FOUR (Evaluation Plan) | | |
| Chapter FIVE | | |
| Summary of Implementation | 10 | |
| Summary of actual project implementation | | |
| Use of appropriate information and health care technology | | |
| Identification of those involved in implementation | | |
| Discussion of required human or fiscal resources | | |
| Identification of challenges or challenges needed from original plan | | |
| Outcomes | 15 | |
| Presentation of outcome data and description of findings | 23 | |
| Description of feedback on project | | |
| Evaluation | 10 | |
| Summary evaluation of how goals or objectives were met | | |
| Factors that did or could have increased success | | |
| Conclusions and recommendations for future projects | | i |
| Sustainability | 10 | |
| Discuss sustainability issues | 10 | |
| Recommendations | | |
| CNL role | 10 | <u> </u> |
| Preparation for project | 10 | |
| CNL role components identified | | |
| Impact on CNL role development | | |
| Recommendations | | |
| Conclusions | 5 | |
| Format | | |
| Typed and formatted according to APA (6 th ed.) format | 10 | |
| Readability and organization | 10 | |
| Spelling and grammar | V | |
| Concise (<25 pages of text) | | |
| Comments: | | |
| Total | 465 | |
| , | 100 | |

NURS 5080

PHARMACOLOGY RUBRIC FOR CASE STUDIES

| Content | Possible Points | Points Earned | Comments |
|--|-----------------|---------------|----------|
| Demonstrate advanced competencies and skills when prescribing appropriate medications. | 2 | | |
| Appropriate dose, frequency, and duration. | 0.5 | | |
| Identify possible side effects. | 1 | | |
| Patient Education Consider cultural sensitivities and theories in relation to pharmacotherapeutic prescribing. | 1 | | |
| References | 0.5 | 20 | |

RUBRIC FOR DISCUSSION BOARD FOR NURS 5170

| 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 |

NURS 5020 Health Care Systems and Policy

| Point | Breakdown | for | Case | Study | Assignment |
|-------|-----------|-----|------|-------|-------------------|
|-------|-----------|-----|------|-------|-------------------|

| Name: | |
|---------------------------------|--|
| Name of Health System Analyzed: | |

| Category | Detail | Points Possible | |
|---|--|--------------------|--|
| Major Features of Health Care System Discussed | Community Issues: Location, population served, affiliations, services provided, financing, service delivery policies | 40 | |
| Case Study on system | Project or initiative that affects delivery of care, patient safety and/or quality of care | 30 | |
| References Present on separate slide | Minimum of 3 references from published literature relevant to selected topic | 10 | |
| Two Discussion Questions | Discussion questions related to your case study and prepared to respond | 10 | |
| Presentation Quality | Presentation was clear, concise, well organized and easy to follow. Demonstrated time management and preparation | 10 | |
| Total | | 100 | |

| NURS 5025: Quality Improvement and Informatics | |
|--|-----------------|
| Final QI Report Presentation Project Components Note: For the Presentation, highlight differences and lessons learned | Points Possible |
| Revised KDD Illustrates meaningful updates based on learning and analysis from previous cycle, which are individualized from team experience. | 10 |
| Revised FMEA Illustrates meaningful updates based on learning (Failures and successes) and analysis from previous cycle. | 5 |
| Root Cause Analysis Completes a thorough 5-why or cause and effect diagram to support possible root cause to challenges to overcome improvement (should get to a cause that you can influence) | 10 |
| Feedback Loop (Optional) Demonstrates a basic understanding of the components of a feedback loop, by illustrating at least 4 feedback steps. | 1 extra credit |
| Process Flow Compiles a basic process flow, using either a SIPOC or flow diagram. | 10 |
| Revised Change Concepts Enhanced interventions or updated categories based on learning (changes should be highlighted) | 10 |
| Data Collection revised (run chart or control chart) Process & Outcome measures All data represented in a run chart with annotations and median shifts were appropriate (must have a theory + special cause), analysis of run chart rules | |
| should be included | 15 |
| Applying Deming's System of Profound Knowledge (IHI QI 101 Lesson 4) Discuss the four areas of profound knowledge and how they impact your project and generalize it to future QI work | 10 |
| Lessons Learned from PDSA cycles Chose most significant tests and reflect on take away learning. Describe the impact on making a prediction to your intervention. | 10 |
| Application to bedside Discuss how you might teach your preceptor or future nursing peers the QI process (model of improvement) in order to gain support on improvement work you will do when you are working at the bedside? | 10 |
| Presentation Quality Presentation was clear, concise, well organized and easy to follow. Demonstrated time management and preparation for presentation, appropriate attire was worn for presenting. | 10 |
| Total | /100 |

NURS 5020 Health Care Systems and Policy

Advocacy Assignment

Rubric for Advocacy / Legislator Letter

| Letter to your Legislator | Points |
|---|--------|
| Addressed Properly | 5 |
| Introduction | 5 |
| Introduce yourself and the organization you are supporting | |
| Statement of the health care outcome issue or concern | |
| Brief reason why you support the position. How does it relate to the health of the public and the profession of nursing. Includes well-thought-out arguments that include/reflect evidence of investigation, facts, and statistics. | 10 |
| Relevance | |
| Does the author successfully attempt to relate the issue to the legislator's constituents. | 10 |
| Follow up | 5 |
| Include contact information | |
| Overall Quality Formal, professional language is used. Proper punctuation present. | 10 |
| Correct state representative chosen for the district of residence. | |
| Literature | 5 |
| Include 2 sources of evidence that was used to support the arguments on a separate page. | |
| Total | /50 |