

## INTRODUCTION

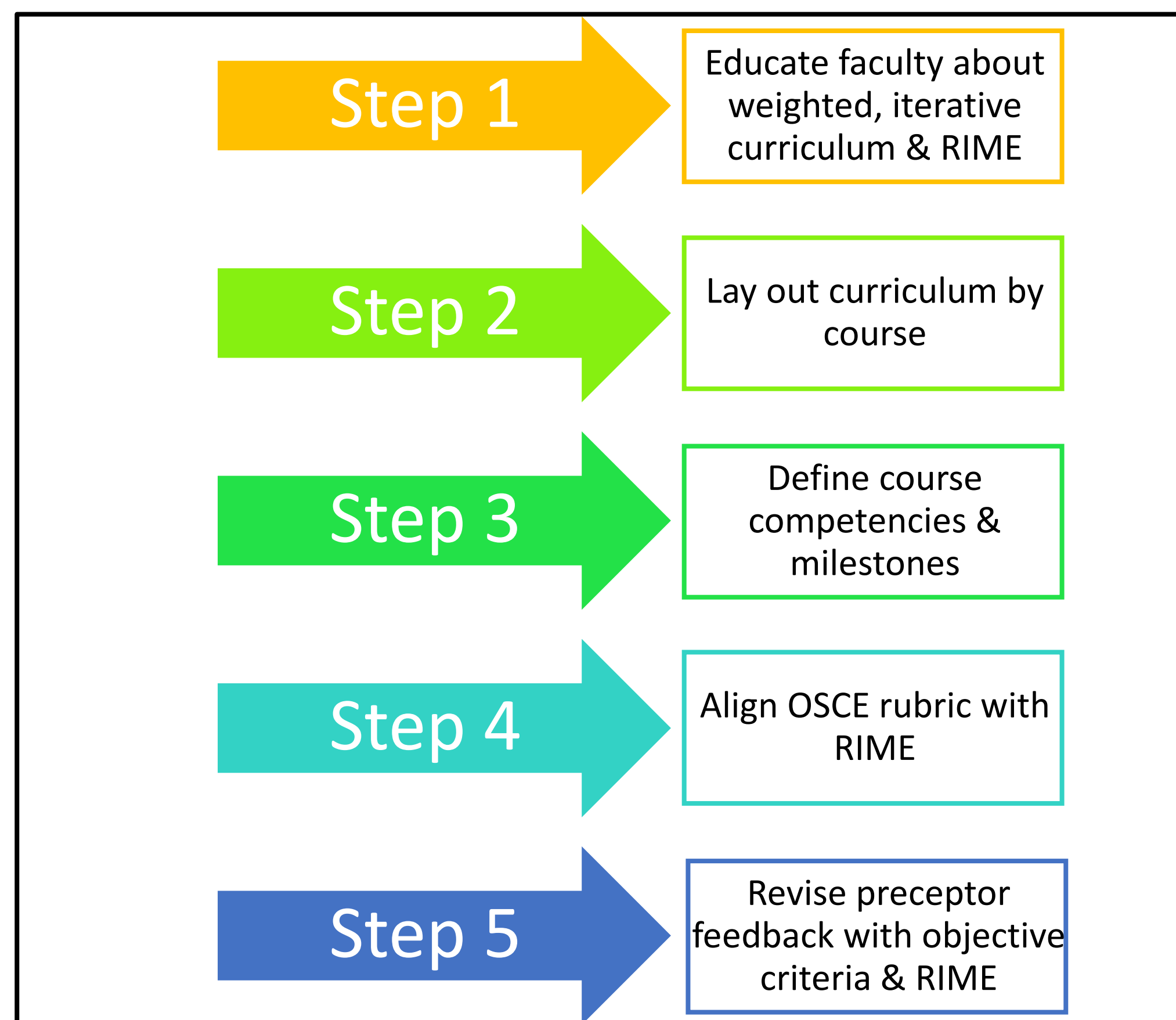
Nurse practitioner programs prepare students to meet role and population-specific competencies

- Evaluating clinical progress is an enigma
- Targeted remediation remains elusive
- Preceptor evaluation inflation remains a problem

## PURPOSE/STEPWISE APPROACH

Develop valid, reliable evaluation methods

- Align competencies, simulation and clinical language
- Pinpoint deficits to target remediation



Curriculum Overview							
	Pedagogy	Exams	Clinical Course	Simulation	Feed-back	Clinical	RIME
1 <sup>st</sup> Year	<ul style="list-style-type: none"> <li>• Didactic</li> <li>• Simulation</li> <li>• Clinical immersion reinforces concepts</li> </ul>	<ul style="list-style-type: none"> <li>• Straight-forward</li> <li>• Factual</li> <li>• Some cases</li> </ul>	AHA	5 Formative 1 Summative	1:1		REPORTER
			Adult/GYN	3 Formative		2 week Adult	
			Peds	3 Formative		2 week Peds	
2 <sup>nd</sup> Year	<ul style="list-style-type: none"> <li>• Didactic</li> <li>• Seminar</li> <li>• Simulation</li> <li>• Procedural skills</li> <li>• Clinical validates mastery</li> </ul>	<ul style="list-style-type: none"> <li>• More complex</li> <li>• Case-based</li> <li>• Multiple concepts</li> <li>• Board-like questions</li> </ul>	Found Ind Practice	1 Formative 1 Summative	1:1 x 2-3 cases, quiz for 1 case	9-week immersion x 2	INTERPRETER  MANAGER
			OB				
			Adv Con Ind Prac	1 Formative 1 Summative			
			Adv Care of Women				
3 <sup>rd</sup> Year Phase II site	<ul style="list-style-type: none"> <li>• Seminar</li> <li>• Clinical</li> </ul>	<ul style="list-style-type: none"> <li>• Quizzes</li> <li>• 2 Practice exams-min pass threshold</li> </ul>	NP Pract & Seminar 1, 2 & 3	Remediation as needed		10-wk immersion x 3	EDUCATOR

Sample 1 <sup>st</sup> Year Competencies	
1. Conduct comprehensive and focused assessments using advanced communication in adult patients with 1-2 presenting problems under mentored guidance	
2. Use patient and clinical data to formulate common healthcare diagnoses in adult patients with 1-2 presenting problems	
3. Identify and evaluate appropriate patient-centered, evidence-based diagnostic & therapeutic interventions (pharmacologic and nonpharmacologic) and plans of care for the management of common problems	
4. Perform age & risk-appropriate screening, education and anticipatory guidance for adult patients	
5. Demonstrate professionalism & communication skills that facilitate an effective exchange of information and collaboration with patients and members of inter-professional healthcare teams	

Sample Portion OSCE Elements		
	Points Possible	Points Achieved
Diagnosis/Plan		
1. Discusses working diagnosis with patient (accurate diagnosis based on H&P and case scenario)	2	
a. Uses shared decision-making to develop diagnostic plan, tx and f/u options with pt		
2. Discusses differential diagnoses (3 dx) and rationale for working diagnosis with patient or faculty/preceptor	2	
2. Develops a complete plan of care appropriate for the actual diagnosis and baseline medical conditions	3	
• Diagnostics (1), therapeutics (1), referrals/followup (1)		
3. Education/Anticipatory Guidance/Follow-up precautions	1	
Patient Presentation to Faculty/Preceptor		
1. Demographic, pertinent +/-, PE, concise	1	
2. A/P, Ant Guid	1	
<b>Total for Assessment/Plan/Presentation Section</b>	<b>10</b>	
<b>Overall description of student's ability:</b>		
<input type="checkbox"/> Reporter	Able to gather & report information between patient and preceptor; not yet able to interpret, manage & educate	
<input type="checkbox"/> Interpreter	Accurately gathers info; able to interpret data, prioritize information & analyze patient problems; inconsistent DDx & plan of care	
<input type="checkbox"/> Manager	Accurately gathers and interprets data, develops DDx and evidence-based plan of care incorporating patient preferences	
<input type="checkbox"/> Educator	Has all qualities of reporter, interpreter & manager; consistent knowledge & application of current evidence to each patient. Teaches both patients and staff	

## DISCUSSION

- Common language across the program
- Iterative competencies reflect expectations
- Clinical
  - Clinical evaluations mirror OSCE performance
  - Reduction of grade inflation
- Simulation (OSCE)
  - Early detection of struggling students
- Improved ability to pinpoint unmet competencies for underperforming learners
- Tailored remediation plans support individual students
- Establishing objective clinical milestones remains a challenge
  - Measuring progress vs measuring progress

Sample Preceptor Feedback Elements				
<b>Presentation Skills</b>				
<input type="checkbox"/> Very disorganized; incomplete; deficient; <50% accurate	<input type="checkbox"/> Generally complete; may lack organization or fail to highlight abnormal findings; needs much prompting; 50-75% accurate	<input type="checkbox"/> Presentations organized, logical; highlights abnormal findings; some prompting; 75-90% accurate	<input type="checkbox"/> Consistently organized, logical, complete; does not require assistance; 90-100% accurate	<input type="checkbox"/> Not observed
<b>Interpreting Diagnostic &amp; Screening Data</b>				
<input type="checkbox"/> Fails to recognize importance of diagnostic & screening data; interprets data incorrectly; <50% accurate	<input type="checkbox"/> Recognizes importance of diagnostic & screening data; inconsistently interprets data; 50-75% accurate	<input type="checkbox"/> Incorporates & interprets diagnostic & screening data; 75-90% accurate	<input type="checkbox"/> Consistently interprets diagnostic & screening data; 90-100% accurate	<input type="checkbox"/> Not observed
<b>Data Synthesis &amp; Clinical Reasoning (Differential Diagnosis=DDx)</b>				
<input type="checkbox"/> Rarely able to generate a DDx including most likely and do-not miss. Significant difficulty justifying or demonstrating clinical reasoning; <50% accurate	<input type="checkbox"/> Occasionally able to generate a DDx including most likely and do-not miss. Difficulty justifying or demonstrating clinical reasoning; 50-75% accurate	<input type="checkbox"/> Usually generates at least 3 DDx including most likely and do-not miss. Justifies and demonstrates clinical reasoning when prompted; 75-90% accurate	<input type="checkbox"/> Consistently generates at least 3 DDx including most likely and do-not miss. Justifies and demonstrates clinical reasoning without prompting; 90-100% accurate	<input type="checkbox"/> Not observed
<b>Overall description of student's ability at end of current clinical rotation (select one)</b>				
<input type="checkbox"/> Request a call from coordinator or advisor	<input type="checkbox"/> Reporter Able to gather & report information between patient and preceptor; not yet able to interpret, manage & educate	<input type="checkbox"/> Interpreter Accurately gathers info; able to interpret data, prioritize information & analyze patient problems; inconsistent DDx & plan of care	<input type="checkbox"/> Manager Accurately gathers and interprets data, develops DDx and evidence-based plan of care incorporating patient preferences	<input type="checkbox"/> Educator Has all qualities of reporter, interpreter & manager; consistent knowledge & application of current evidence to each patient. Teaches both patients and staff

### REFERENCES

- Common APRN Doctoral-Level Competencies Work Group. (2017). Common Advanced Practice Registered Nurse Doctoral-Level Competencies. Retrieved from <https://www.aacnursing.org/News-Information/News/View/ArticleId/20950/APRN-Doctoral-Level-Competencies>
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- Pangaro, L. (1999). A new vocabulary and other innovations for improving descriptive in-training evaluations. *Acad Med*, 74(11), 1203-1207. doi:10.1097/00001888-199911000-00012