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Use of Electronic Clinical Tracking System for Documenting Competency Achievement in a DNP Program

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Introduction

Current practice in graduate professional program matriculation tends to rely on preceptor and faculty perceptions of clinical performance or project completion (Starosta, et al., 2017, Englander et al, 2013), as well as on meeting clinical hour requirements in specific clinical areas (Halles, Biesecker, Brennan, Newland & Haber, 2011). The most recent *Evaluation of Nurse Practitioner Programs* (2016) strongly suggests the addition of competency achievement to student and programmatic evaluations. There has been a good deal of support for monitoring competencies, with the caveat that it adds a dimension of complexity due in part to a dearth of common taxonomy and uniform mechanisms of measurement (Clabo, 2017).

Premise

Recently, the American Academy of Colleges of Nursing (AACN) formed an ad hoc work group to address competency-based education for doctoral-prepared advanced practice nurses' (APRN). The work group was formed with representatives from over two dozen advanced practice nursing credentialing and scholarship organizations to explore current practices and issues surrounding competency based clinical education (AACN, 2016). This workgroup recognized the critical foundation laid by APRN leaders initially in 2006 and most recently updated in 2017 (NONPF, 2017). The resulting white paper calls for development of competencies appropriate to all of the four APRN roles. Further, it issued a call for development of a standardized assessment tool invoking formative and summative evaluation using a common taxonomy framework to identify measurable progression of APRN competencies (AACN, 2016).

Goal development in graduate nurses increases self-awareness and encourages improvement of clinical learning experiences across student and later, in professional practice (McMillan, Bell Benson, et al, 2007). This project describes use of an electronic clinical tracking system (ECTS) to help DNP students to determine deficit areas, identify and then to document clinical goals related to competencies. Faculty used this assignment to promote reflection on competency attainment related to clinical experiences with overall goal of progression of independence and responsibility in clinical patient encounters (Price, Tschannen & Caylor, 2013). It was found that use of ECTS also facilitates collection of data salient to clinical encounters in a logical manner using the nursing process (McNelis, Horton-Deutsch, & Friesth, 2012). Students were able to use an ECTS to set specific learning goals to meet competencies and to validate clinical experiences in a demonstrable way for faculty. Faculty use the ECTS search and reporting functions to determine and document frequency and complexity of clinical visits to confirm preceptor reporting to help determine mastery of competencies. Integration of ECTS into documentation of clinical hours and monitoring of competency attainment helps students meet technology competencies (Johnson & Bushey, 2011).

Conclusion

As nursing and other practice disciplines continue to move to competency metrics, increased standardization and effectiveness will be needed (AACN, 2016). We need to continue to empower our students at all levels of learning to take responsibility for their academic and professional learning as methods for competency achievement are explored (Babenko-Mould, et al., 2012). Development and

monitoring of personal learning goals using NONPF competencies incorporated an ECTS as one tool to scaffold learning across a clinical course to build accountability and confidence in DNP students (Joy, Berner & Tarrant, 2012). Use of ECTS in this small scale project demonstrated utility as a potential measurement tool for competency documentation.

Title:

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Keywords:

DNP competencies, Electronic clinical tracking system and goal setting

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Abstract Summary:

Use of an electronic clinical tracking system (ECTS) helped DNP students to identify clinical goals to document development of progressive independence and responsibility in clinical practice. Development and monitoring of personal learning goals incorporated an ECTS to scaffold learning across a clinical course to build competency accountability and confidence.

Content Outline:

Introduction: Back ground and literature supporting increased need for valid competency measures in DNP programs.

Premise 1: Electronic clinical tracking systems have demonstrated some evidence of achieving this goal.

Premise 2: Evidence demonstrates that involving students in goal setting, increases their self-awareness of learning deficits.

Conclusion: Development and monitoring of competency goals incorporated an ECTS as one tool to scaffold learning across a clinical course to build accountability and confidence in DNP students.

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