Provision of Safe, Quality Care
Excellence in Nursing Education
Development of the Individual
Service to the Greater Society

MSN Assessment of Student Learning Outcomes

Mission:

The mission of Research College of Nursing is to educate students as **professional** nurses who provide **safe, quality health care**. Through a **commitment to excellence in nursing education**, this academic community promotes development of the individual as a **scholar** and **leader** dedicated to providing **service to the greater society**.

Student Learning Outcomes derived from the Mission and in accordance with the following:

The Master's Program Student Learning Outcomes are derived from the mission of the College, grounded in the Essentials of Master's Education in Nursing. All tracks share the same Essentials. The numbers in parentheses refer to the Essential to which that Outcome is aligned. The graduate program also uses the following resources to guide curriculum in the respective programs: National Organization of Nurse Practitioner Faculties, Adult-Gerontology Primary Care Nurse Practitioner Competencies, American Organization of Nurse Executives, Scope and Standards for Nurse Administrators, ANA Code of Ethics, National League for Nursing Core Competencies (educators), and AACN Clinical Nurse Leader Competencies.

Student Learning Outcomes (SLOs)

1. Integrate scientific findings to guide advanced nursing roles (1, 4, 9) [revised 9/11/15]
2. Integrate organizational and systems leadership principles into practice (2, 9)
3. Develop quality improvement and research projects to enhance practice (3, 9)
4. Incorporate informatics and technologies in the provision of healthcare (5, 9)
5. Analyze policy and finance as they influence practice roles (6, 9)
6. Demonstrate interprofessional collaboration in advanced nursing roles (7, 9)
7. Apply the principles of clinical prevention and population health (8, 9)

Overarching Summative Direct Measures

Data Collection:

Certifications: are comprehensive exams, and do not report performance scales that correlate well with the individual SLOs. They are seen as overarching measurements of all of the SLOs and are reported in a global manner. The majority of the NP students take the American Academy of Nurse Practitioners Certification Program exam (AANPCP) for the FNP and AGNP certifications. In the past some FNP and occasionally AGNP students have taken the American Nurses Credentialing Center (ANCC) exam. All NP students take the certification exams post-graduation. Students in the Clinical Nurse Leader Track took their certification exam, from the Commission on Nurse Certification (CNC), prior to graduation as part of a course requirement.

HESI NP & HESI AGP: The HESI NP exams remain in the pilot mode. Exam is given during the fall of their final semester. At this point there is no course incentive in relation to individual scores.

Analysis:

Measures	Expected Outcomes	Data Collection	Actual Outcomes
Certification	80%	Exam Year 2015	AANP FNP (n=20) 95% **Met** AANP AGP (n=4) 80% **Met** ANCC FNP (n=0) n/a CNL (n=2) 100% **Met**
HESI NP n=22 HESI AGNP n=7	n/a	Fall 2015	Aggregate Mean 693; 14% in Recommended or Acceptable Level (Pilot use of exam – no benchmark) Aggregate Mean 732; 28% in Recommended or Acceptable Level (Pilot use of exam – no benchmark)

Certification: All program certification pass rates met the expected outcomes. The benchmark was raised from 75% to 80% this year to be consistent with CCNE standards.

HESI: For both the NP and AGNP HESI exams, the means for this cohort fell below the national mean. The n was low for the AGNP. There are questions regarding whether the exam content adequately mirrors program content and what the NP faculty deem most appropriate to measure for end of program assessment in relation to NP specific knowledge & skills.

Interpretation: Strengths and Opportunities for Growth related to these general measures of all the student learning outcomes
Certification: The percent passing on the AANP FNP exam increased since last year and program average score was much higher than the national average. The AANP AGP percent passing was less than last year, but the score was higher than the national. With a low n for the AGNP both years it is difficult to draw conclusions. No RCN graduates took the ANCC NP exams in 2015. CNL certification exam was taken by only two students. The national pass rates for all those testing for the CNL certification was 66%, much lower than RCN rates. No formal report was provided given the low n. Since 2010 the national average pass rate over 6 years has been 70%. National CNL pass rate stats can be found at the following link: http://www.aacn.nche.edu/leading-initiatives/cnl/cnl-certification/pdf/CNLStats.pdf

HESI: The results so far have been utilized more at the individual level rather than the program level, therefore no College benchmark for this exam has been set.

Summative Assessment of Each Student Learning Outcome

Data Collection:
Direct Measures:
All graduating MSN students were required to identify an assignment reflecting evidence of learning for each outcome accompanied by a narrative reflection.
Indirect Measures
EBI – Given to graduating students November through January (December Class of 2014). Students are asked as institutional Specific Questions to assess how well they feel they achieved each SLO. Additional Factors and a few questions are mapped to specific SLOs.
   7 pt. scale: 5=Agree, 7= Strongly Agree, presented as aggregate means.
Alumni Survey – Emails are sent to alumni one year post-graduation (Class of 2013) and asked to assess how well they feel they achieved each SLO.   7 pt. scale: 5=Agree, 7= Strongly Agree, presented as aggregate means.

Analysis: SLOs in parentheses are the revised one under consideration for next year.

SLO	Measure	Expected Outcome	Actual Outcome	Outcome Met/Unmet Program Changes
1. Integrate evidence to inform advanced nursing practice (Support practice with scientific underpinnings)	Course embedded	2.0	1.9	**Not Met** 1st year of assessment, process itself needs improvement. See attached report at the end.
	EBI ISQ SLO 1	5.5	5.77	**Met**
	1 Yr. Alum SLO	5.5	5.89	**Met**
	EBI F 5 Sciences & Humanities	5.5	5.09	**Not Met** Articulate for students when building upon their previous knowledge.
	EBI F 8 Research (Essential VI)	5.5	5.56	**Met**
	EBI F13 Evidence-based Knowledge	5.5	5.50	**Met**
	EBI F18 Q Evidence-based practice	5.5	5.33	**Not Met** Per the Strategic Plan, increased focus on faculty & student collaboration with scholarship.
2. Demonstrate organizational and systems leadership in advanced nursing practice (Integrate organizational and systems leadership principles into practice)	Course embedded	2.0	1.4	**Not Met** Same as for #1
	EBI ISQ SLO 2	5.5	5.69	**Met**
	1 Yr. Alum SLO	5.5	5.63	**Met**
	EBI F 6 Leadership Skills	5.5	5.70	**Met**
3. Apply methods of quality improvement within an organization (Develop quality improvement and research projects to enhance practice)	Course embedded	2.0	2.1	**Met**
	EBI ISQ SLO 3	5.5	5.54	**Met**
	1 Yr. Alum SLO	5.5	5.79	**Met**
	EBI F 7 Quality improvement & Safety	5.5	5.46	**Not Met** Slightly below benchmark. Met last year. Monitor.
4. Utilize informatics and healthcare technologies in advanced nursing roles (Incorporate informatics and	Course embedded	2.0	1.9	**Not Met** Same as for #1
	EBI ISQ SLO 4	5.5	5.65	**Met**
	1 Yr. Alum SLO	5.5	5.89	**Met**
	EBI F 9 Healthcare Technologies	5.5	5.58	**Met**

technologies in the provision of healthcare)				
5. Utilize the policy development process in advanced nursing roles (Analyze policy and finance as they influence practice roles)	Course embedded EBI ISQ SLO 5 1 Yr. Alum SLO EBI F 10 Policy & Advocacy	2.0 5.5 5.5 5.5	2.0 5.60 5.32 5.33	**Met** **Met** **Not Met** Increase this focus in the new curriculum. **Not Met** Increase this focus in the new curriculum.
6. Demonstrate interprofessional collaboration in advanced nursing roles (Demonstrate interprofessional collaboration in advanced nursing roles)	Course embedded EBI ISQ SLO 6 1 Yr. Alum SLO EBI F 11 Interprofessional Teamwork EBI F 19 Q Interdisciplinary team	2.0 5.5 5.5 5.5 5.5	1.8 5.92 6.21 5.78 5.33	**Not Met** Same as for #1 **Met** **Met** **Met** **Not Met** Met last year. Monitor for one year-may be an outlier.
7. Apply the principles of clinical prevention and population based care in advanced nursing roles (Apply the principles of clinical prevention and population health)	Course embedded EBI ISQ SLO 7 1 Yr. Alum SLO EBI F 12 Prevention & Population Care EBI 18 Patient Care	2.0 5.5 5.5 5.5 5.5	1.7 5.71 6.00 5.68 5.30	**Not Met** Same as for #1 **Met** **Met** **Met** **Not Met** Easily met last year. Monitor for one year – may be an outlier.

ISU=Institution Specific Question   F=Factor   Q=Question

Interpretation: Strengths and Opportunities for Growth related to these student learning outcomes
This is the first year for course embedded program assessment. There were varying incentives between tracks. Evidence provided for the assignment also varied between students. Norming was partially completed resulting in unknown inter-rater agreement. Two of five SLOs met the benchmark for this direct assessment. Overall, many of the EBI scores were lower than last year, but many still meeting the benchmark, several other EBI scores did not. It is possible that the scores this year are an outlier and will be monitored for trends next year. The only alum score that did not meet the benchmark was for SLO 5 Policy. Overall, the strongest SLOs were 2, 3, & 4. Other SLOs had mixed results.

Implementation of curricular and program improvements from previous year

Curricular/program improvements suggested from last year	Implementation of changes
All Certification benchmarks raised to 80%.	Change made. Met the benchmarks this year.
Course embedded assessment initiated.	Assessment was completed by all tracks and scored by most of the MSN faculty. The Assessment Committee analyzed the results and reviewed the process, making several recommendations to the GCC.

Planned curricular and/or program improvements based on assessment of outcomes (include budget implications)

Planned curricular/program improvements for 2016-2017	Budget implications
1. Repackaging the MSN Core – some content needs to be bumped back to core: leadership & quality, policy & finance, population health, research, informatics	None
2. Improve end of program assessment process:	None
2.a.. Clarify end of program assessment portfolios assignment directions and rubrics to better align with SLOs.	None
2.b.. Define each rating category on rubric	None
2.c.. Pilot SLO alignment of all course assignments in Blackboard	None
2.d. Identify suggested assignments for each SLO for portfolios (within each track)	None
NP tracks: see attached table of focused improvement areas from the EBI related to SLO 1.	
Institutional Learning Goal Data: weak areas*	
1. Professionalism Quality/Safety & Life Long Learning measures met benchmarks – no action. Member of Professional Organization and Service fell below benchmark last year but met it year before – reassess after a third year of data.	None

2. Scholarship Met on EBI. Fell below benchmark on Alum survey this year – reassess after another year of data.	None
3. Leadership Met on EBI. Fell below benchmark on Alum survey - reassess after another year of data (variance of these scores could reflect program improvements.	None
4. Integration of Knowledge Met	None

*Note regarding Institutional Learning Goals: assessment of Institutional Learning data and planned curricular & program improvements are incorporated into the ASLO report.

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MSN ASLO Report EBI Key for specific questions

Student Learning Outcomes	ASLO Report abbreviations	EBI Factor or Full Question
1. Support practice with scientific underpinnings	EBI F18 Q Evidence-based practice *(N=21) Just NPs answering this.*	Practice: - To what degree did your didactic and clinical courses prepare you in the following content areas? (Evidence-based practice (application of research and scientific evidence into clinical practice)
6. Demonstrate interprofessional collaboration in advanced nursing roles	EBI F 19 Q Interdisciplinary team *(N=21) Just NPs answering this.*	Course work – To what degree did your didactic and clinical courses prepare you in the following content areas? Interdisciplinary team concepts

*Factors 18 & 19 were only answered by NPs. All the other Factors measured were based on all MSN students.

Attachment 1

2015 MSN course embedded program assessment of Student Learning Outcomes

<u>MSN SLOs</u>
1.   Integrate scientific findings to guide advanced nursing roles (1, 4, 9)
2.   Integrate organizational and systems leadership principles into practice (2, 9)
3.   Develop quality improvement and research projects to enhance practice (3, 9)
4.   Incorporate informatics and technologies in the provision of healthcare (5, 9)
5.   Analyze policy and finance as they influence practice roles (6, 9)
6.   Demonstrate interprofessional collaboration in advanced nursing roles (7, 9)
7.   Apply the principles of clinical prevention and population health (8, 9)
*Numbers in parentheses indicate AACN Master's Essentials

<u>Data Collection Process</u>
Each MSN student is given an end of program assignment in an end of track course (see assignment below). Assignments for all students were scored except one from the FNP track (97%). All courses were pass fail. Three courses incentivized with points assigned: AGNP, CNL, EPHL. The FNP and NE tracks offered no incentives. One EPHL and one NE will graduate in 2016 but only had one course left in program, so was kept with their cohort.

<u>Norming and scoring process:</u>
Eight of nine MSN faculty met during one morning at the end of the semester in December and participated in a norming process and scored about half of the assignments in the same room. The remainder of the assignments were scored separately in the following days. The norming process consisted of all faculty independently scoring one assignment that was from the AGNP track and considered to be of average quality. Faculty then discussed why they chose to score as they did, one student learning outcome at a time, and these scores were tracked as the following:

	Faculty ratings of AGNP assignment (n=1) for norming			
SLOs	0=no evidence	1=minimal	2=moderate	3=strong
1		5	3	
2	1	6	1	
3		4	4	
4	1	4	3	
5	1	6	1	

6	1	6	1	
7	4	4		

Outlying scores tending to be from different faculty scorers. While there may have been movement among the scorers toward consensus, the discussion was not directed towards that end, and consensus is uncertain, especially where the initial scoring was more evenly split as for SLOs 1, 3, 4, 7.

Additionally, scorers made comments on each assignment regarding areas of strengths and areas for growth that would offer specificity for program improvement by track. Comments attached at end of this report.

<u>Analysis</u>
The *N* of 38 allows for some claims to be made about the program as a whole. The *N* for the individual tracks, particularly the smaller tracks, does not allow for accurate claims to be made. This is due to potential for outliers having a strong influence. This effect can be managed with combining scores over several years. There would be more confidence in the results if the assignments were standardized (all papers, or all Videos, or all PPT). There can be some confusion in interpretation of the scores; whether they reflected the level of evidence provided vs. whether they reflect achievement of the SLOs. Weighted means were determined for each SLO, for each individual track and for all the tracks combined. Yellow highlights/italics indicate SLOs scores in which inter-rater reliability is unknown. Scores indicated that overall the evidence of meeting the SLOs by the combined tracks ranged from minimal to moderate demonstration of meeting the SLOs.

All Tracks: Highest is *SLO 3* with a *2.1* mean; Lowest is SLO 2 with a 1.4 mean.

FNP: Highest is *SLO 3* with a *1.9* mean; Lowest is SLO 2 with a 1.1 mean

AGNP: Highest is *SLO 1* with a *2.0* mean; Lowest is SLO 2 with a 1.1 mean
        Only track that did not include SLO 3 as a highest score.

CNL: Highest are SLOs *1, 3*, 5, 6 with a *3.0* means; Lowest are SLO 2, *4, 7* with a *2.5* means

EPHL: Highest is *SLO 3, 4* with a *2.6* means; Lowest is SLO 5 with a 1.4 mean
        Only track that did not include SLO 2 as a lowest score.

NE: Highest is SLO 3, 6 with a *2.0* mean; Lowest is SLO 2, *4*, 5 with a *1.3* mean

SLO	Track	Weighted Means (*N*) 2015	
1	FNP	*1.76*	*(21)*
	AGNP	*2.0*	*(7)*
	CNL	*3.0*	*(2)*
	EPHL	*2.0*	*(5)*
	NE	*1.7*	*(3)*
	All Tracks	*1.9*	*(38)*
2	FNP	1.1	
	AGNP	1.1	
	CNL	2.5	
	EPHL	2.4	
	NE	1.3	
	All Tracks	1.4	
3	FNP	*1.9*	
	AGNP	*1.9*	
	CNL	*3.0*	
	EPHL	*2.6*	
	NE	*2.0*	
	All Tracks	*2.1*	
4	FNP	*1.9*	
	AGNP	*1.4*	
	CNL	*2.5*	
	EPHL	*2.6*	
	NE	*1.3*	
	All Tracks	*1.9*	
5	FNP	2.0	
	AGNP	1.9	
	CNL	3.0	
	EPHL	1.4	
	NE	1.3	
	All Tracks	2.0	

6	FNP	1.6
	AGNP	1.7
	CNL	3.0
	EPHL	2.2
	NE	2.0
	All Tracks	1.8
7	FNP	*1.7*
	AGNP	*1.3*
	CNL	*2.5*
	EPHL	*2.2*
	NE	*1.7*
	All Tracks	*1.7*

Scale: 0= no evidence; 1=Minimal evidence; 2=Moderate evidence; 3=Strong evidence
Yellow highlights/italics indicate SLOs scores that may be less reliable.

Assessment committee: Assessment Committee comments/suggestions to the GCC

With 97% of students assessed, it can be assumed the sample represents the combined Tracks. Continue to score all students.

The validity of the scores for the MSN group as a whole would be increased if the incentives across all tracks were similar. Consider making this change.

Reliability would be stronger if the consensus discussion was completed. Therefore, any actions based on the results must keep this in mind. Next year complete full norming session.

Consider standardizing the assignments.

Analyze the scorer comments to identify trends. Utilize the comments of scores for each track to provide direction for program improvement. Document program/track changes made based on these results and include in end of year MSN ASLO Report.

Set a working benchmark for next year, for tracks combined.

Define each rating category of rubric specifically (AAC&U Value rubrics may offer help), will help with inter-rater reliability

Identify specific assignments to be used to measure each SLO (within each track). Consider portfolio format.

Benchmark suggested: Combined Tracks: 2.0 for each SLO

Fall 2015

Student Learning Outcomes Evaluation Assignment

NU 7340 NE, 7220 EPHL, 7540 CNL, 7451 FNP, 7452 AGNP

Assignment Purpose: To evaluate your achievement of the student learning outcomes.

Student Directions: Complete the following assignment.

- Address each of the following student learning outcomes. Each outcome is to be accompanied by a narrative reflection and selected examples, if available.
  - Support practice with scientific underpinnings.
  - Integrate organizational and systems leadership principles into practice.
  - Develop quality improvement and research projects to enhance practice.
  - Incorporate informatics and technologies in the provision of healthcare
  - Analyze policy and finance as they influence practice roles.
  - Demonstrate interprofessional collaboration in advanced nursing roles.
  - Apply the principles of clinical prevention and population health
- Narrative Reflection Guidelines:
  - Answer each item below as you write your reflection for each student learning outcome:
    - How are you distinguished as an MSN prepared nurse related to each student learning outcome listed above?
    - Provide examples (e.g., assignments throughout your program) which demonstrate how you have met these student learning outcomes over the course of the program.
    - Identify your strengths and weaknesses for each student learning outcome.
- Possible Formats: Papers, Video, Voice Over PowerPoint
- Length: 5 to 7 total pages, does not include title page or Appendices; Video and PPT 7 to 10 minutes
- Use APA formatting guidelines 6th ed.
- Use proper grammar, spelling, and punctuation.
- Video and PPTs: should be a professional presentation with proper grammar.

Student Learning Outcomes Assignment

Evaluative Rubric

12-17-2015

SLO/ MSN Essentials	NO evidence provided 0	Minimal Demonstration of Meeting Program Outcome 1	Moderate Demonstration of Meeting Program Outcome 2	Strong Demonstration of Meeting Program Outcome 3
1				
2				
3				
4				
5				
6				
7				

Attachment 2

MSN Tracked EBI Factor/Question Means with Curriculum & Course Changes/Improvements

SLO	Factor/Question	Dec. 2013	Curriculum & Course Changes	Dec. 2014	Curriculum & Course Changes	Dec. 2015	Curriculum & Course Changes	Dec. 2016
1. Integrate evidence…	Factor: Learning Outcomes from Didactic/Clinical: <u>Prescription</u> Drugs	5.01	Continued re-working of the pharmacology class. More prescription writing practice was integrated into the didactic portion of the curriculum in the discussion sections. More applied pharmacology stressed in all didactic courses. Pediatric specific calculations were done. Updated PCI powerpoints for medication specific reviews for hard topics- ie- diabetes, mental health	5.62	Text book and faculty both changed. They had multiple quizzes, midterm and final. Instructor did try some video conferencing with students to help them understand content. New test questions were established to go along with the new book.	4.76 *	Pharmacology scores drop may have been related to multiple textbook changes. Course description and course objectives have been revised, and are being implemented in Academic year 2016/17. Faculty turn over in course may have been a factor. Spring 2016 students had only a midterm and final.	
. Integrate evidence…	Factor: Learning Outcomes from Didactic/Clinical: Course Work	4.71	The summer of 2014, graduate NP faculty were fully staffed. This was the most significant impact and allowed further program development. Faculty now had experience teaching in the newly developed courses. Simulations were added for the first time for: first day of clinic (URI, Strep, mono scenario) giving bad news, minor office emergencies (foreign	5.03	Np faculty down by 2 full time people in fall of 2015. Program coordinator resigned in Fall of 2015, position search but not filled. Assessment course was totally revamped with new instructors since core instructors resigned. Split out the NE, CNL and NP with a separate assessment lab class.	4.63 ND	Genetics scores have gone up since 2013. Current decline not significant. A textbook and additional focus on genetics content has been added to Primary Care 1 and practicum experiences. Lost another full time faculty member in fall of 2016. Hired two to replace the two lost. Program	

			body in the nose, acute respiratory distress, laceration) in primary care I. Women/peds had simulation in the summer for gyn abdominal pain, sports physical and well child check of preschooler. Gero went to the nursing home for physical assessments and evaluation of geriatric patients. More guest lecturers added that were experts in: diabetes, mental health, orthopedics, asthma, endocrine, poison control. New text chosen came from AACN's resource list. PCI powerpoints and online material all updated with current literature. Summer classes met for longer days, but less frequently. HESI for graduate students was available for the first time and this was given to the graduate students in their final semester. Utilize alumni as an expert panel RE pearls for		Shadow health assessment program purchased by students and utilized. Students also utilized Bates Physical Assessment Video Series for the class. NPST was instituted for tracking of clinical hours and clinical patients. Each student is being tracked through the last year of the program when in clinical sites. Changed practice guidelines used in program from Uphold and Graham to Cash and Glass. These are used in the final year of clinical. Spring 2015 a Inter professional simulation was used involving several disciplines from Rockhurst and Research College of Nursing. Students did take HESI as an exit exam in the final	Coordinator replacement not yet hired. One faculty went on Academic Leave to complete doctorate. Efforts to hire and recruit new faculty have been enhanced. Ads have been placed in publications, and the recruiter at HCA is facilitating the search process. With the change of new faculty in the Spring of 2016 the primary care course was changed and the focus of genetics was not as strong as it was before. New faculty now understand the need for this to be addressed in the curriculum. Assessment course was being taught by one of the new faculty with some more revisions to the course. Split out the NE, CNL and NP with a separate assessment lab class. No inter professional simulation this year due to decreased faculty to facilitate the simulation.	

				practice.< students favorite activity		semester of graduate school. Continued to utilize student and alumni panels both in the assessment class and primary care practicum. Students love this activity. Use of adjunct faculty due to losing full time faculty for clinical management.		Will try to do this again in the future because students reported it as beneficial. Continued to utilize student and alumni panels both in the assessment class and primary care practicum. Students very positive about this activity. Continued to use adjunct faculty due to losing full time faculty for clinical management.	
	Factor: Learning Outcomes from Didactic/Clinical: Clinical <u>Laboratory Procedures</u>	4.44	A second opportunity for sutures for this class was given in the fall of 2014. This gave them 2 exposures to suturing, I and D, stapling, histofreeze, punch biopsy.	5.04	Strep, mono testing and pregnancy testing was available in simulations during semester. Also did more laboratory interpretation and some flip classroom activities with practicum students.	4.67 ND	CLIA wave testing in spring at the Primary Care Symposium prior to students starting clinical.	

SP: Aim 2 Goal 1 Expected Outcome 1	EBI Item: Faculty Academic Advising	4.88	Continued effort was made in developing faculty advising of students. Advising reference materials were developed and provided to faculty. Advising was discussed as a part of the faculty role. NP faculty are readily available to students. All students met onground with faculty advisors regarding classes/courses. A concentrated effort was made to do enrollment planning for approximately a year at a time across all 6 tracks. This effort helps to utilize resources effectively and balance class sizes. In addition, as the NP faculty was fully staffed, more academic advisors were available. Therefore, the advising load is significantly less per individual faculty member and more individual attention could be given. Ongoing mentoring includes the development of advising skills for new faculty.	5.87	Because of faculty turn over we had a lot of advisement change. Several students had multiple advisors. We dropped from 5 advisors down to 3 advisors. Advisement loads were very heavy with faculty having 30-50 students in different cohort years throughout program. Faculty still attempting to meet on ground with students for advising. NP Orientation to clinical held for the 2016 cohort in the May to discuss clinical requirements and sites. Students loved the on ground contact. New admit student orientation to the school and the program held in spring of the year for newly admitted students form the spring admission, we did advising and enrollment at this meeting for new students.	5.08 ND	New faculty don't start advising right at the beginning of employment. Still have 3 advisors but the new advisor has a small load of only 12 advisees. The other two advisors have between 30-50 students each but it was decided to do decrease the number of advisors students have during the program. We will transition new faculty into advising in 2017. NP Orientation to clinical held for the 2016 cohort in May to discuss clinical requirements and sites. Students positive about the on ground contact. Need to consider increasing the length of new student orientation, and possibly add videos to which students can refer after orientation is complete. New admit student orientation to the school and the program held in spring of the year for newly admitted students	

							from the spring admission, including advising and enrollment. Faculty felt the need to increase the time devoted to this activity.
1. Integrate evidence…	EBI Item: Course work: Principles of genetics EBI Item: Course work: Role of genetics in clinical care	4.24 4.35	Genetic specific text book with reading assignments and discussion boards was added. In addition, this was integrated throughout curriculum in each and every course. Primary care I-genetics of lipoproteins and diabetes, Peds discusses genetic traits, women's health BRCA gene, gero-alzheimers.	4.71 4.90	Faculty are more intentional about describing emphasis on genetics content. Continued to use new book and discuss genetics throughout the program. Primary care I-genetics of lipoproteins and diabetes, Peds discusses genetic traits, women's health BRCA gene, gero-alzheimers.	4.35 ND 4.43 ND	New faculty didn't put as much focus on genetics when primary care class was revised. Discussions were added in the clinical course to reflect genetic topics. Peds and women's health continued to discuss genetic topics as they have in the past.	
1. Integrate evidence…	EBI Item: Course work: Understanding the International Classification of Diseases Procedural and Diagnostic Coding and current procedural terminology	4.53	New speaker, Linda Vargas, a college instructor in billing and coding as well an office manager, gave information needed for new graduates. She tailored the program for what new NP graduates need to know.	4.65	Linda Vargas, a college instructor in billing and coding as well an office manager, gave information needed for new graduates. She tailored the program for what new NP graduates need to know. Students included coding in NPST and in their soap notes. They also included leveling codes NPST.	4.65 ND	Linda Vargas, a college instructor in billing and coding as well as an office manager, gave information needed for new graduates. She tailored the program for what new NP graduates need to know. Students included coding in NPST and in their soap notes. They also included leveling codes in NPST.	

1. Integrate evidence…	EBI Item: Clinical laboratory procedures: <u>EKG</u> interpretation	4.47	Eric Roberts explained EKG's to the NP students in the final semester in easy to understand terms.	4.95	Eric taught basic EKG in spring. Dr. Waxman taught advanced EKG in fall.	4.48 ND	An alumni from the ED taught EKG in spring. She wasn't as strong as the past lecturer have been due to her inexperience. Advance EKG was taught by Jim Weaver in the fall.	
1. Integrate evidence…	EBI Item: Clinical laboratory procedures: <u>Suturing</u>	3.76	Eric and his ER coworker taught sutures. The students were taught in 2 small groups for more individual attention.	5.48	Eric and summer taught basic suturing in spring. Fall summer and an alumni did advanced suturing. We used a new product that can be reused to suture, this substitutes for pigs feet. Nice product.	4.95 ND	A new product utilized that can be reused to suture, this substitutes for pigs feet. Nice product. Fall was taught by an ER NP with advanced suturing.	
1. Integrate evidence…	EBI Item: Clinical laboratory procedures: <u>X-ray</u> interpretation	4.12	Eric Roberts lectured on reading X-rays. Peds also had a ortho NP review pediatric conditions and related x-rays.	4.48	Eric lectured on xrays in spring. Peds also had a ortho NP review pediatric conditions and related x-rays. Jim Weaver did advanced x-rays lecture in fall.	4.55 ND	Alumni that is in ortho reviewed some x-rays in spring. Peds also had a ortho NP review pediatric conditions and related x-rays. Jim Weaver lectured on x-rays in fall.	

Green shading=positive movement in EBI score from previous year

SP=Strategic Plan

ND=No statistical difference between years

* = negative statistical difference at the .05 level