NATIONAL NURSE PRACTITIONER RESIDENCY & FELLOWSHIP TRAINING CONSORTIUM

Welcome to the 6th World Café Webinar:

"Evaluations and Outcomes in Postgraduate NP & NP/PA Training Programs"

We will begin shortly

Get the Most Out of Your Zoom Experience

- Use the Q&A Button to submit questions during today's session

- Use the chat feature to submit technical questions.

- Recording and presentations will be made available to everyone after the session at https://www.nppostgradtraining.com/conference/

- Unanswered questions will be responded following the webinar and posted to the webpage
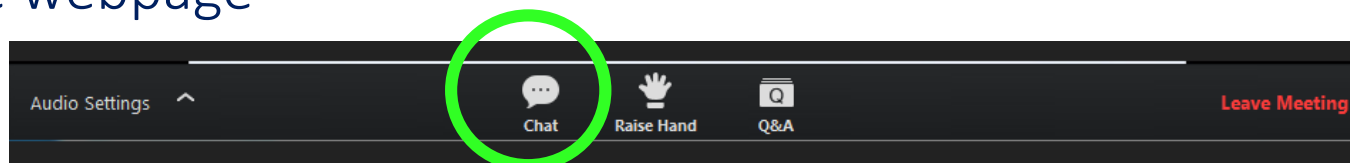
Evaluation and Outcomes
in NP and NP/PA Postgraduate Training Programs
Webinar Presenters:

Ann Marie Hart, BSN, MSN, PhD, FNP-BC, FAANP; Professor; Program Director, University of Wyoming

William Holzemer, RN, PhD, FAAN; Distinguished Professor, Rutgers University School of Nursing

Kathy Rugen, PhD, FNP-BC, FAAN, FAANP; Assistant Professor, University of Illinois, Chicago

WEBINAR LEARNING OBJECTIVES:

- Participants will learn about Program and Trainee Evaluation: Selection of tools, adherence to rules

- Understand the Process of Evaluation

- Understand the Core Elements of the Evaluation Program

- Understand the connection between evaluation and curriculum

PROGRAM EVALUATION & OUTCOMES

Ann Marie Hart
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Fay W. Whitney School of Nursing
University of Wyoming

March 3, 2021

ROADMAP

- Brief overview of evaluation

- NPPRFTC Standard 3

- Standard 3 criteria in a "nutshell"

- Evaluation pearls

"If you don't know where you are going, you might end up someplace else" — Yogi Berra

NNPRFTC

The goal of the NNPRFTC Accreditation Standards is to drive compassionate, team-based, patient-centered, clinical excellence in the training of postgraduate nurse practitioners, while promoting rigorous peer review, quality assurance methods, evidence-based practice, and innovation and dissemination of knowledge (p. 3)

NATIONAL NURSE PRACTITIONER RESIDENCY & FELLOWSHIP TRAINING CONSORTIUM

Postgraduate Nurse Practitioner Training Program

Accreditation Standards

©2019 Edition

NNPRFTC Office of Program Consultation and Accreditation

635 Main Street

Middletown

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October 2019

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Benefits of Evaluation

1. Clarifies outcomes
2. Focuses attention
3. Supports ongoing improvement
4. Influences future actions and decisions

Center for Creative Leadership, n.d.

Continuous Improvement Process

Determine Goals

Assess Institutional Rules, Roles & Tools

Develop Action Plan

Implement Plan

Measure & Evaluate

STANDARD 3: EVALUATION

11 elements (1 optional)

- Trainee – 5 elements

- Organization – 3 elements

- Clinical faculty – 2 elements

- Ongoing self-evaluation - 1 element

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TRAINEE CRITERIA

Program must…

3.1 - Establish and use an objective, systematic and cummulative evaluation and assessment process that is designed based on the program's core elements, competency, and curriculum components.

3.2 - Assess the performance and development of each postgraduate trainee through periodic and objective assessment focused on core competency areas in both clinical and professional areas. The assessment should include the identification of any deficiencies or performance concerns.

3.3 - Have a clear process for promptly identifying and addressing postgraduate trainee performance concerns, as well as the development of an improvement plan with measurable goals.

3.4 Should include:

- Postgraduate trainee competency self-assessment

- Postgraduate trainee evaluation of all core program components (preceptors for continuity clinics and specialty rotations, and weekly didactic sessions)

- Preceptor (both continuity clinic and specialty) assessment of the postgraduate trainee performance

- Reflective self-assessment by trainee of their experience

- Final programmatic evaluation

3.5 - Assist the postgraduate trainee in assembling the assessment elements. This assembly could take the form of a learning portfolio. Both the program and the postgraduate trainee could add elements to the portfolio over time. Such a portfolio could be used by the postgraduate trainee as well as by program faculty and/or the program director in preparing for evaluation and coaching sessions. Learning goals established during evaluation and coaching sessions would be entered into the portfolio and reviewed a subsequent evaluation and coaching sessions.

TRAINEE – 5 elements

3.1 Comprehensive, systematic, & objective evaluation process

3.2 Process for evaluating trainee performance & development

    3.4. Sub-elements for 3.2, including trainee self-assessment, core program components, preceptor assessments, final trainee self-assessment, & final trainee evaluation

3.3 Process for identifying & addressing trainee performance concerns

3.5 Trainee learning portfolio

ORGANIZATIONAL CRITERIA

REQUIRED

3.6 –Review and assess the operational and financial impact of the program on the overall organization and evaluate for any improvements or efficiencies in business operations.

3.7 -Have a documented process for the initial and ongoing evaluation of all sites used for postgraduate trainees' clinical practice experiences. The evaluation of each site should include:

- The site itself (e.g., the resources provided, staffing)

- The experience for the postgraduate trainees at the site

OPTIONAL/RECOMMENDED

3.8 – Have a Residency Advisory Committee (RAC). Such a committee would consist of faculty, external members, supervisors, at least one postgraduate trainee representative, and should include the program director as an ex-officio member. The RAC should advise and assist the program director to:

- Develop and update a written residency mission statement that describes goals and objectives;

- Develop educational experiences and clinical rotations;

- Provide new or emerging knowledge, skills, or competencies that may influence the content or conduct of postgraduate trainee education;

- Review the sponsoring institution's internal review of the program;

- Review confidential and written postgraduate trainee evaluations of faculty and the program;

- Review the program director's evaluations of individual postgraduate trainees; and,

- Review the faculty evaluations of the program director and the program.

ORGANIZATION – 3 elements

REQUIRED

3.6 – Impact on operation and finances

3.7 – Trainee sites

OPTIONAL/RECOMMENDED:

3.8 – Input and assistance from residency/fellowship advisory committee

CLINICAL FACULTY CRITERIA

3.9 -   Have an established process to evaluate clinical faculty which include preceptors and didactic presenters. The evaluators may include but are not limited to postgraduate trainee and the program director.

3.10 - Have a clear process for promptly identifying and addressing faculty performance concerns, as well as the development of an improvement plan with measurable goals.

CLINICAL FACULTY – 2 elements

3.9 - Process for evaluating all program faculty

3.10 - Process for identifying & addressing faculty performance concerns

ONGOING PROGRAM SELF-EVALUATION

3.11 Have an established process of ongoing program self-assessment that should use the Accreditation standards as a method to identify the program's compliance. Self-assessment should be done on a periodic basis, no less than annually, and document its results. The Program self-assessment should include:

A. Programmatic assessment and corresponding outcome measures:

1. Postgraduate trainee completion rates
2. Postgraduate trainee withdrawals or dismissals
3. Postgraduate trainee evaluations of core program elements
4. Preceptor evaluations of postgraduate trainee performance
5. Graduate employment data
6. Alumni satisfaction
7. Employer satisfaction (if possible)
8. Program staff turn-over

B. Documentation of program's self-assessment results and corresponding action plan that includes:

1. Identified strengths, weaknesses and opportunities for improvement
2. Structural or content program adjustments to address areas of weakness and areas of improvement
3 Evidence of improvement through implementing the action plan developed from evaluation results

PROGRAM SELF-EVALUATION – 1 element

3.11 - Process for regular/annual evaluation of all accreditation standards

A. Outcome measures
B. SWOT and Action plan

Evaluation Pearls

- Develop and work with a residency/fellowship advisory committee

- Start with the end in mind (i.e., build evaluation and outcomes into initial program planning)

- Keep process simple

- Build upon (use) your organization's existing evaluation processes

- Look at (borrow) others' evaluative processes

- Partner with a school of nursing

- Keep perspective – Assessment and evaluation and their resulting outcomes are steps in the continuous improvement process, NOT the end product

Continuous Improvement Process

- Determine Goals
- Assess Institutional Rules, Roles & Tools
- Develop Action Plan
- Implement Plan
- Measure & Evaluate

REFERENCES

- Center for Creative Leadership (n.d.). The benefit of evaluating your development process. https://www.ccl.org/multimedia/podcast/the-value-of-evaluation/

- National Nurse Practitioner Residency Consortium (2019). Postgraduate nurse practitioner training program accreditation standards. https://www.nppostgradtraining.com/accreditation/standards/

VETERANS HEALTH ADMINISTRATION

Nurse Practitioner Residency Program Evaluation

Kathryn Wirtz Rugen, PhD, FNP-BC, FAAN, FAANP
Associate Director-Clinical Practice
Office of Nursing Services
March 3, 2021

Objectives

- **Explain the development competency tool**

- **Explain the evaluation methodology**

- **Analyze the outcomes**

Competency Tool

- **Purpose: to demonstrate program effectiveness and standardize evaluation across sites**

- **Process: iterative; content experts at each site and MD education consultant, NP residents from 1st cohort, Primary Care NPs from APRN email distribution list**

- **Reviewed: AACN Masters and DNP Essentials, Adult-Gerontology Nurse Practitioner Core Competencies, NCQA PCMH Standards, Core Competencies for Interprofessional Collaborative Practice (IPEC), ACGME competencies, VA top primary care diagnoses**

- **7 domains: clinical competence, leadership, patient-centered care, sustained relationships, shared decision-making, interprofessional collaboration, Quality Improvement/Population Health**
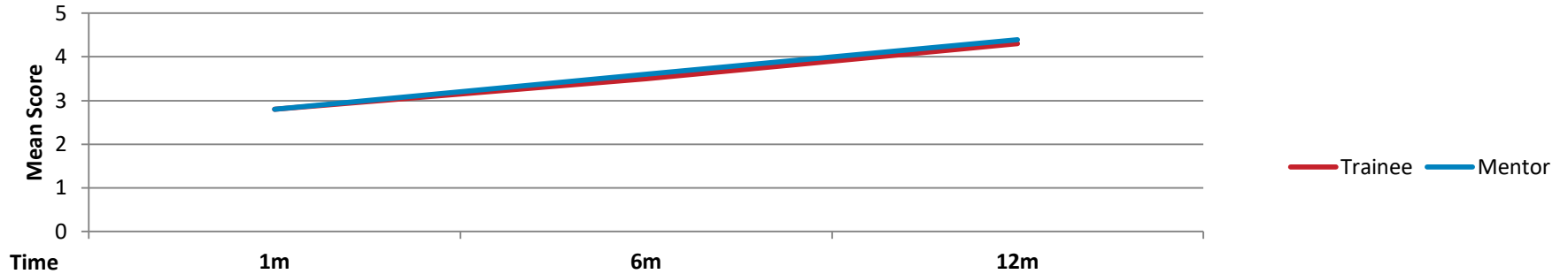
Competency Tool

- **Quantitative --69 items based on the 7 core domains**
  - **Entrustable Professional Activities (EPAs) rating scale**
    - **1= observes task only**
    - **2= needs direct supervision**
    - **3= needs supervision periodically**
    - **4= able to perform without supervision   GOAL**
    - **5= able to supervise others**
- **Qualitative questions**
  - **List 2 things you do well**
  - **List 2 things you would like to improve**
  - **Set 2 short term goals that you can achieve in the next 3 months**
  - **Set 1 long-term goal that can be achieved by the end of the residency**
- **Competency tool completed by NP resident and primary mentor at 1, 6 and 12 months**
- **Goal: Progress over time, independent by end of program**

Evaluation Methods

- **Mixed method approach; 3 cohorts: 2012-2013, 2013-2014, 201-2015**

- **Quantitative Evaluation questions**

  - **In aggregate, what is the average of each Item at 1, 6 and 12 month**

  - **In aggregate, was there significant progression from 1 to 6 and 6 to 12 months**

- **Analysis:**

  - **Descriptive statistics (including frequencies and measures of central tendency and dispersion) to evaluate the distributional characteristics of each item rated by the NP Resident and mentor**

  - **Two-tailed standardized t-tests to test for statistically significant mean differences between NP Resident and mentor mean scores for each domain at each time point**

  - **Generalized linear models to statistically test (for each domain) whether NP Residents (when assessed by either themselves or by their mentors) progressed with increasing scores values over the 12 months**
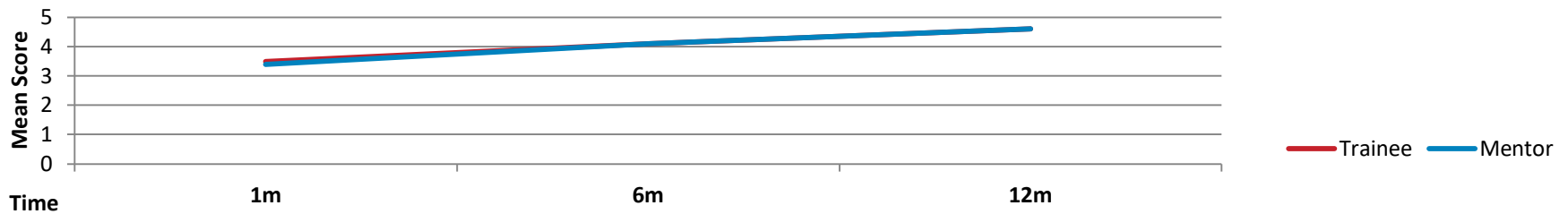
Competency Scores over Time

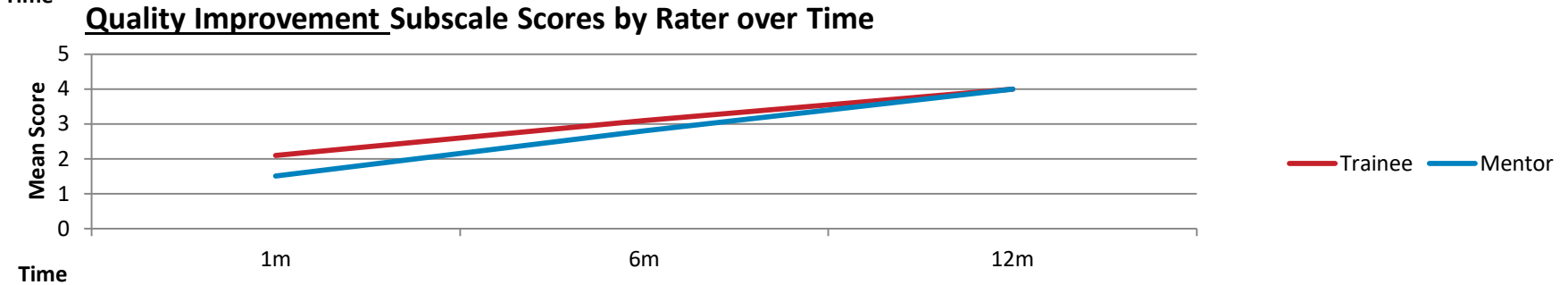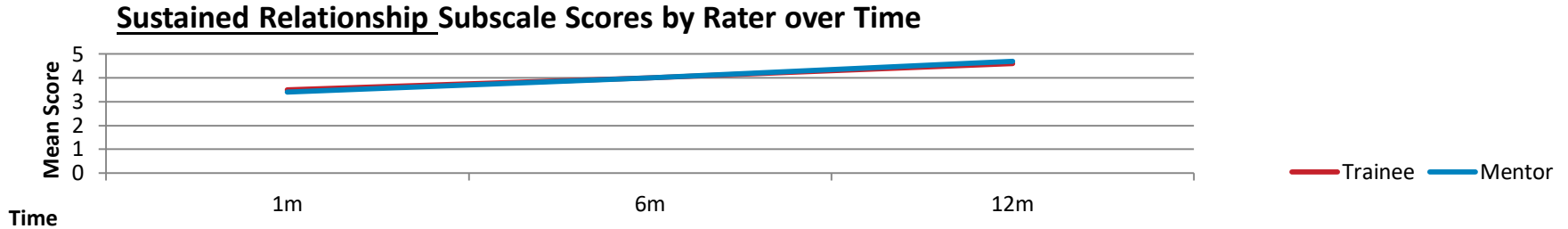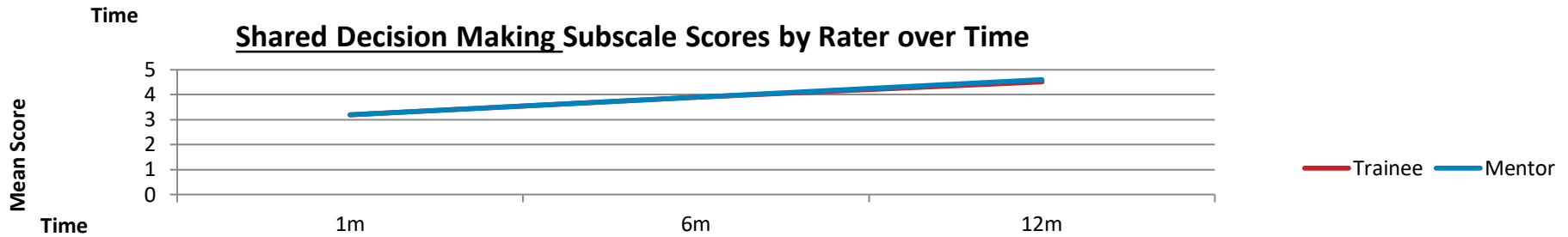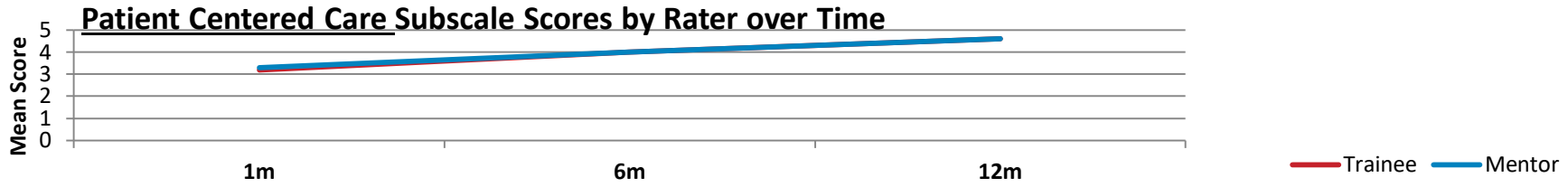**Clinical Competency** Subscale Scores by Rater over Time

Leadership Competency Subscale Scores by Rater over Time
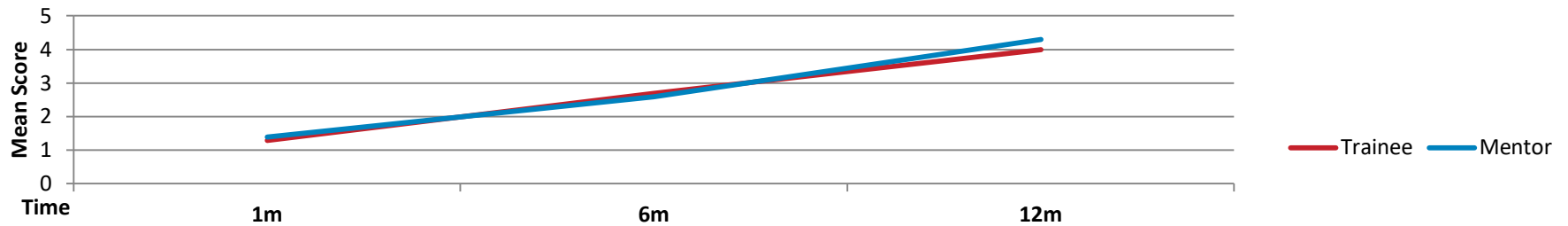
Interprofessional Team Collaboration Subscale Scores by Rater over Time
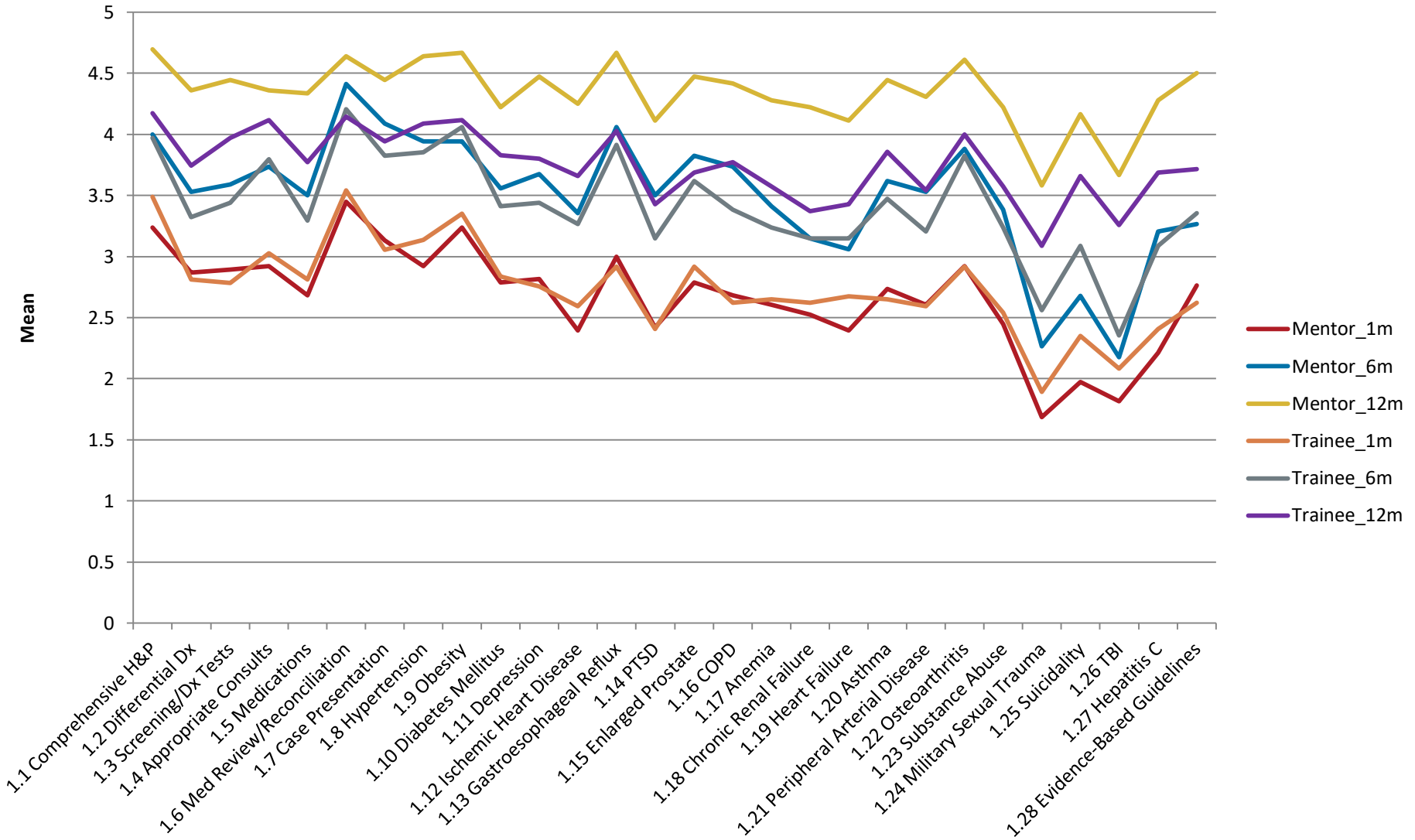
Competency Scores over Time

Clinical Competency

Subscale	Trainee Ratings				Faculty Ratings			
	1 month	6 months	12 months	p-value	1 month	6 months	12 months	p-value
Clinical Competency in Planning/Managing Care **n** **Mean** **SD** **Range**	37 2.89 .54 1.82- 3.86	34 3.51 .40 2.78- 4.25	34 4.27 .47 3.21- 5.00	<.0001	37 2.94 .60 1.86- 4.59	34 3.68 .49 2.89- 5.00	36 4.42 .50 3.50- 5.00	<.0001

Findings

- **By the completion of the program, NP Residents demonstrated**
  - readiness for independent practice in all seven competency domains
  - significant improvement by self and mentor-ratings over the 12 month training program
- **For each domain, the mean changes in domain scores over the 12-month were statistically significant for both NP Residents and mentors (p<0.0001)**
- **The highest mean scores for both NP Residents and mentors were in the interprofessional collaboration, sustained relationships, patient-centered care, and shared decision-making competency domains**
- **Performance improvement/population management was the lowest scored at 12 months by both mentor and NP Resident self-report**
- **High internal consistency (among the items) for each of the seven domains (Cronbach's alpha = 0.86 to 0.95)**

Evaluation Method

- **Qualitative evaluation**
- **Evaluation question : What are new NP graduates' self-perceived areas of strength and improvement, goals, opportunities and obstacles in the first year as they transition to independent practice**

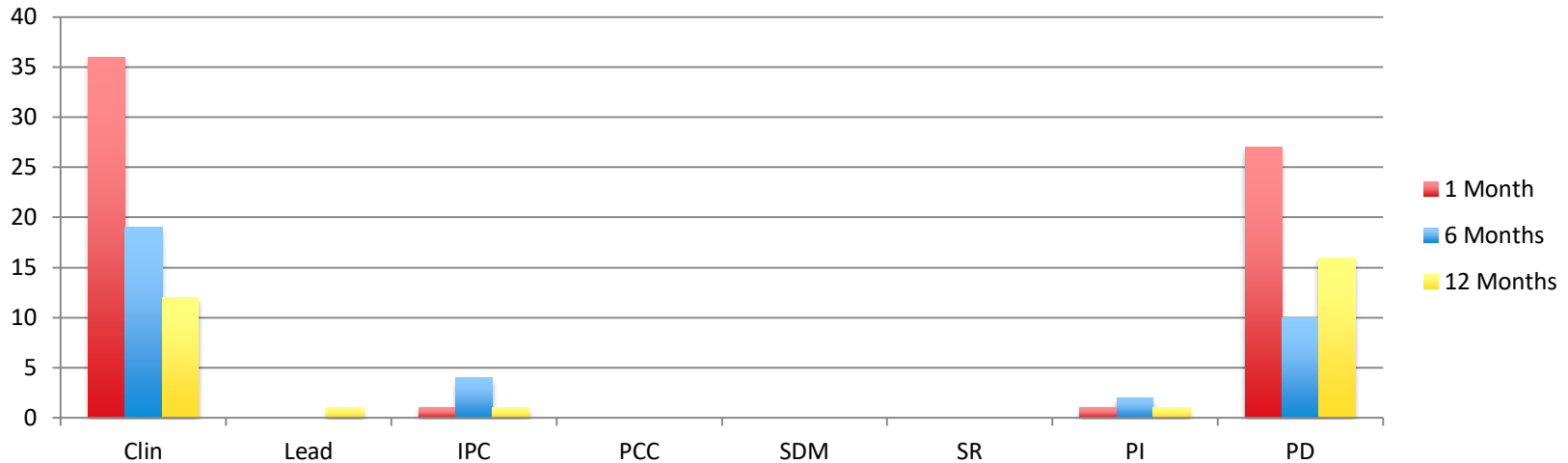| |
|---|
| **1. List two things you do well** |
| **2. List two things you would like to improve** |
| **3. Set two short term goals that can be achieved in the next 3 months** |
| **4. Set one long term goal to achieve by the end of the residency and beyond** |

- **Data Analysis: Using Atlas TI, inductively coded using conventional content analytic procedures; conducted analytical coding to map each of the 26 codes to the seven NP competency tool domains; created an eighth competency domain named "professional development"**

Bar chart showing responses by category (Clin, Lead, IPC, PCC, SDM, SR, PI, PD) at 1 Month (red), 6 Months (blue), and 12 Months (yellow). Y-axis ranges from 0 to 40.

	"I would like to improve my ability to manage diabetes, as I still do not feel confident with this on a regular basis"	"Further master of knowledge of broad base of chronic/acute conditions"	"I would like to still build on my knowledge of pathophy(siology)"
Clinical			
Leadership	none	none	"Continue to improve my leadership/ teaching and public speaking skills"

Two short term over the next 3 months
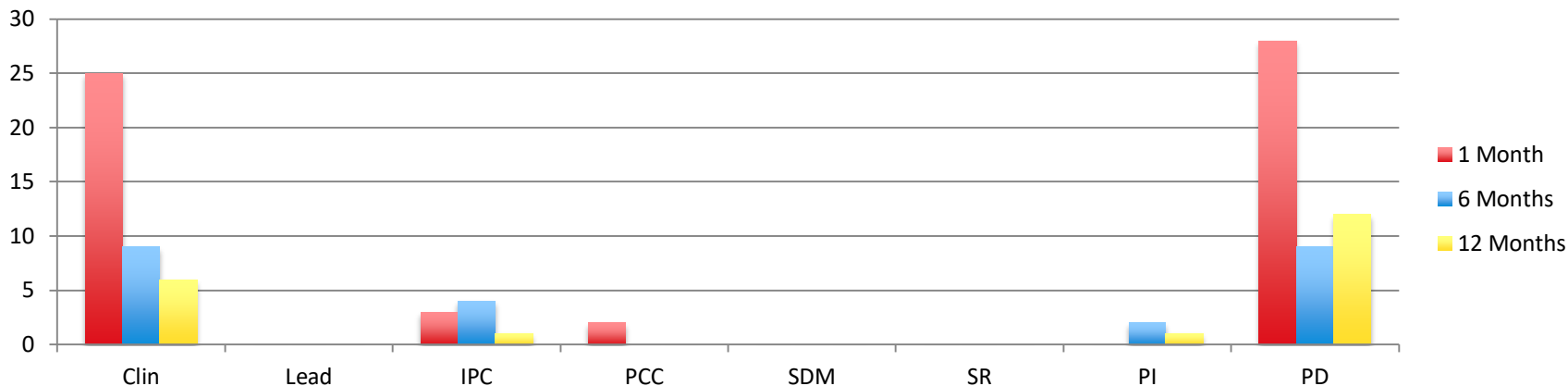
	1 month	6 months	12 months
Clinical	"List 5 possible differential diagnoses for a patient complaint"	"Insulin management"	"Differential diagnosis"
Performance Improvement	none	"Revise and plan new personal QI project with PACT RN"	"Start QI projects at new position"
Professional Development	"Improve my timeliness by setting the agenda (and sticking to it) in at least 80% of my visits for the next month"	"Efficiency"	"Manage a full patient load"

Findings

- At the beginning of the program, NP Residents reported strength in delivering patient-centered care; no mention of leadership or performance improvement as skills they did well

- At all data collection points, the general focus for things *would like to improve* fell into the domains of clinical and professional development.

- *Short term goals* focus on growth as clinicians and qualities to develop that would help them to achieve those goals; consistent with the things they *would like to improve*

- Leadership and performance improvement are identified by a few

- Clinical and professional development continue to be the focus as long term goals

- Some NP Residents responded that a long-term goal is developing skills to be a clinical preceptor. They identified the need for life-long learning with continued knowledge acquisition to be a competent provider but also the need for a work-life balance

Limitations

- **Quantitative**
  - **Self report bias**
  - **Only 68% completed all time points**
  - **Small sample size at limited number of sites**
  - **Grade inflation by mentors for those known to them**
  - **Inability to assess interrater reliability**
  - **Transition from paper to web-based port over data collection period**
- **Qualitative**
  - **Self-report bias**
  - **Short answer format**
  - **Transition from paper to web-based port over data collection period**

Take Aways

- Identified areas for curricular improvements – heart failure, chronic kidney disease, MST, TBI

- Similar to Hart & Bowen (2016) findings that NPs reported they were least prepared for management of multiple or complex health concerns, management of mental health concerns and specialty areas including cardiology upon completion of their NP education

- Areas from academic curricular improvements – motivational interviewing, quality improvement, leadership skills

- Mentored precepting and supportive curriculum are necessary as NPs transition from academia to practice

- Findings suggest an additional year of training designed as immersion in supervised clinical practice provided value by giving time and mentorship to address perceived gaps in clinical skills and personal attributes to prepare them for independent practice

References

- Rugen, K. W., Harada, N., Dolansky, M A., Harrington, F., Bowen, J. L. (2018). Nurse Practitioner Residents' Perceptions of Competency Development During a Yearlong Immersion in Veterans Affairs Primary Care: A Qualitative Study. *Nursing Outlook, 66*(4), 353-364.

- Rugen, K.W., Dolansky, M. A., Dulay, M., King, S. & Harada, N. (2017). Evaluation of Veteran Affairs Primary Care Nurse Practitioner Residency: Achievement of Competencies. *Nursing Outlook, 66*(1), 25-34.

- Rugen, K.W., Speroff, E., Zapatka, S., & Brienza, R. (2016). VA interprofessional NP residency in primary care: A competency-based program. *The Journal for Nursing Practitioners*, 12(6), e267-273.

- Rugen, K. W., Watts, S.A., Janson, S. A., Angelo, L. A., Nash, M., Zapatka, S. A., Brienza, R., Gilman, S. C., Bowen, J. L. & Saxe, J. M. (2014). Veterans Affairs centers of excellence in primary care education: Transforming nurse practitioner education. *Nursing Outlook, 62(2)*, 78-88.

Questions Group Discussion

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