

**Title:**

Evaluating NP Student Clinical Progress

**Heather L. Johnson, DNP, FNP-BC, FAANP**

*Graduate School of Nursing, Uniformed Services University of the Health Sciences,  
Bethesda, MD, USA*

**ACCEPTED**

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**Session Title:** Meet the Poster Authors Session

**Slot:** PST: Friday, March 27, 2020: 2:30 PM-3:15 PM

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**Abstract Describes:** Ongoing Work/Project

**Applicable Category:** Academic

**Keywords:** Academic Progress, Clinical Competence and Nurse Practitioner Education

**Abstract Summary:**

The purpose of this presentation is to describe the methods used to evaluate nurse practitioner student performance in the context of progress across the program.

**References:**

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- Pangaro, L. (1999). A new vocabulary and other innovations for improving descriptive in-training evaluations. *Academic Medicine: Journal of the Association of American Medical Colleges*, 74(11), 1203–7. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/10587681>

**Abstract Text:**

**Purpose:** Evaluating clinical progress in nurse practitioner programs is an enigma. This problem is not limited to nurse practitioner education but is felt across clinical

specialties. Identifying high performers and low performers is typically easier than isolating areas requiring improvement in marginal performers. Nurse practitioner programs are obligated to prepare students to meet the nationally recognized core role and population-focused competencies and educational standards for their profession. Ensuring consistency and standardization in the approach to assessing student progress was problematic at a military graduate school that educates uniformed nurse practitioners. In order to get promoted within the military, officers must achieve high scores on their officer evaluations. This paradigm carried over to clinical assessment in that preceptors were afraid to give students anything less than the highest marks for fear it would affect their academic or military career.

**Methods:** Iterative development of a clinical evaluation tool built on previous versions of the clinical evaluation tool used to assess student performance used objective descriptions for each competency category, as well as a numerical value. Preceptors almost universally assigned the highest score, despite the student not matching the objective description for each score. When the university moved to the Reporter, Interpreter, Manager, Educator (RIME) model for assessing student progress, the faculty incorporated the language for each RIME description into the evaluation tool and removed the numerical scores.

**Results:** Clinical evaluations revealed student performance assessments which more closely matched their performance in Objective Structured Clinical Examinations (OSCE) with standardized patients.

**Conclusion:** The methods used to evaluate student performance in a single clinical rotation and in the greater context of success in the program is an on-going process. Future efforts should focus on working with preceptors to uncover what is behind the grade inflation. Standardized, evidence-based tools for evaluation nurse practitioner student clinical progress assists faculty in identifying at-risk students and developing appropriate remediation.