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Competency-Based Practicum Evaluation Tools for Family Nurse Practitioner Programs

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DNP Project

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Section I: Abstract

Problem: Training family nurse practitioners (FNPs) was identified as a concern within a university MSN FNP program. A major gap identified was that student practicum evaluation tools needed to be competency-based.

Context: The paradigm shift from content-focused curriculum to competency-based curriculum has led to a refinement in program accreditation and increased national certification requirements.

Interventions: Revision (aligned with NONPF core competencies and AACN Master's essentials), adoption, implementation, and evaluation of competency-based FNP practicum evaluation tools and training of faculty and preceptors to use the revised tools and one-minute preceptor model were the interventions in this project.

Measures: Pre and post-training questionnaires were administered to faculty to evaluate the evaluation tools and their comfort in using them. A post-training questionnaire was administered to preceptors to assess their knowledge and comfort level using the revised tool and use of the OMP model in training FNP students.

Results: One hundred percent of faculty (n=4) rated revised student practicum evaluation tool *very effective* and 75% *very comfortable* in using it to evaluate students. Sixty percent of preceptors (n=5) rated revised tool as *very effective* and 80% were *very comfortable* using it with students. One hundred percent of faculty reported they would use the OMP model with students while 40% of preceptors reported they would use it in *most* of their training while 60% would use it *occasionally*.

Conclusion: The results suggest that revision of FNP student evaluation tools and training of faculty and preceptors on how to use these tools and the OMP model in their teaching were successful.

Keywords: *nurse practitioners, competencies, evaluation tools, one-minute preceptor model, preceptors,* and *faculty training*.

Section II: Introduction

The Affordable Care Act signed into law by President Obama in 2010 resulted in an expansion of healthcare coverage for millions of Americans who were previously uninsured. Although this was of great benefit to many uninsured citizens, it further crippled an already burdened health care system that has been unable to meet the increasing demand for primary care providers. It is predicted that the shortage of providers will reach over 20,000 by 2020. Factors such as an aging population and fewer physicians choosing to practice in primary care have contributed to the increased need for a primary care workforce (Davis & Fathman, 2018).

This increased need for primary health care providers in the United States is well documented (Clark, Kent & Riesner, 2018; Webb, Lopez & Guarino, 2015). Although, nurse practitioners (NPs) are a promising solution, there are numerous challenges that lie in the process of training of NPs. Besides a shortage of faculty and preceptors available to train NPs, there has been a recent paradigm shift in the education of NPs from content-focused curriculum to competency-based curriculum. In response to this call for competence-based education, there has also emerged a refinement to program accreditation, increased national certification requirements, and verification of institutional skills for health professions (Schumacher & Risco, 2017).

There is a vast shortage of faculty to train NPs, insufficient clinical sites, and a shrinking number of willing and available preceptors to train students (Davis & Fathman, 2018). One way to retain NP faculty and preceptors is to make evaluation tools more effective and time efficient in assessing NP competencies. The primary aim of this Doctor of Nursing Practice (DNP) project was to revise, adopt, and implement competency-based FNP practicum evaluation tools and teach faculty and preceptors how to use these tools. A secondary aim was to adopt a simple but

effective training tool, the one-minute preceptor (OMP) model, for faculty and preceptors in teaching FNP students.

Problem Description

Graduating competent NPs is the primary goal of FNP programs. In a university MSN program, a need was identified to redesign the curriculum and evaluation tools in order to align program goals with core competencies set by National Organization of Nurse Practitioner Faculties (NONPF) and the Master's Essentials set by America Association of Colleges of Nursing (AACN). Furthermore, gaps in the training of faculty and preceptors were also identified. The focus of this DNP Project was solely on revising, adopting, implementing and evaluating FNP practicum evaluation tools. These tools were found to be deficient in meeting the Core Competencies required by NONPF and Master's Essentials by AACN.

Available Knowledge

Between 2010 and 2015 there was an 81% increase of enrollment into entry level NP programs (AACN, 2015). The need for quality primary providers is greater than ever. There are many more students enrolling than available faculty or preceptors. There is a national shortage of qualified faculty to train future NPs. In addition, the rigorous requirements of nursing regulatory bodies further impact NP programs across the country as they strive for accreditation.

This project will focus on the refinement, adoption, implementation, and evaluation of practicum evaluation tools to assess clinical competency of FNP students, training faculty and preceptors to use these tools, and a time-efficient evidence-based training model for both faculty and preceptors. The following two PICOT questions guided the review of the literature:

1. In FNP programs, how does aligning student practicum evaluation tools with NONPF

competencies and AACN Master's Essentials affect the student evaluation process?

2. In FNP programs, how does faculty and preceptor training on the use of competency-based evaluation tools, guided by the OMP model, affect knowledge and comfort level of faculty and preceptors in conducting student practicum evaluations?

Search methodology. The PICOT questions guided a comprehensive literature search using the search terms *nurse practitioners, competencies, evaluation tools, one-minute preceptor model, preceptors,* and *faculty training* in the following databases: CINAHL, PubMed, Joanna Briggs and Cochrane Database of Systematic Reviews. Articles published in English between 1992 and 2019 were selected. The search was conducted September through November 2018 and updated in August 2019.

Search outcome. The search yielded over 300 articles and abstracts published in peer-reviewed journals. Abstracts were reviewed to determine relevance to the PICOT questions and duplicate articles were eliminated. Articles were excluded if there was no mention of NP faculty, NP preceptors, or clinical teaching of NPs. The only exception were articles that discussed efficient clinical training of other medical providers, such as articles that discussed the OMP model which is used for the clinical training of medical residents. Articles focused on registered nurses, nurse midwives, or other non-primary care clinicians were excluded.

Eight articles met selection criteria and were evaluated for the strength of their evidence (both level and quality) using the *Johns Hopkins' Evidence-Based Practice Evidence Appraisal Tools* (Dang & Dearholt, 2018). The selected articles critical appraisal ratings ranged between level I-level II and an A-B quality. A summary of the evidence is presented below and summarized in the evaluation table (see Appendix A)

Review of evidence. The evidence found for this review is divided into several areas.

NP competencies. In order to provide standardization and guidance to training the *National Organization of Nurse Practitioner Faculties (*NONPF) developed and published core competencies that must be met by all nurse practitioners who enter into practice (*Family/Across the Lifespan NP Competencies*, 2017) (see Appendix C). The American Association of Colleges of Nursing (AACN) published the *Essentials of Master's Education* (2011) which guide master's level NP programs (see Appendix D). These core competencies and essentials in conjunction with the accreditation standards for graduate programs in advanced practice nursing (APN), provide the basis for evaluating all NP programs (NTF, 2016)

According to Schumacher and Risco (2016), these competencies have resulted in a paradigm shift from content-focused curriculum to competency-based curriculum in NP programs. Competency NP-education is learner-centered rather than task centered and focuses on the skills and clinical progression of the student, improving student metrics of student achievement that is observable and measurable. This represents a paradigm shift to competency-based education and assessment is strongly advocated for by the National Academies of Medicine (formerly, The Institute of Medicine).

NP student practicum evaluation tools. Proficiency in clinical skills and subsequent assessment is at the forefront of today's nursing education (Jones, Pegram, & Fordham-Clarke, 2010). Practicum evaluation tools should be designed to reflect the level of competency and self-sufficiency that NP students are expected to demonstrate clinically throughout each practicum of their program (Pearson, Garret, Hossler, McConnell, & Walls, 2012). These evaluation tools contain both formative and summative components. Formative tools are described as the interactive process between faculty and students which aim to assist the student to "deep learning" which incorporates understanding and interpretation. Formative tools identify

progress toward a purpose, objective, or outcome to improve the learning of the student. In comparison, summative tools emphasize the extent to which objectives and outcomes are met (Cotter, Bradway, Cross, &Taylor, 2009).

A review of literature on best practices in NP clinical training revealed a deficit in tools for evaluating nurse practitioner's skill sets. Most of the literature was on the Objective Structured Clinical Examination (OSCE). This tool has been used to assess a variety of clinical skills for over 30 years and was originally designed to assess the clinical competence of medical residents. It is now widely used by many health care professional programs (Khattab & Rawlings, 2008; Clark, 2015; Nulty, Mitchell, Jeffrey, Henderson, & Groves, 2011). While only one tool was identified to assess clinical competence of NPs, there are a variety of other methods by which students can be evaluated including reflective logs, documentation of patient encounters, preceptor evaluation of student, and faculty site visits where students are evaluated for competency (Cotter et al., 2009).

Incentives and barriers to precepting. Webb et al. (2015) conducted a cross-sectional study design to determine preceptors' self-identified incentives and barriers to precepting. This was done in order to learn the value of actual or potential interventions that would incentivize them to precept. A web-based 65-item survey was emailed to 3000 current and past preceptors of the Massachusetts General Hospital Institute of Health Professions. Links remained posted for 6 weeks. No identifying information connected to the participants was collected to assure anonymity. No compensation was offered for completion of the survey.

Two domains were used for testing. The first domain evaluated *incentives to precepting* and contained 40 items within 7 categories including: credit toward certification, professional affiliation, program information, remuneration, access to resources, recognition and gifts. Participants were asked "How would these items if available, influence your decision to serve as

a preceptor?" The responses were scored using a 5-point Likert scale with 1=*not at all*, 2=*slightly*, 3=*somewhat*, 4=*very*, and 5=*extremely* (Webb et al., 2015).

The second domain evaluated *influential factors*. Participants were asked to "Please evaluate the following items and determine whether they are incentives, barriers or neither". Values were -2=*strong barrier*, -1= *weak barrier*, 0=*neither incentive or barrier*, 1=*weak incentive* and 2= *strong incentive* (Webb et al., 2015).

The total yield was 435 providers who self-identified as qualified to precept. Sample size achieved power effect greater than 0.80 and alpha was set at $p < .01$. Pearson correlations, Cronbach alpha, and a repeated measures analysis of variance were used for data analysis. IBM SPSS version 22 was used to analyze data (Webb et al., 2015).

Results revealed that the age range of respondents was 25-72 years of age. Ninety-five percent of the respondents were NPs while only 5% were physicians. The majority of preceptors (82%) held a master's degree. The most influential factor to be a preceptor was professional obligation which is consistent with other studies where preceptors want to "give back". The desirable incentives for preceptors were earning credit toward certification and gaining adjunct faculty status. Other incentives included having positive relationships and clear communication lines with faculty, course objectives, and a syllabus. Although, the majority of respondents want to "give back", 79% indicated that remuneration was a desirable incentive to precept. The most important barriers were identified as time constraints and productivity demands by employers (Webb et al., 2015).

A limitation of the study was that most of the respondents (76%) surveyed came from the Northeastern States. Thus, the results may not be generalizable to other parts of the US. Also, since over 95% of respondents were NPs the results are not applicable to physicians and other

healthcare professionals who serve as NP preceptors. Only NPs who wanted to precept were evaluated. If NPs did not want to precept, it would be important to know why they prefer not to precept; further research is needed (Webb et al., 2015).

Preceptor training. Preceptors are an indispensable part of the team to train NPs. While faculty provide the student with foundational wisdom, it is the preceptor that helps the student place theory into practice. In order for the preceptor's evaluation of students to be effective, the preceptor clinical evaluation tool must be carefully crafted. Due to time constraints of preceptors, it is especially important to help them be as efficient as possible (Davis & Fathman, 2018). Preceptors are challenged by the fast pace of patient care, integrating learners into the system, evaluating their performance and providing necessary feedback while at the same time assuring high quality care).

One-minute preceptor (OMP) model. An important component of assessing FNP student clinical competence is achieved by using an evaluation tool that allows for constructive feedback and opportunities for clinical growth (Bowen, Eckstrom, Muller, & Haney, 2006). Many times, students are told when they did something wrong during an assessment, but they are not given the opportunity to fully explain the rationale for their responses.

In order to address some of these challenges, over two decades ago the OMP model was designed to improve teaching of medical residents. The OMP teaching model is also useful in preceptor training. It consists of 5 micro-steps which include (a) get a commitment from the student, (b) probe for supporting evidence, (c) teach general rules, (d) reinforce what was done well and (e)) correct errors (Furney et al., 2001) (see Appendix E).

Bowen et al. (2006) conducted a study to further improve outpatient preceptors' abilities to teach in ambulatory settings. In this particular study, the authors examined a different

approach from the typical teaching done in a workshop. Their approach included taking 75 clinical teachers who role played scripts using the OMP training approach. Overall the participants rated their experience as *very good* to *excellent*. This method of training helps preceptors develops a learner-centered teaching expertise in clinical precepting. This study had several limitations due to it being a pilot project. In addition, the participants were self-selected, and the sample was small. Even so, the author recommends the OMP to teach learner-centered precepting techniques. They concluded, the OMP model of teaching helps preceptors evaluate learners' performance, delivers effective clinical teaching, provides necessary feedback and also provides the learner with a meaningful participation.

Furney et al. (2001) conducted a randomized controlled trial to determine if residents who were trained in the OMP model were rated more highly as clinical teachers than those who did not receive training. Subjects consisted of 57 internal medicine residents assigned to inpatient medical services at the University of Michigan and the Ann Arbor Veterans Administration Center between March 1999 and May 1999. Only residents who had teaching responsibilities were invited to participate. Subjects were then selected by a random number generator and assigned to either an intervention group (n=28) or control group (n=29). The intervention consisted of receiving a 15-minute lecture, a 20-minute role play, and then a debriefing session. A 14-item questionnaire was developed to assess the 5 micro skills in the OMP model. Instructors and students were asked to rate teaching behavior using a 5-point rating scale. Significance level was set at p=.05. All data was analyzed using STRATA. The results demonstrated that residents assigned to the intervention (training) showed statistically significant improvements ($p<0.5$) in at least one micro skill (Furney et al., 2001).

The one-hour intervention was found to be effective in improving the teaching skills of the resident faculty. It helped teaching residents provide good feedback to students, an area that had been highly deficient. There were some limitations to this study including that it was performed at a single institution which limits its generalization to other settings. Also, it was a non-blinded study which introduces the possibility of bias. The authors recommended further study to test the generalizability of their results (Furney et al., 2001).

Faculty training. Krisman-Scott, Kershbaumer, and Thompson (1998) implemented a highly successful intervention to train expert clinicians to become educators with the help of a grant by the Robert Wood Johnson Foundation. Participants chosen were nurse practitioner and nurse midwife faculty at the University of Pennsylvania. Inclusion criteria included being an experienced NP or nurse midwife with current or pending employment as a faculty member in a master's level NP or nurse midwifery educational program with both classroom and clinical teaching responsibilities. In addition, they had to be endorsed by their dean.

Krisman-Scott et al. (1998) used Knowles' adult learning theory as the framework guiding the development of a training program. In the initial training session, faculty received hands on training with the preparation of classroom technology, distance education, and audiovisual aides. The second part of the program focused on clinical teaching such as evaluating clinical performance, learning how to deal with difficulties, learned new teaching strategies, performance contracts, and learning plans. In the final session, ethical and legal issues were addressed. Participants were taught the latest trends in nursing education. Fifty-nine participants successfully completed the program. The results were very positive; the majority of participants believed the program to be an effective and an efficient means of increasing qualified faculty.

Eckstrom, Homer, and Bowen (2006) conducted a nonrandomized but controlled pre-post study to validate evaluation tools to assess the effectiveness of (a) faculty development programs and (b) teaching skills of faculty who participated in faculty development programs versus faculty that did not attend the training. The study took place at a university hospital, a Veteran's Administration hospital, and 2 community sites. The convenience sample was composed of 68 faculty of which only 24 received the OMP training and 44 were the control group and 444 residents who evaluated faculty on their teaching effectiveness.

The intervention consisted of placing each faculty member in a workshop where they received training using the 5-microskills from the OMP model. The intervention group received training with the OMP model, and the control group did not receive training on the OMP model. Participating faculty were retrained in the workshops every 6 months until 3 workshops were completed. Pre and post self-evaluation tools were collected from the faculty. A questionnaire was used to rate the faculty's frequency and comfort in using each of the 5 micro skills of the OMP teaching model. The faculty who received the training were also asked to complete a self-assessment of their perceived teaching effectiveness. The residents received training from both groups of faculties but were unaware of which faculty had received the OMP training. The resident evaluations were collected at the beginning and then 6 months after the last workshop (Eckstrom et al., 2006)

Statistical analysis involved comparing pre and post-intervention questionnaires for (a) faculty who had received the intervention and (b) resident's evaluation of the teaching approach. Overall faculty that received the intervention, showed statistically significant improvement in their teaching approach post intervention. The intervention improved the faculty's self-perceived abilities. There were many limitations to the study, including non-randomization, and voluntary

participation. In addition, it was not completely clear if any of the faculty already possessed prior OMP or other clinical training skills that could have created a bias. Also noted by the authors, the sample size was small. The researchers recommend more testing of these variables using more robust samples in diverse settings (Eckstrom et al., 2006).

Summary of evidence. The paradigm in NP education has shifted to a focus on competency-based curriculum rather than content-based curriculum. It is imperative that programs ensure that their practicum evaluation tools are also competency-based (Schumacher & Risco, 2016). These evaluation tools need to also allow for constructive feedback and opportunities for clinical growth (Bowen et al., 2006).

Training faculty and preceptors with the OMP model was found to significantly improve teaching approaches (Eckstrom et al., 2006). It also helps preceptors evaluate learners' performance, delivers effective clinical teaching, provides necessary feedback and also provides the learner with a meaningful participation (Bowen et al., 2006).

Current evidence suggests the OMP model to be a valuable component of clinical teaching of preceptors. Training is provided through assessments of clinical reasoning, allowing for feedback, and providing corrective support. Although, most of the research on the OMP model has been done on other health professions, it can also be used as a teaching model for NP preceptors (Gatewood, 2019).

Rationale

Revising, adopting, implementing, and evaluating FNP student practicum evaluation tools and adopting an evidence-based training model were chosen as key interventions for this DNP project for several reasons. After a careful examination of existing processes, it was clear that change was imperative to ensure the success and accreditation of the university-based MSN FNP program. The stakeholders shared identified areas that needed

work and agreed on an action plan to remedy the situation. These stakeholders were seeking improved evaluation tools that were not only effective in measuring competence but also aligned with the NONPF core competencies and the AACN Masters Essentials. The goal was to ensure that all 100% of tools used to assess FNP competency would meet the NONPF and AACN criteria. In addition, there was a goal to adopt a practical and efficient teaching model that could be used by both faculty and preceptors to train FNP students.

Description of the conceptual framework. The conceptual framework for this DNP project was grounded in (a) experiential learning theory by David Kolb (1984) and (b) the OMP model (Neher, 1992) The four steps incorporated by Kolb into experiential learning theory coincide with the five micro-steps of the OMP model. Both allow for identification or commitment with new experience, reflection of experience, learning from the experience, and active experimentation or action to try out what has been learned. Both components of the framework are discussed. (see Appendix F)

Kolb's experiential learning theory. In 1984, David Kolb developed his experiential learning theory to explain the learners' cognitive process. His work was based on the work of Dewey, Lewin and Piaget. Kolb's experiential learning theory involves 4 main steps in the cycle of learning which include: "(a) concrete experience, (b) reflective observation, (c) abstract conceptualization and (d) active experimentation" (Kolb, 1984 p.42).

Kolb's theory has been found to be effective in teaching/learning of clinical judgement, promoting effective decision-making, and in helping students integrate new knowledge in a meaningful way (Witt et al., 2013). In applying Kolb's theory to the education of FNP students, the patient encounter represents the concrete experience, reflective observation occurs during and after presenting patient case to preceptor, abstract conceptualization may allow the student to consider if anything could have been done differently, and active

experimentation provides for testing and application of knowledge to new clinical experiences.

Kolb's experiential theory further incorporates four distinct learning styles based on the four stages of learning; *Diverging*--learner prefers to work in groups, listen and receive personal feedback*, Assimilating*--learner prefers reading, lectures, analytical models and time to think things through*, Converging*--learner likes to experiment with new ideas, to simulate and work with practical applications and *Accommodating*--learners rely on others for information and react to gut instinct rather than logical analysis (McLeod, 2017).

Kolb's experiential learning theory is very applicable to the training of FNP students, faculty and preceptors. Kolb's theory not only offers the foundation for the acquisition of knowledge, it also provides for the process to acquire it. Kolb's theory states that people adapt and change as they adapt their knowledge, skills and attitudes (McLeod, 2017). Kolb's theory can be used to help advanced practice nurses (such as FNPs) to become better educators and improve quality of clinical education (Witt et al., 2013). Kolb's theory was chosen due to its simplicity and similarity to the steps in the OMP model of learning.

One-minute preceptor (OMP) model. The OMP model was developed by Neher, Gordon, Meyer, and Stevens (1992). Their goal was to create a model that incorporated successful teaching behaviors for family practice preceptors. It consists of 5 micro-steps which include: (a) get a commitment from the student, (b) probe for supporting evidence, (c) Teach general rules, (d) reinforce what was done well, and (e) correct errors. The OMP is a very important component of assessing clinical competence as it is a tool that allows for constructive feedback and opportunities for clinical growth. It is important that both faculty and preceptors approach the student in a manner that allows for growth but at the same time provides for a learning opportunity

The OMP will be used to design training for faculty and preceptors in this project. This method of teaching allows for the evaluation of each learner's performance and helps to deliver effective clinical teaching (Bowen, 2006). The OMP model further promotes the assessment of learners' level of understanding and competence which may help the preceptor to individualize learning experiences and intervene and redirect the student if deemed necessary (Neher & Stevens, 2003).

Specific Aims

The specific aims of this project were to:

(a) revise, adopt, implement, and evaluate competency-based FNP student practicum evaluation tools aligned with NONPF and AACN criteria by September 2019

(b) train FNP practicum faculty and preceptors how to use these revised student evaluation tools by September 2019.

(c) improve the knowledge and comfort for at least 50% of faculty and preceptors in using the revised evaluation tools by September 2019.

(d) train at least 50% of faculty and preceptors in the use of the OMP model for training FNP students by September 2019.

Section III: Methods

Context

The MSN FNP program at this university currently requires four semesters of theory and practicum courses. Beginning in second semester, students engage in clinical rotations where the area of focus is in primary care involving from preventative care to simple office visit such as "a sore throat". The third semester addresses secondary care where the focus changes to a more complex level of acuity involving multilevel treatment of disease such as

diabetes or hypertension. The fourth semester identified as tertiary care addresses comprehensive care of the patient with a focus on chronic disease processes and system failures such as congestive heart failure or renal failure. During each one of these instructional periods the students' competences must be assessed every semester by both faculty and preceptors.

The third semester of the program was selected for implementation of this DNP Project. The DNP student was teaching in this semester and had the most control over implementation of revised evaluation tools and training preceptors and faculty to use them. If the DNP project is successful, these revised practicum evaluation tools will be implemented in the primary and tertiary semesters.

Key stakeholders. There were several key stakeholders for this DNP project including the faculty of the MSN FNP program, the executive university leadership, FNP practicum students, and practicum preceptors. There was a sense of readiness for a paradigm shift at this university. All of key stakeholders were very enthusiastic and welcomed the opportunity to bring best practices to the FNP program.

The DNP candidate participated in regular meetings to work toward revising the FNP Program in spring 2019 and summer 2019. During these meetings, the DNP candidate provided key stakeholders with periodic updates on the evolution of revised tools until they were acceptable and adaptable for use in the MSN program. On April 9, 2019 approval was obtained from the Chair to begin the groundwork for the revision of FNP student practicum evaluation tools and adoption of the OMP model in an FNP program within a large university system in California. (See Appendix G for Letter of Support from the Organization).

Interventions

Revising, presenting for adoption, implementing, and evaluating competency-based FNP practicum evaluation tools and adopting a more efficient training model were chosen as key interventions for this DNP project for several reasons. After a careful examination of existing processes, it was clear that change was imperative to ensure the success and accreditation of the MSN FNP program. The nursing administrative stakeholders shared the identified areas that needed work with the Department Chair and the FNP faculty. This DNP project met one of the identified gaps and received approval to develop and implement a change of practice project to address the situation pending University Institutional Review Board (IRB) that was obtained. (see Appendix H)

The proposed interventions are outlined in a Gantt chart (see Appendix I) and described below. These interventions were implemented between September 2019 and December 2019 with FNP faculty and preceptors who teach third semester students in the secondary care practicum rotation of the MSN program. Upon completion of the DNP project, the revised evaluation tools were integrated into all practicum semesters of the FNP program.

Faculty Practicum Evaluation of Student Tool. This student evaluation tool is used by faculty to assess competency of FNP students during clinical site visits. It was revised by aligning it with the NONPF core competencies and the AACN master essentials, fixing previously noted problems with point distribution, adding information about remediation, specific course number, semester, and name of evaluating faculty or preceptor. The revised tool was introduced to the curriculum committee and FNP faculty and received approved in August 2019. By adopting this competency-based student practicum evaluation tool, the FNP faculty can be more confident that the competency-based learning outcomes for students will be met (see Appendix J).

Faculty Evaluation of Preceptor and Clinical Site Tool. This tool is used by faculty to evaluate each FNP preceptor and clinical site. It was developed to meet CCNE requirements. Faculty members began using this new tool in Fall 2019 to evaluate whether each preceptor and clinical placement meets the learning needs of the student by ensuring the clinical site and preceptor offer students a proper learning environment where they have access to patients as well as a robust interactive learning experience with preceptor (see Appendix K).

Faculty training. Nursing faculty teaching secondary care (3rd semester) FNP practicum courses in Fall 2019 (n=4) were invited to a training session in September 2019. First, they were sent by email an author-developed pre-test to assess their knowledge and comfort in clinically evaluating nurse practitioner students and practicum sites. Next, a one-hour training session based on Kolb's experiential learning theory and the OMP model about the revised: (a) student practicum evaluation tool, (b) practicum hours tracking tool, and (c) practicum site evaluation tool was provided to each faculty by the author. Lastly, faculty members were given a post-test to assess changes in knowledge and comfort in clinically evaluating nurse practitioner students and practicum sites.

Preceptor training. All preceptors of FNP students enrolled in secondary care (3rd semester) (n=25) were sent an email on September 15, 2019. This email had several parts: (a) introduction to project director and purpose of project, (b) link to an author-developed instructional video that explained the purpose of the Preceptor Feedback Form (see Appendix L) and instructions on how to complete the tool, (c) link to author-developed OMP model instructional video which outlined the 5 micro-steps of the OMP model, and (d) link to CME training on the OMP model. A second email was sent to

preceptors on November 1st and November 20th, 2019 with the same information plus a link to the post-test. A reminder email (exactly the same email as was sent on November 20th) was sent in December 12th, 2019 requesting preceptors to complete the training and the post-training questionnaire.

Gap analysis. Gaps were identified prior to the DNP project design and implementation. All NP programs must conform to a set of criteria set by nursing governing bodies such as NONPF and AACN. These include competencies or essentials which NP programs and their students must meet in order to be in compliance. A thorough evaluation of practicum evaluation tools used at a state university MSN FNP program was conducted. A gap was identified between the practicum evaluation tools that were being used, and the required competencies and essentials. In addition, a gap in the training of faculty and preceptors to use these revised evaluation tools was identified and a plan for meeting that gap was developed, implemented, and evaluated (See Appendix M for Gap Analysis)**.**

Gantt chart. A Gantt chart illustrating timelines was created to help guide the DNP project and capture essential milestones. Project research and planning in the form of a prospectus began in January 2019 and was approved by the DNP Committee in July 2019. This included completion of a gap analysis (described above) and identification of key stakeholders. Approval for the project was obtained from the Department Chair and the University Institutional Review Board.

Revision of FNP practicum evaluation tools began in the Spring of 2019. These FNP practicum evaluation tools were presented to the curriculum committee and FNP faculty for approval and accepted in Summer of 2019. Training of FNP faculty teaching second semester practicums in Fall 2019 was conducted in September 2019. Preceptor training by email was

conducted from September 2019 to December 2019. The DNP candidate was able to achieve all project milestones.

Work breakdown structure (WBS). The WBS provided a framework that divided the project tasks into four phases: *project planning*, *project development*, *project implementation*, and *project evaluation*. Each phase was further subdivided until all aspects in the planning phase of project were incorporated (See Appendix N).

Phase one *project planning* was the basis for the project. It was important to gather evidence and determine gaps before project ideas and plans could be formulated and presented to key stakeholders. This stage involved planning the process for obtaining necessary approvals.

Phase two *project development* involved the initial revision of existing evaluation tools by aligning them with competencies and essentials. This was followed by having these evaluation tools reviewed by experts and making further revisions, development of two training videos (revised student evaluation tool and OMP model) and creating pre and post-training questionnaires on Qualtrics for faculty and a post-training questionnaire for preceptors.

Phases three and four *project implementation* and *evaluation* began by sending an email with a Qualtrics link to a pre-training questionnaire to FNP faculty teaching second semester practicum courses during the Fall 2019 semester. Faculty then received in-person training in the use of the revised student evaluation tools and the OMP model via a workshop. After the training, faculty were sent the links to the training videos to review when needed. FNP practicum faculty were sent another email in December 2019 with the Qualtrics link to the post-training questionnaire.

Preceptor training and evaluation of that training was done by email during Fall 2019. Preceptors were sent an email with an introduction to the DNP student/project director,

information about the project, and links to the two training videos. Later they were sent an email with the same information plus a link to the Qualtrics post-training questionnaire.

Responsibility plan. This matrix provided guidance regarding responsibilities for the project director and some key stakeholders in this project. It helped determine what tasks needed to be done and when they should be accomplished. Clear lines of responsibility are delineated in the responsibility plan (see Appendix O).

SWOT analysis. This analysis provided crucial information for conducting the project. It helped the author to be aware of strengths, weaknesses, opportunities, and threats to successful implementation of the project (see Appendix P).

Strengths. Two fundamental strengths of the project were that the project director was a full-time faculty member in the FNP program and had developed strong relationships with key faculty and many preceptor stakeholders. Another important strength of this project was that it received full support from administrative and FNP faculty key stakeholders.

Weaknesses. One major weakness identified was the limited time available to develop, implement, and evaluate the project and possible resistance to change. Another weakness in implementing this project was the fact that it was dependent on active participation of faculty and preceptors taking training courses and completing pre and post-training evaluation. Despite this, 100% of MSN FNP faculty and 20% of preceptors completed the training and questionnaires. Another weakness related to faculty possibly not valuing the project director's recommendation to revise e-logs that document practicum hours and that was valid. This aim of the project was not approved. Instead, faculty were advised to have students more fully complete the documentation in existing logs.

Opportunities: This project provided an opportunity to strengthen the FNP competency evaluation process for the FNP program and increase its compliance with NONPF and AACN assisting in the program's credentialing process. There was also an opportunity to improve the process that FNP preceptors use in giving feedback to students. Providing revised tools and training in how to use those tools may have helped preceptors become more satisfied with their role and more likely to continue to precept FNP students.

Threats. The biggest threat was that the curriculum committee would find these revised practicum evaluation tools overwhelming and reject the DNP proposal due to time constraints and other priorities. Also, faculty and preceptors may be reluctant to complete training and questionnaires due time constraints. They may also object to incorporating the OMP model of training students into their practice. The curriculum committee did support the project and FNP practicum faculty completed the training and pre and post questionnaires and accepted the OMP model as a method of teaching. Five preceptors completed the training and the post-training questionnaire.

Project budget. The budget plan was developed to estimate the costs of planning, gaining approval, implementing, and evaluating the project that took approximately one year. The primary cost was for the time of the project lead. At her present hourly rate of $75 and expending about 80 hours per month for one year, there is an estimated cost of about $78,000 for her time to work on the project. There were additional costs for the development of pre and post training materials such as videos, data analysis, and miscellaneous costs of paper, supplies and food items for training sessions. The total cost for this project was estimated to be $86,625 for the first year of the project proposal. Once these costs had been incurred then the only costs for subsequent years will be to invest in efforts to incentivize preceptors to recruit and retain them.

The second budget year 2020-2021 will include a future cost of $8000 for preceptor incentives to acknowledge and thank them with a banquet, a stipend, and an honorary plaque. The third budget year 2021-2022 would carry a cost of $11,240 and $11,720 in year four to continue with project plan. Increases for year three and four reflect increases of 2 preceptors per year (see Appendix Q).

Cost/Benefit Analysis. The interventions for this change of practice project had a minimal cost to the University in the first year as most of the work for this project was incurred by in-kind salary of the DNP candidate ($78,000). The training for the faculty occurred on campus and the preceptor training was done online via an email. This project has the potential to create cost benefit for the University in the second and third years by adding preceptors that will allow the university to increase the student enrollment in the FNP Program. Efforts to incentivize preceptors in years two and three should increase the number of preceptors. By increasing the enrollment of 2 more students each cohort, the revenue could generate a net profit of $44,319.2 dollars in tuition and fees for the university.

Return on Investment. The cost of losing FNP preceptors could result in loss of tuition income by decreasing the number of students able to be enroll in the program. In the last year, the university has lost several FNP preceptors which has impacted the ability to accept more FNP students into the program. The current matriculation capacity for the FNP program is for forty students per cohort for a total of eighty per year. Two cohorts are run concurrently with one cohort beginning while a second cohort is completing their second year.

Presently, the current enrollment is only for one cohort of 25 students generating $200,525 in tuition fees alone. In addition, these students also generate additional revenue from book purchases, parking passes and food consumptions potentially adding an additional $49,650

for total revenue of $250, 175. Traditionally, the university runs two cohorts simultaneously, but currently is only running one as the program is being revised. Plans are to begin new cohort in fall 2020 and add second cohort in fall 2021. Thereafter they will always have two cohorts running simultaneously with one class starting in each fall while one class graduates each spring. Although a program may generate a lot of money only about 10% can be counted as useable revenue due to proceeds being applied to the general fund to run the university. Year **1:** This portion of financial plan incorporated the presently enrolled 25 students. It was during the fall of 2019 that the change of practice change was applied. Due to the initial implementation costs of $86, 625, there was a negative ROI of -0.71. **Year 2:** The plan is to enroll at least a cohort of 25 students (cohort A). The expected net revenue will be of $17017.5 with a 2.12 ROI. After just one year and enrolling less than half of capacity for the university show a favorable return. **Year 3**: During fall year 2021, cohort A will continue on to their second year and again generate similar revenue of $25,017. During this fall they will be joined by a second concurrent class with an additional two students (cohort B) thus adding to the total net profits of $40, 796.4 or a 3.63 ROI. **Year 4:** Progressing to fall 2022, the trend will continue to increase the number of students as more preceptors become available to train them. This forecast shows an additional 4 students to cohort C for a total of 29 students, still below the 40 students that can be taught per cohort each semester. Together cohort B and cohort C will generate a net profit of $44,319.2 with an ROI of 4.78 (see Appendix R).

Study of Intervention

Pre and post-training questionnaires were developed and administered to measure the impact of the intervention for faculty and a post-training questionnaire was used for preceptors. These questionnaires evaluated knowledge of the evaluation tools and their comfort in using

them and evaluated the likelihood of them using the OMP model to train FNP students (see Appendices S-U).

Measures

FNP practicum evaluation tools. The project director revised three FNP practicum evaluation tools using feedback from FNP faculty: (a) FNP Faculty Practicum Evaluation of Student tool that was fully aligned with NONPF competencies and AACN masters' essentials, (b) Faculty Evaluation of Preceptor and Clinical Site tool, and (c) Preceptor Feedback of Student. Next, a committee of experts on the evaluation of NP students was formed and reviewed and validated these tools.

One of the aims for this project included revising an electronic tracking tool to document student practicum hours. Key stakeholders did not accept revising this electronic tracking tool. A recommendation was made to have faculty to ensure students were completing e-logs proficiently. In addition, FNP faculty revised point allocation so that students received points for e-log submission at mid-semester and at the end of the semester. Once this was done, 100% of students submitted their e-logs on time.

Pre-Training Questionnaire for Faculty. An author-developed eight-item Pre-Training Questionnaire for Faculty included 2 demographic items, one question regarding previous training, and five items on a Likert-type scale to evaluate previous NP Student Practicum Evaluation Tool, comfort in evaluating NP students with the existing tool, familiarity with NP student nursing objectives, NONPF competencies and Master's Essentials and the OMP model. This pre-training questionnaire was administered to faculty through Qualtrics format at the beginning of September 2019 in the third semester of the FNP program (See Appendix S).

Post-Training Questionnaire for Faculty. An author-developed eight-item Post-Training Questionnaire for Faculty included seven items on a Likert-type scale to evaluate

training and revised student practicum evaluation tool, comfort in assessing NP students with this tool, familiarity with nursing objectives, NONPF Core Competencies and Master's Essentials, and OMP Model, and comfort in using the OMP model to train students. One additional item required a yes-no response asking if they were going to incorporate the OMP model in training students (See Appendix T).

Post-Training Questionnaire for Preceptors. After preceptors were provided with the training by email on using the Preceptor Feedback of Student tool and the OMP model, they were invited to complete a short 8-item questionnaire powered by Qualtrics. This questionnaire included 2 demographic items and five Likert-type items for evaluation of training and the revised tool, comfort in providing feedback to students using the tool and using the OMP model, appropriateness of OMP model's use with students, familiarity with nursing objectives and one yes-no item asking if they were going to incorporate the OMP model in training students (see Appendix U). No names or identifying information were collected on any of these tools.

Analysis

Group means were calculated with Qualtrics for each item on the pre-training survey and compared with group means on the Post-Training Questionnaire for Faculty. Group means were also calculated for the Post-Training Questionnaire for Preceptors. No names or identifying information were placed on the questionnaires.

Ethical Considerations

This DNP project adhered to both Provision 4 and 7 of the ANA Code of Ethics (ANA, 2015). Provision 4 states: "The nurse has authority, accountability and responsibility for nursing practice, makes decisions; and takes action consistent with the obligation to provide optimal patient care." This provision guided this change of practice project as evaluation of FNP students

was competency-based which could result in improved patient care. Provision 7 states "The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development and the generation of both nursing and health policy" (ANA, 2015). This DNP project exemplifies this code as it is scholarly inquiry or specifically a change of practice project.

Jesuit Values. *Cura Personalis*----is Latin for "care of the whole person". This concept is related to the belief system that all parts of an individual are important. There is a reference to the Bible "the body is one and has many members, and all the members of the body, though many, are one body." (1 Corinthians 12:12 as cited in Otto, 2019). NPs as healers will be dealing with the care of the whole body. It is imperative that are well prepared as they will be responsible for life itself.

A Statement of Non-Research Determination was approved by the author's DNP Committee (see Appendix Y). Part of this approval process validates that this DNP Project is not research but instead is an evidence-based change of practice project.

Section IV. Results

Results

The results of this DNP project met the project Specific Aims:

(a) revise, adopt, implement, and evaluate competency based FNP student practicum evaluation tools which were aligned with NONPF and AACN criteria by September 2019.

(b) train FNP practicum faculty and preceptors how to use these revised student evaluation tools by September 2019.

(c) improve the knowledge and comfort for at least 50% of faculty and preceptors in using the revised evaluation tools by September 2019.

(d) train at least 50% of faculty and preceptors in the use of the OMP model for training FNP students

Tool adoption. Revision, adoption, implementation, and evaluation of FNP student practicum evaluation tools were successfully aligned with NONPF and AACN criteria by the set date. Four (100%) FNP faculty teaching second semester practicums in Fall 2019 were provided with the training for the evaluation tools that were to be used by faculty and preceptors to assess the clinical competency of the FNP students. In addition, the faculty was trained on the use of the OMP model to teach FNP students. Five (20%) preceptors training FNP students in the second semester practicums in Fall 2019 were trained on the proper way to use the Preceptor Feedback of Student Tool as well received training on the use of the OMP model. Examining the means of the pre and post surveys for faculty and preceptors reveals that this change of practice project was effective. Results for each tool will be described.

Pre/Post Training Questionnaire of Faculty. The faculty participants (n=4) unanimously (100%) found the training on the revised Faculty Practicum Evaluation of Student tool as *very effective* and 75% found felt *very comfortable* in using it. Although, only 25% of faculty were *moderately familiar* with the OMP prior to training, 75% were *very familiar* post training with the model and 100% indicated they would use the OMP model *most of the time* when teaching NP students.

Post-Training Questionnaire for Preceptors. The preceptor participants (n=25) were sent a post-training questionnaire. Only five out of 25 (20%) preceptors completed the post-training questionnaire. The mean preceptor scores for the five that completed the training indicated that 40% (n=2) of participants found the training on the use of the Preceptor Feedback of Student tool *very effective* and 60% (n=3) *moderately effective*. Sixty percent (n=3) of

preceptors rated the tool *very effective* and 40% (n=2) found it *moderately effective*. The majority of preceptors (60%) (n=3) felt *very comfortable* using the tool.

OMP model.

Faculty responses. One hundred percent of faculty (n=4) post-training felt *very comfortable* using the OMP model to train FNP students. In addition, 100% (n=4) of faculty indicated they would incorporate the OMP model in the way they train FMP students most of the time.

Preceptor responses. Forty percent (n=2) of preceptors found the OMP "very appropriate" and (60%) (n=3) "moderately appropriate". Eighty percent of preceptors indicated they felt "very comfortable" and 20% (n=1) felt "moderately comfortable" using the OMP model. Forty percent (n=2) of preceptors indicated they would use the OMP model "most of the time" when they teach FNP students and 60% (n=3) said they would use it "occasionally when teaching NP students.

Initially, surveys were sent out to 25 preceptors. Due to unknown factors, only five participants completed the survey. There were only four faculty who were involved with competency evaluation of FNP students. All four of them completed the pre and post-training surveys. The results of this project are presented for each of the data collection measures.

Section V Discussion

Summary

Standardized assessment tools for faculty and preceptor use can be used to clarify expectations and evaluation for preceptors, faculty and students (AACN, 2015). The project aims were achieved. Examining the means of the pre and post surveys for faculty and preceptors reveals that this change of practice project was successful. The faculty unanimously found the

training on the revised Faculty Practicum Evaluation of Student tool as *very effective* and 75% found felt *very comfortable* in using it with students. Although, only 25% of faculty were *moderately familiar* with the OMP prior to training, 75% indicated to be *very familiar* post training with model and 100% indicated they would use the OMP model most of the time when teaching NP students.

Preceptor responses on the post-training questionnaire indicated that 100% of participants found the training on the use of the Preceptor Feedback of Student tool *very effective* to *moderately effective*. Sixty percent found the tool *very effective* and 40% found it *moderately effective*. The majority (60%) felt *very comfortable* using the tool. One hundred percent of providers found the OMP *very appropriate* (40%) to *moderately appropriate*. (60%). Eighty percent of preceptor indicated they felt *comfortable* using the OMP model and 100% indicated they would use the OMP model when they teach FNP students from *occasionally* to *most of the time*.

Interpretation

These results suggest that aligning FNP evaluation tools with competency metrics set by organizations improve the process for assessing competency in FNP students. In addition, providing the necessary training to faculty and preceptors on the proper use of these tools increased their knowledge of the tools and comfort in using them to evaluate and give feedback about FNP students. Furthermore, adopting a time-efficient, effective teaching model such as the OMP model encouraged faculty and preceptors to use it in training students.

Evidence is supportive of these results as demonstrated in the literature review conducted for this change of practice project. Gatewood (2019) conducted an extensive literature review where she examined over 599 articles related to the use of the OMP as a training model. She

found a strong evidence in favor of using the OMP. Her findings support the OMP model as preferred by students and preceptors. The model encourages feedback and assessment of clinical reasoning and is an effective model for quality teaching and learning.

Limitations

Limitations of this project included that only a small number of faculty (n=4) teach second semester FNP practicums although one hundred percent of them did attend the training and complete the pre and post-training questionnaire. Much effort was done to ensure training for faculty was done at convenient times and questionnaires were kept short to lessen faculty burden.

Another limitation was that preceptors were not given a pre-training questionnaire as they had no prior knowledge of a tool used for student competency and consequently only participated in a post-training survey. So, there could be no comparison of pre and post data for preceptors.

Lastly, preceptors, online training time and completion of the post-training questionnaire was limited to approximately 15 minutes to encourage participation in this project. Despite, sending out the email to preceptors several times, only five preceptors (20%) completed the training and the post-training questionnaire.

Conclusions

Using competency-based evaluation tools and adopting an effective and efficient teaching model provides an important foundation in educating FNP students. NP faculty and preceptors have a common goal to prepare competent, nurse practitioners that can meet national competencies and achieve board certification. A change of practice project was conducted by first aligning the FNP practicum evaluation tools with NONPF and AACN metrics and then training faculty and preceptors to use these revised tools.

Using competency-based evaluation tools for both faculty and preceptors and adopting time-efficient teaching models such as the One-Minute preceptor model was found to be beneficial for the clinical assessment of FNP students by both preceptors and faculty. The majority of faculty and preceptors reported the revised evaluation tools as effective and felt comfortable in using them (see Appendix W). Both faculty and preceptors accepted the OMP model into their training of NP students (see Appendix X).

Although this change of practice was successful, more needs to be done. The partnership between preceptor and training institutions needs to be revived. More attention needs to be paid to the recruitment and retention of preceptors. Providing preceptors with incentives such as adjunct faculty status, continuing education opportunities, improving communication for them with faculty, considering possible compensation, are all pivotal in their retention and the successful preparation of competent FNP students.

The proposed interventions have potential for increased job security for faculty and revenue for the university as it strengthens its MSN FNP nursing program. The more preceptors that are recruited and retained, the more students can enroll, the higher the yield in available teaching units, which in turn leads to greater job security for faculty. It is the goal that this project may further improve the reputation of the FNP Program in the healthcare community, leading to enrollment of more FNP applicants and a more robust program.

Section VI: Other Information

Funding

There was no outside funding for this project. The organization and the DNP candidate absorbed all costs incurred for the project.

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Appendix A

Evaluation Table

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Bowen et al., 2016 *Teaching and Learning in Medicine,* Enhancing the effectiveness of One-Minute Preceptor faculty development workshops	NONE	Interactive method Role play based on common clinical scenarios	75 clinical teachers at teacher workshops	Perception of faculty on OMP One-minute preceptor model of teaching	Qualitative data	Analysis by % of respondents	Although supportive of OMP model further studies that address actual use of OMP micro-skills in clinical teaching by trained and untrained teaching faculty are needed	**Strengths:** allowed faculty to role play and really get to experience OMP model first hand as students would **Limitations:** non-randomized Modest sample **Critical Appraisal Tool & Rating:** Johns Hopkins Research Evaluation Tool Level II Quality B

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Davis et al., 2018 *Journal of Nursing Education and Practice* Clinical evaluation of nurse practitioner students: identifying incentives, barriers and working models to develop sustainable preceptorships	NONE	NONE	18 articles met inclusion criteria	Barriers Incentives Working models of NP preceptorships	N/A	N/A	Common barriers include lack of compensation and decreased productivity Motivating factors giving back to community and credit toward recertification	**Strengths:** 40 articles reviewed **Limitations:** Few studies met criteria **Critical Appraisal Tool & Rating:** Johns Hopkins Non-Research Evaluation Tool: Level V Quality A

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Ecksrom et al. (2006) *Journal of General Internal Medicine* Measuring outcomes of a one-minute preceptor faculty development workshop.	NONE	Quasi-experimental: Controlled pre-post study design	All ambulatory preceptors in internal medicine resident continuity clinics at 2 training programs (included university hospital, veteran affairs hospital, and 2 community clinic sites, and residents Residents from all continuity clinics who completed evaluations of their preceptors	Faculty self-assessment by faculty and resident assessment of faculty	Survey to collect pre-post self-evaluations of skills with OMP among residents and faculty	Paired t-tests with a .05 significance level using 2-tailed tests	Faculty incorporated 5 microskills of the OMP into their teaching practice. Residents perceived increase in behaviors but results were not significant	**Strengths:** tested in a mixed university-community sample **Limitations:** Not randomized, Residents were untrained observers of faculty teaching skills **Critical Appraisal Tool & Rating:** John Hopkins Research Evaluation tool Level II Quality B

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Furney et al., *Journal of Internal General Medicine*	NONE	Randomized Control Trial	Internal medicine residents at University of Michigan and Ann Arbor Veterans Administration Medical Center	Use of OMP model of teaching in improving teaching skills of residents	Pre and post Questionnaires	Paired t-test to compare pre and post intervention ratings significance level was set at P=.05 Data analyzed using STATA	Resident -self report: All domains (commit, probe, feedback, overall were statistically significant ($p<.01$), except teaching general rules 87% of intervention group rated the OMP as "useful or very useful" Student ratings: Significant improvement in commitment, probing and feedback	**Strengths:** Can be taught in a single 1-2-hour seminar Majority of teaching is cased based rather than lecture based **Limitations:** Performed in a single institution Small sample size **Critical Appraisal Tool & Rating:** John Hopkins Research Evidence Appraisal Tool Level 1

								Quality B
Citation	**Conceptual Framework**	**Design/ Method**	**Sample/ Setting**	**Variables Studied and their Definitions**	**Measurement**	**Data Analysis**	**Findings**	**Appraisal: Worth to Practice**
Irby et al., 2004 *Academic Magazine Vol. 79, No 1* Teaching Points Identified by the Preceptors Observing One-Minute Preceptor and Traditional Preceptor Encounters	NONE	Within-groups Experimental design	116 preceptors from University of California, San Francisco, Harvard medical school, Univeristy of North Carolina at Chapel Hill, Keck school of medicine, university of Texas medical school at San Antonio and Univeristy of Wisconsin Specialties included: family medicine, internal medicine, pediatrics	Teaching points made by preceptors in response to videotaped teaching encounters One-Minute Preceptor= learner centered-5 microsteps which is learner focused TP "traditional" precepting model which is patient focused	Level of significance (p=.05)	Repeated measures analysis of variance	Student most likely to correctly diagnose patient using OMP model OMP was rated more efficient and effective than traditional teaching OMP resulted in higher level skills on the cognition scale versus the traditional precepting model	**Strengths: Strong =** sample of 116 participants **Limitations:** Non-randomized **Critical Appraisal Tool & Rating:** Johns Hopkins Research Evaluation Tool: Level II Quality B

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Roberts et al., 2017. *Journal of the American Association of Nurse Practitioners* Precepting nurse practitioner students: A new view-results of two national surveys of nurse practitioner preceptors	NONE	Randomized Control Trial	Sample were randomly obtained from two surveys sent out to American Academy of Nurse Practitioners to NPs practicing in US Midwest, Southeast and Northeast regions. In 2015 and 2016. NPs represented all states except Delaware and Wyoming. 2015 sample = 548 2016 sample = 3970	Incentives and barriers to precepting NPs NPs= nurse practitioner students Incentives= a positive outcome, a gain Barrier= something that gets in the way, impedes, is seen as negative	Descriptive, exploratory study Electronic Questionnaires	Descriptive statistics used to describe sample and analyze data	Incentives: keeping UpToDate with medicine and medications, access to continuing education credits (CEs), access to library, adjunct faculty status Barriers: time constraints, electronic medical records issues, lack of space	**Strengths:** Large study Geographically diverse **Limitations:** Sample obtained from only one NP organization **Critical Appraisal Tool & Rating:** John Hopkins Research Evidence Appraisal Tool Level 1I Quality B

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and their Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Webb et al., 2015 *The Journal for Nurse Practitioners* Incentives and Barriers to precepting Nurse Practitioner Students	NE	Quasi-experimental	453 US health providers self-identified as qualified to serve as a clinical preceptor	Preceptors self-identified incentives and barriers The value of potential interventions that would incentivize them to precept	Pearson's correlations, Cronbach alpha and a repeated measures analysis of variance.	Cross-sectional survey design study Descriptive statistics calculated with IBM SPSS version 22.	Preceptors barriers to precepting students include space, lack financial incentives Incentives to precept: giving back to profession, credit to recertification, remuneration, adjunct faculty status, CME	**Strengths:** large sample size **Limitations:** Self-identified participants **Critical Appraisal Tool & Rating:** Johns Hopkins Research Evidence Appraisal Tool Level II, Quality A

Appendix B
National Organization of Nurse Practitioner Faculties: Nurse Practitioner Core Competencies

Scientific Foundations

1. Critically analyzes data and evidence for improving advanced nursing practice.

2. Integrates knowledge from the humanities and sciences within the context of nursing science.

3. Translates research and other forms of knowledge to improve practice processes and outcomes.

4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.

Leadership

1. Assumes complex and advanced leadership roles to initiate and guide change.

2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated
health care teams, and policy makers) to improve health care.

3. Demonstrates leadership that uses critical and reflective thinking.

4. Advocates for improved access, quality and cost-effective health care.

5. Advances practice through the development and implementation of innovations incorporating principles of
change.

6. Communicates practice knowledge effectively, both orally and in writing.

7. Participates in professional organizations and activities that influence advanced practice nursing and/or
health outcomes of a population focus.

Quality

1. Uses best available evidence to continuously improve quality of clinical practice.

2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.

3. Evaluates how organizational structure, care processes, financing, marketing, and policy decisions impact the quality of health care.

4. Applies skills in peer review to promote a culture of excellence.

5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality

Practice Inquiry

1. Provides leadership in the translation of new knowledge into practice.

2. Generates knowledge from clinical practice to improve practice and patient outcomes.

3. Applies clinical investigative skills to improve health outcomes.

4. Leads practice inquiry, individually or in partnership with others.

5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.

6. Analyzes clinical guidelines for individualized application into practice

Technology and Information Literacy

1. Integrates appropriate technologies for knowledge management to improve health care.

2. Translates technical and scientific health information appropriate for various users' needs.

   2a. assesses the patient's and caregiver's educational needs to provide effective, personalized health-care.
   2b. coaches the patient and caregiver for positive behavioral change.

3. Demonstrates information literacy skills in complex decision making.

4. Contributes to the design of clinical information systems that promote safe, quality and cost-effective care.

5. Uses technology systems that capture data on variables for the evaluation of nursing care.

Policy

1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equity, quality, and cost.
3. Analyzes ethical, legal, and social factors influencing policy development.
4. Contributes in the development of health policy.
5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on health care policy development.
7. Advocates for policies for safe and healthy practice environments.

Health Delivery System

1. Applies knowledge of organizational practices and complex systems to improve health care delivery.
2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.
3. Minimizes risk to patients and providers at the individual and systems level.
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
5. Evaluates the impact of health care delivery on patients' providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care.
7. Collaborates in planning for transitions across the continuum of care.

Ethics

1. Integrates ethical principles in decision making.
2. Evaluates the ethical consequences of decisions.
3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

Independent Practice

1. Functions as a licensed independent practitioner.

2. Demonstrates the highest level of accountability for professional practice.

3. Practices independently managing previously diagnosed and undiagnosed patients.

   3a. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end-of-life care.

   3b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.

   3c. Employs screening and diagnostic strategies in the development of diagnoses.

   3d. Prescribes medications within scope of practice.

   3e. Manages the health/illness status of patients and families over time.

4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner indecision-making.

   4a Works to establish a relationship with the patient characterized by mutual respect, empathy and collaboration.

   4b. Creates a climate of patient- centered care to include confidentiality, privacy, comfort, emotional support mutual trust, and respect.

   4c. Incorporates the patient's cultural, spiritual, preferences, values, and beliefs into health care duplicate.

   4d. Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.

   4e. Develops strategies to prevent one's own personal biases from interfering with delivery of quality care.

   4f. Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers.

5. Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care

6. Collaborates with both professional and other caregivers to achieve optimal care outcomes.

7. Coordinates transitional care services in and across care settings.

8. Participates in the development, use, and evaluation of professional standards and evidence-based care.

Obtained from National Organization of Nurse Practitioners Faculties website

https://www.nonpf.org

Appendix C

American Association of Colleges of Nursing: The Essentials of Master's Education in Nursing

Essential I: Background for Practice from Sciences and Humanities –Recognizes that the master's-prepared nurse integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings

Essential II: Organizational and Systems Leadership – Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making, effective working relationships, and a systems-perspective

***Essential III*:** Quality Improvement and Safety – Recognizes that a master's-prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization

***Essential IV*:** Translating and Integrating Scholarship into Practice –Recognizes that the master's-prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent, and disseminates results

***Essential V*:** Informatics and Healthcare Technologies – Recognizes that the master's-prepared nurse uses patient-care technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care

***Essential VI*:** Health Policy and Advocacy – Recognizes that the masters 'prepared nurse is able to intervene at the system level through the policy development process and to employ advocacy strategies to influence health and health care

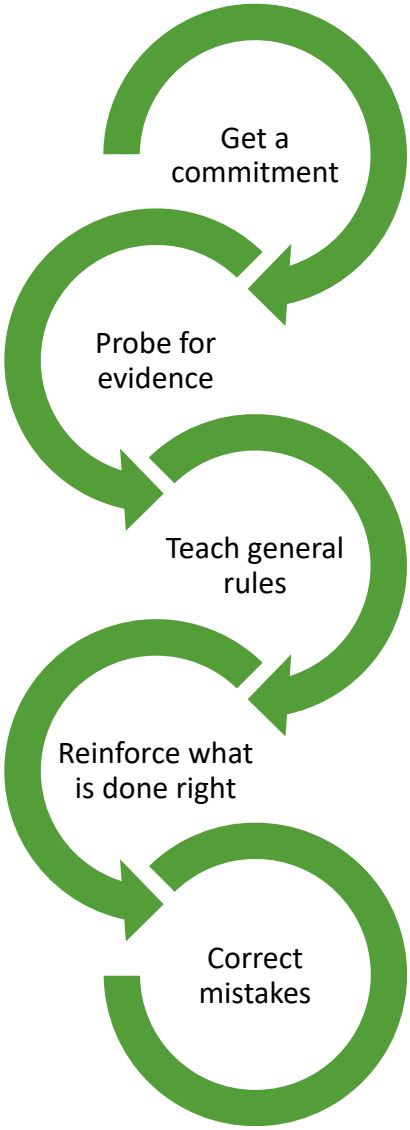
***Essential VII*:** Interprofessional Collaboration for Improving Patient and Population Health Outcomes – Recognizes that the master's-prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care

Essential VIII: Clinical Prevention and Population Health for Improving Health – Recognizes that the master's-prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations

***Essential IX*:** Master's-Level Nursing Practice – Recognizes that nursing practice, at the master's level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master's-level nursing graduates must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care components (p. 5) (AACN, 2011).

Appendix D

One-Minute Preceptor Model: 5 Microsteps



Neher J. O., Gordon K. C., Meyer B., & Stevens. (1992). A five-step "micro skills" model of clinical teaching. *Journal of the American Board of Family Practice, 5*, 419-424.

Appendix E

Kolb's Experiential Learning Theory

Retrieved from https://images.search.yahoo.

Appendix F: Support Letter

[redacted]

April 9, 2019

RE: Letter of Support for Doctor of Nursing Practice Project

To Whom It May Concern:

This letter is written in support of Angelica Renteria implementing her Doctor of Nursing Practice project, Competency-Based Practicum Evaluation Tools for Family Nurse Practitioners in Primary Care, within the School of Nursing at [redacted] University, [redacted]

[redacted]

[redacted]

[redacted]

Appendix G: University IRB Approval Letter

[redacted]

[redacted]
School of Nursing
IRB Approval

Date: August 16, 2019

RE: MISC1901 Competency-Based Evaluation Tools for Family Nurse Practitioner Programs

Dear Angelica Renteria,

As the Chair of the School of Nursing Research Committee, serving as the Institutional Review Board for the School of Nursing, I have reviewed and approved your review request for the above-referenced project for a period of 12 months. I have determined your study to meet the criteria for Minimal Risk IRB review.

Under the Policy and Procedures for Research with Human Subjects at [redacted] University, [redacted] your proposal meets minimal risk criteria according to section 3.3.7: Research in which the risks of harm anticipated are not greater, probability and magnitude, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

The Research Committee may periodically wish to assess the adequacy of research process.
If, in the course of the study, you consider making any changes in the protocol or consent form, you must forward this information to the Research Committee prior to implementation unless the change is necessary to eliminate an apparent immediate hazard to the research participant(s).

This study expires: August 16, 2020

The Research Committee is authorized to periodically assess the adequacy of the consent and research process. All problems having to do with subject safety must be reported to the Research Committee. Please maintain proper data control and confidentiality.

If you have any questions, please contact me through the [redacted] School of Nursing Research Committee at [redacted]

[redacted]
School of Nursing, Research Committee, Chair

[redacted]

[redacted]

Appendix H

GANNT CHART FOR COMPETENCY-BASED EVALUATION TOOLS																	
	2019												2020				
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
GAINING APPORVAL OF SOD																	
PERFORMS NEEDS ASSESSMENT																	
IDENTIFY KEY STAKEHOLDERS																	
DISCUSSION OF PROJECT WITH CHAIR																	
LITERATURE REVIEW																	
EVALUATE CSUF CURRENT TOOLS																	
EVALUATE OTHER MSN PROGRAM TOOLS																	
REVISE STUDENT EVAL TOOLS																	
DEVELOP & SUBMIT PROJECT PROSPECTUS																	
PRESENT REVISED EVAL TOOLS TO FNP FACULTY																	
FNP FACULTY TO VOTE TO APPROVE																	
PRESENT REVISED EVAL TOOLS TO CURR COMM																	
ASSESS KNOWLEDGE AND COMFORT LEVEL PRETEST																	
TRAINING OF FNP FACULTY AND PRECEPTORS																	
ASSESS KNOWLEDGE AND COMFORT LEVEL POST-TEST																	
REVISE LIT REVIEW																	
PRESENT FINDING TO DEAN																	
PRESENT FINDINGS TO FACULTY																	
WRITE UP DNP PROJECT REPORT																	
SCHOLARLY PRESENTATION AT USF																	

Appendix I

[redacted]

SCHOOL OF NURSING
FAMILY NURSE PRACTITIONER PROGRAM
FACULTY PRACTICUM EVALUATION OF STUDENT

Course Number: NURS 267 Practicum in Secondary Prevention FNP

Date of Site Visit: _____ **Student Name:** _____
Clinical Site Name: _____ **Preceptor Name and Title:** _____
Clinical Faculty: _____ **Clinical hours completed at time of this site visit:** ____

Directions: Student will be evaluated at least once per semester using the following rubric. Additional site visits may be scheduled at the discretion of the clinical instructor. The evaluation should be based on a specific client visit. Students must pass each section with an 80% or better to pass the course. Rate the student's performance in each area by checking the appropriate box.

	Skills Performance	Advanced	Above Average	Appropriate	Needs Improvement	Comments
A	**History taking (CSLO #1,4,9)**	**10 points**	**9 points**	**8 points**	**7 points**	
	1. Gathers pertinent information for presenting problem(s)					
	2. Present illness					
	3. Past history					
	4. Current health status					
	5. Family history					
	6. Psychosocial history					
	7. R.O.S.					
	8. Obtains additional symptom related information as appropriate					
						Points for Section A:
B	**Interpersonal Skills (CSL0 # 4,5, 11)**	**10 points**	**9 points**	**8 points**	**7 points**	**Comments**
	1. Listens attentively					
	2. Presents self in a professional manner					
	3. Presentation to preceptor is complete & concise					
	4. Validates patient/caregiver's complaints/concerns					
						Points for Section B:
C	**Physical Examination (CSLO #1,3,4,9)**	**10 points**	**9 points**	**8 points**	**7 points**	**Comments**
	1. Performs exam in a systematic and organized manner					
	2. Uses equipment properly					
	3. Performs exam appropriately modified for visit. Recognizes items which are critical to visit type					
	4. Performs all visit tasks in minimum amount of time					
	5. Accurately interprets physical findings and investigative measures					
						Points for Section C:
D	**Assessment/Diagnosis (CSL0 #2, 4,9,12)**	**10 points**	**9 points**	**8 points**	**7 points**	**Comments**

	1. Student determines assessment with minimal assistance					
	2. Differential diagnosis is determined					
	3. Assessment is based on pertinent data from history and physical					
						Points for Section D:
E	**Plan (CSLO # 4,6, 7, 8, 9, 10, 11)**	**10 points**	**9 points**	**8 points**	**7 points**	**Comments**
	1. Diagnostics, lab(s), X-rays ordered are appropriate					
	2. Provides culturally, age appropriate therapeutic education/anticipatory guidance with verification of patient understanding					
	3. Consultation and/or referral is appropriate					
	4. Follow up is clear and appropriate					
	5. Appropriately documents encounter					**Points for Section E:**

Total Points: /250

Performance skill: Description

Advanced

Consistently and independently demonstrates attainment of clinical outcomes. Consistently provides high level data to the patient and preceptor showing ability to use performance competencies efficiently. Applies principles from nursing sciences in the performance of psychomotor skills and performs those skills with dexterity and facility. Uses principles of communication and teaching/learning in practice and documentation to establish relationships. Is effective as a team member with their preceptor and responsible and accountable for own learning.

Above Average:

Consistently demonstrates attainment of clinical outcomes. Almost always provides high level data to the patient and preceptor showing ability to use performance competencies effectively. Applies principles from nursing sciences in the performance of psychomotor skills and performs those skills with dexterity and facility. Uses principles of communication and teaching/learning in practice and documentation to establish relationships.

Appropriate

Demonstrates attainment of clinical outcomes. Most of the time provides data to the patient and preceptor showing ability to use performance competencies effectively. Applies principles from nursing sciences in the performance of psychomotor skills and performs those skills with dexterity and facility. Uses principles of communication and teaching/learning in practice and documentation to establish relationships.

Needs Improvement

Frequently demonstrates unsatisfactory attainment of clinical outcomes. Often unable to provide data to the patient and preceptor showing ability to use performance competencies effectively. Able to apply some principles from nursing sciences in the performance of psychomotor skills. Attempts to perform skills with dexterity and facility. Most of the time, uses principles of communication and teaching/learning in practice and documentation to establish relationships.

Remediation Plan NEEDED____ NOT NEEDED ____

*Please refer to syllabus for remediation plan

Student Signature:

_____

Clinical Faculty Signature:

_____

Date reviewed with student:

_____

Appendix J

[redacted]

SCHOOL OF NURSING
FAMILY NURSE PRACTITIONER PROGRAM
FACULTY EVALUATION OF PRECEPTOR AND CLINICAL SITE

Date_____

Course Number_____ **Course Name**_____

Student Name_____

Preceptor Name_____

Clinical Site Name/Address_____

Type of Specialty_____

Directions: Form to be completed by faculty for each preceptor and clinical site each semester

EVALUATION OF PRECEPTOR	**Always 4**	**Usually 3**	**Seldom 2**	**Never 1**
Facilitates student independence appropriate to the course objectives.				
Assists the student in developing critical thinking skills.				
Assists the student to integrate theory, research, and practice.				
Involves student as a member of the interdisciplinary health team.				
Provides timely feedback to the student regarding progress.				
Assigns patients who are too easy for the student.				
Assigns patients who are too hard for the student.				
Maintains open lines of communication with faculty.				
Completes student evaluations as requested.				
Provides clear information and feedback in relation to student's clinical progress .				
Provides a quality learning experience appropriate to the Graduate Nursing Program level.				
CLINICAL SITE				

Clinical site is supportive of the student role.				
The clinical site provides the student with a variety of clinical experiences to meet stated student objectives.				
The clinical site provides the student with adequate space to see and treat patients.				
The clinical site allows the student access to Electronic Medical Records.				
The clinical site provides the student a varied patient population.				
The clinical site provides adequate medical equipment.				

Would you recommend this preceptor to continue precepting NP students? Yes_____ No____

Would you recommend this clinical site for another NP student? Yes_____ No_____

Additional Comments or Recommendations

_____
_____
_____
_____
_____
_____
_____
_____
_____

Faculty Signature_____

Date_____

Appendix K

[redacted]

School of Nursing
Family Nurse Practitioner Program
Preceptor Feedback of Student

Date_____

NURS 267 Practicum in Secondary Prevention

Name of Student_____

Name of Preceptor_____

Number of Clinical Hours Completed at Time of Student Feedback_____

Please rate FNP student on the following areas	**Exceeds Objective**	**Meets Objective**	**Does not meet Objective**
COMMUNICATION			
Presents cases in a systematic, organized manner			
Uses consultation effectively			
Demonstrates appropriate interviewing skills with patients			
Develops good working relationship with staff			
KNOWLEDGE AND LEARNING			
Understands pathophysiology and disease process			
Demonstrates knowledge of differential diagnosis			
Utilizes available resources for proper referral if needed			

Is willing to learn and accept constructive criticism			
CLINICAL SKILLS			
Obtains appropriate history pertinent to CC			
Performs appropriate pertinent physical exam based on chief complaint			
Documents in online logging and patient's medical record clearly, completely and accurately			
Develops appropriate treatment plan, therapeutics/diagnostics			
Prepares patient education materials appropriate for diagnosis/TX plan			
Enhances self-learning with available resources such as medical books, electronic resources			
Addresses HCM/anticipatory guidance			
Demonstrates cultural sensitivity/empathy/involves family			
PROFESSIONAL RESPONSIBILITY			
Arrives punctually to agency			
Presents acceptable appearance			
Demonstrates good work ethic/efficient/good use of time			
Assumes responsibility and initiative			
Conducts self in a professional manner			

OVERALL RATING OF STUDENT

EXCEEDS OBJECTIVES____ MEETS OBJECTIVES_____ DOES NOT MEET OBJECTIVES_____

COMMENTS/RECOMMENDATIONS:

NP Student Strengths:

_____
_____
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Goals for Improvement:

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_____

PRECEPTOR SIGNATURE_____

Date discussed with student _____

Appendix L

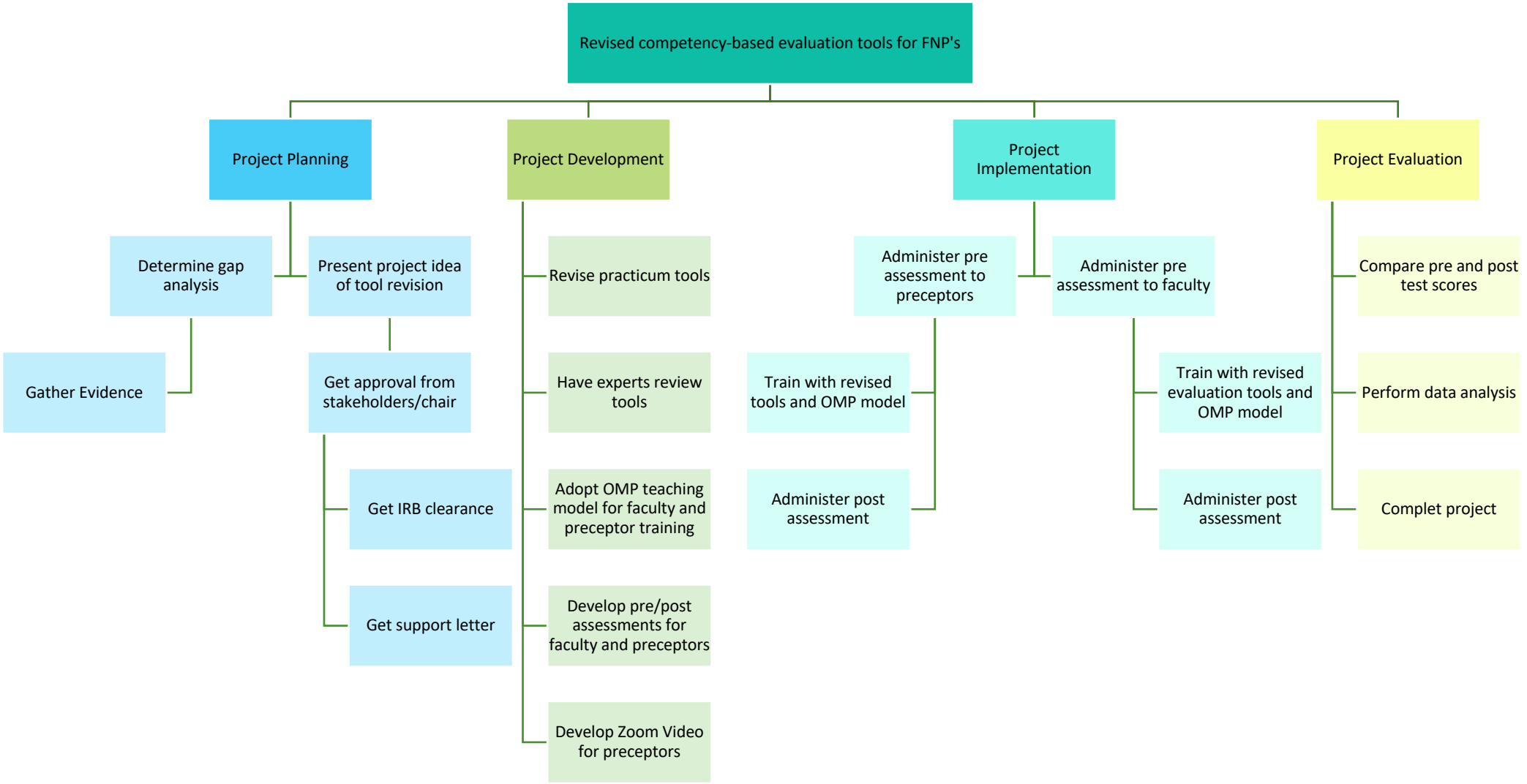
Gap Analysis

The gaps identified were:

- Incongruency of competency evaluation tools and NONPF and AACN recommendations
- Inefficient tool to assess competency of FNPs by Faculty
- Lack of reliable tool for preceptor evaluation of student
- Lack of efficient model of training usable by both faculty and preceptors to train FNP students

Appendix M

Work Breakdown Structure



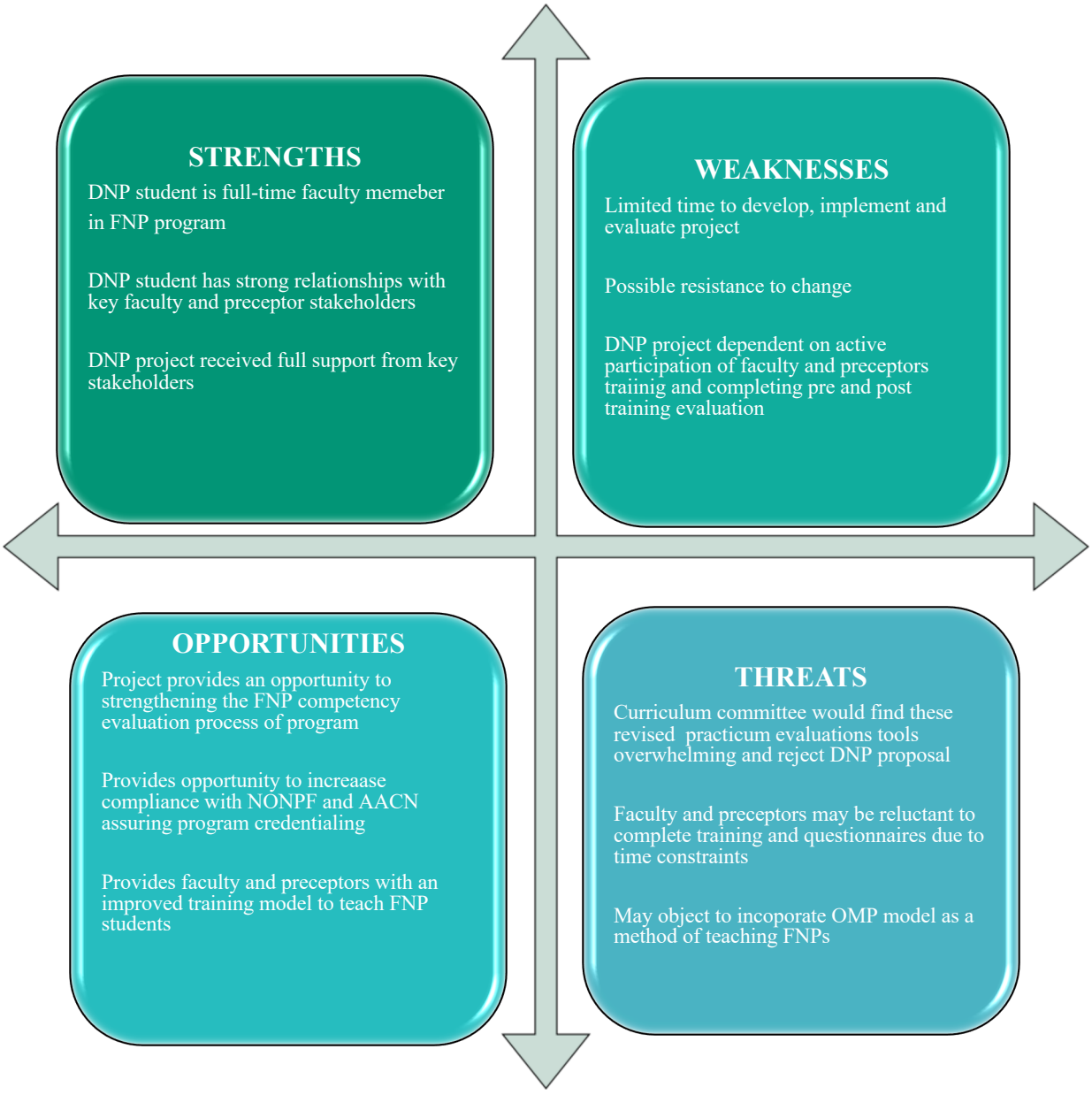
Appendix N

Responsibility Matrix

Name	Role	Responsibility
DNP Candidate	Project manager, Change agent, educator, facilitator, organizer	• Design, promote and implement the DNP Project • Revise FNP student practicum evaluation tools • Create online training for FNP faculty and preceptors • Create budget for project • Facilitate the development, implementation and data analysis for DNP project • Maintain communication project updates with stakeholders
Curriculum Committee	Reviewers	• Attend training • Review and approve change of practice proposal
Practicum Faculty	Educators Evaluators	• Attend training in face to face meetings • Complete online training • Complete pre-post training surveys
Preceptors	Clinician Evaluators	• Participate in online training • Complete post-training survey

Appendix O

SWOT ANALYSIS



Appendix P

Expenditure Budget 2019-2022

TYPE OF EXPENSE	ACTUAL COSTS 2019	Future Proposed Costs for Preceptor Incentives 2020-2021	Future Proposed Costs for Preceptor Incentives 2021-2022	Future Proposed Costs for Preceptor Incentives 2022-2023
DNP Project Director's time planning & gaining approval, implementing, & evaluating project 20 hours a week x 52 weeks @$75/hour	$78,000			
Material and supplies	$425			
Development of 3 Pre and Post-Training Questionnaires total of 24 hours @ $75	$1800			
Food and drink for workshop	$250			
Development and implementation of FNP Practicum Faculty Training two-hour workshop 10 hours @$75 hour.	$750			
Follow-up meeting with FNP Faculty on use of revised tool 2 hours @75	$150			
Development of online training for preceptors 30 @ $75 /hours	$2,250			
Analysis of data from Pre and Post Questionnaires $75 @40 hours	$3000			
Preceptor Dinner 70 @$70/person dinner/venue for faculty/preceptors		$5000	$5000	$5000
Preceptor Incentives $120/plaque/stipend	$0	$3000	$6,240	$6,720
Total Expenses	$86,625	$8000	$11,240	$11,720

Appendix Q
Return on Investment

Project for Strengthening FNP Program by increasing 2 students each year per cohort	Year 1 (Fall 2019-S2020	Year2 (F2020-S2021)	Year 3 F2021-S2022	Year 4 Fall 2022-S2023
Current class graduating Spring 2020				
Cohort A (25 students @ $8021/year class of S 2022		$200,525 (Cohort A 1st yr.)	$200,525 (Cohort A 2nd yr. #25)	
Cohort B (27 students @ $8021/year class of S2023			$216, 567 (Cohort B 1st yr. #27)	$216,567 (Cohort B 2nd yr.#27)
Cohort C (29 students@ $8021/year class of 2025)				$232,609 (Cohort C 1st yr.#29)
Indirect Revenue				
Books $1200/year/ per student	$30,000 (25X$1200)	$30,000 (25X$1200)	$62,400 (52X$1200)	$67,200 (56X$1200)
Parking Pass ($186/year/student)	$4650 (25X$186)	$4650 (25X$186)	$9,672 (52X $186)	$10,416 (56X$186)
Food consumption goods/campus $600/year/per student	$15,00 (25X$600)	$15,00 (25X$600)	$31,200 (52X$600)	$33,600 (56X$600)
Total revenue including indirect	$250,175	$250,175	$520,364	$560,392
10% of Usable Revenue	$25,017.5	$25,017.5	$52,036.4	$56, 039.2
Training Expenses	$86,625	$0	$0	$0
Expense for preceptors	$0	$8000	$11,240	$11,720
Total Expenses	$86,625	$8000	$11,240	$11,720
Net Profit generated	$163,550	$242,175	$509,124	$548,672
ROI full profit	1.88	30.27	45.29	46.81
Net profit on 10% return	-61,607.5	$17,017.5	$40,796.4	$44,319.2
ROI using 10% profit	-0.71	2.12	3.63	4.78

Appendix R
Pre-Training Questionnaire for Faculty

1. What is the highest educational degree you currently hold?
   - Doctoral degree (DNP, PhD)
   - Master's Degree (MSN)
   - Other

2. How many years have you been teaching FNP students in the MSN Program?
   - 0-2 years
   - 3-4 years
   - 5-7 years
   - 8 or more years

3. How familiar are you with the nurse practitioner core competencies as set by the National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Colleges of Nursing (AACN)?
   - Very familiar
   - Moderately familiar
   - Slightly familiar
   - Not familiar at all
4. Have you ever received training from our faculty on the use of the NP student practicum evaluation tool before this training?
   - Yes, full training
   - Yes, some training
   - No previous training received

5. How familiar are you with the FNP student nursing objectives of the previous evaluation tool?
   - Very familiar
   - Moderately familiar
   - Slightly familiar
   - Not familiar at all

6. How would you rate the previous NP student practicum evaluation tool?
   - Very effective
   - Moderately effective
   - Slightly effective
   - Not effective

7. How comfortable do you feel assessing FNP student's clinical skills using the previous FNP evaluation tool?
   - Very comfortable
   - Moderately comfortable
   - Slightly comfortable
   - Not comfortable

8. How familiar are you with the One Minute Preceptor (OMP) model to train NP students?
   - Very familiar
   - Moderately familiar
   - Slightly familiar
   - Not familiar at all

Appendix S
Post-Training Questionnaire for Faculty

1. How would you rate the training you received on the use of the revised NP student practicum evaluation tool?
   - Very effective
   - Moderately effective
   - Slightly effective
   - Not effective

2. How would you rate the revised NP student practicum evaluation tool?
   - Very effective
   - Moderately effective
   - Slightly effective
   - Not effective

3. How comfortable do you feel assessing NP students' clinical skills using the revised NP student evaluation?
   - Very comfortable
   - Moderately comfortable
   - Slightly comfortable
   - Not comfortable

4. How familiar are you with the NP nursing objectives that the revised Student Practicum Tool covers? (found in syllabus)
   - Very familiar
   - Moderately familiar
   - Slightly familiar
   - Not familiar

5. How familiar are you with the nurse practitioner Core Competencies as set by the National Task Force (NTF), National Organization of Nurse Practitioner Faculties (NONPF), and the American Association of Colleges of Nursing (AACN)?
   - Very familiar
   - Moderately familiar
   - Slightly familiar
   - Not familiar

6. How familiar are you with the One Minute Preceptor (OMP) model used to train the NP students?
   - Very familiar
   - Moderately familiar
   - Slightly familiar
   - Not familiar

7. How comfortable do you feel with the One-Minute Preceptor (OMP) model to train NP students?
   - Very comfortable
   - Moderately uncomfortable
   - Slightly comfortable
   - Not comfortable

8. Will you incorporate the OMP model into the way you train NPs?
   - Yes, I will use the OMP model most of the time when teaching NP students
   - Yes, I will use the OMP model occasionally when teaching NP students
   - No, I prefer not to use the model to train NP students

Appendix T

Post-Training Questionnaire for Preceptors

1. What is the highest educational degree you currently hold?
   - Medical degree (MD)
   - Doctoral degree (DNP, PhD)
   - Master's degree (MSN)
   - Other

2. How many years have you been precepting in our FNP program?
   - 0-2 years
   - 3-4 years
   - 5-7 years
   - 8 or more years

3. How would you rate the training you received by email link on the Preceptor Feedback of Student Form?
   - Very effective
   - Moderately effective
   - Slightly Effective
   - Not effective

4. How would you rate the Preceptor Feedback of Student form?
   - Very effective
   - Moderately effective
   - Slightly effective
   - Not effective

5. How comfortable did you feel providing feedback on NP students using the Preceptor Feedback of Student form?
   - Very comfortable
   - Moderately comfortable
   - Slightly comfortable
   - Not comfortable

6. Do you think the using the (OMP) model is appropriate to use in the training of NP students?
   - Very appropriate
   - Moderately appropriate
   - Slightly appropriate
   - Not appropriate

7. How comfortable did you feel using the One-Minute Preceptor (OMP) model in training NP students?
   - Very comfortable
   - Moderately comfortable
   - Slightly comfortable
   - Not comfortable

8. Will you use the One-Minute Preceptor (OMP) model in training NP students?
   - Yes, I will use the OMP model most of the time when teaching NP students
   - Yes, I will use the OMP model occasionally when teaching NP students
   - No, I prefer not to use the model to train students

Appendix U

Table: Demographic Variables for Faculty and Preceptors

Demographic Variables of Study Participants	Preceptors	Faculty
Education		
• MD	3	
• PHD/DNP		2
• MSN	2	2
Years teaching/precepting FNP students		
• 0-2		
• 3-4	5	2
• 5-7		
• 8+		
		2

Appendix V

Table: Results for Pre and Post-Training Faculty Questionnaires

How familiar are you with the nurse practitioner core competencies as set by the NONPF and the AACN?	Very familiar	Moderately familiar	Slightly familiar	Not familiar at all	Mean scores
Pre-training	1	3			3.25
Post-training	1	3			3.25

How would you rate the revised NP student practicum evaluation tool?	Very effective	Moderately effective	Slightly effective	Not effective	Mean scores
Pre-training		4			3.00
Post-training	4				4.00

How comfortable do you feel assessing NP students' clinical skills using the NP student evaluation tool?	Very comfortable	Moderately comfortable	Slightly comfortable	Not comfortable	Mean scores
Pre-training	1	2	1		2.75
Post-training	3	1			3.75

How familiar are you with the NP nursing objectives that the Student Practicum Tool covers?	Very familiar	Moderately familiar	Slightly familiar	Not familiar at all	Mean scores
Pre-training		3	1		2.75
Post-training	2	2			3.50

How familiar are you with the OMP model used to train the NP students?	Very familiar	Moderately familiar	Slightly familiar	Not familiar	Mean scores
Pre-training		1	2	1	2.00
Post-training	3	1			3.75

Appendix W

Tables: Post Training Results for One-Minute Preceptor Model for Faculty and Preceptors

Reponses for Comfort using OMP Model

How comfortable did you feel using the OMP model in training NP students?	Very comfortable	Moderately comfortable	Slightly comfortable	Not comfortable
Faculty	4			
Preceptors	4	1		

Mean Scores for Comfort Using OMP Model

Comfort in using OMP model	Post-training mean scores
Faculty	4
Preceptors	3.8

Responses for Planned Use of OMP Model

Will you use the OMP model in training NP students?	Yes, use it most of the time.	Yes, use it occasionally.	No, prefer not to use the model.
Preceptors	2	3	
Faculty	4		

Appendix X

UNIVERSITY OF SAN FRANCISCO | School of Nursing and Health Professions

DNP Statement of Non-Research Determination Form

Student Name: Angelica Renteria

Title of Project: Competency-Based Evaluation Tools for Family Nurse Practitioner Students in Primary Care

Brief Description of Project: There are more than 248,000 licensed nurse practitioners (NP) in the U.S. (AANP, 2018). NP programs range from 15 to 24 months and are either in-seat (face-to-face), online, or hybrid. Requirements vary from school to school. To provide standardization, fourteen organizations whose activities are related to NP education, certification, or accreditation formed the National Task Force on Quality Nurse Practitioner Education (NTF) and in 2016 developed the *Criteria for Evaluation of Nurse Practitioner Programs*. In addition, the Commission on Collegiate Nursing Education (CCNE) established the *Essentials of Master's Education* (2011) and the National Organization of Nurse Practitioners Faculties (NONPF) set core competencies that must be met by all nurse practitioners who enter into practice (*Family/Across the Lifespan NP Competencies*, 2013) and published core competency content (2014, 2017).

This DNP Project will refine and evaluate the currently used FNP student evaluation and tracking tools at a state university in order to ensure the program is in alignment with NP competencies described above. In order to do this, a comprehensive search will be done for evidence about these tools including consulting with other NP programs to review their evaluation and tracking tools in order to establish best practices.

A) Aim Statement: The aim of this project is to improve the FNP student and practicum site evaluation processes by implementing competency-based tools that align with NTF, CCNE, and NONPF competency guidelines. A secondary aim is to refine the tracking process of FNP student practicum hours.

B) Description of Intervention: The DNP proposed project will improve documentation of FNP educational experience during clinical practicum training. 1) Current existing evaluation tools will be upgraded to ensure the proper documentation of clinical experiences and ensure a greater scope of family practice. 2) A tracking tool will be revised from the current E-log tracking method to ensure that students are obtaining appropriate type and quantity of hours in each area of family practice including

reproductive health/women's health, pediatrics, adult medicine and geriatrics.

1) Systematic search of databases for evidence related to competency-based evaluation and tracking tools used in FNP programs.

2) Examination of existing educational models at three different NP programs in California for comparison.

3) Refinement of FNP student practicum evaluation tool used by instructor and preceptor.

4) Improved OSCE evaluation tool
   a. Revision of grading criteria appropriate for specific term level
   b. Universal training of clinical faculty on the evaluation process of OSCE

5) Refinement of tool to evaluate practicum sites.

6) Expanded documentation of patient encounter will be utilized within the revised E-log tracking system:
   - Documentation of designated # of hours in each area of health care
   - Minimum # of encounters per diagnosis type and health system
   - Specified # of patients in each age category

7) Training of clinical faculty, preceptors, and students regarding how to use both the revised evaluation and the revised practicum hours tracking tool.

C) How will this intervention change practice?

- Strengthen student evaluation practicum tools for FNP program and improve tracking of clinical experience to ensure alignment with credentialing bodies such as NTF, CCNE and NONPF

- Strengthen the FNP practicum site evaluation process

D) Outcome measurements:

- FNP student evaluation practicum tool fully aligned with NTF, CCNE and NONPF competencies.

- Pre and post questionnaire (author-developed with Qualtrics) of FNP faculty and preceptors assessing their knowledge and confidence in conducting student evaluation process for practicum.

- Pre and post questionnaire (author-developed with Qualtrics) of FNP faculty assessing their satisfaction with process of tracking FNP practicum hours and evaluation of practicum sites.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used:
(http://answers.hhs.gov/ohrp/categories/1569)

☐ This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☐This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title:	**YES**	**NO**
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	**X**	
The specific aim is to improve performance on a specific service or program and **is a part of usual care**. ALL participants will receive standard of care.	**X**	
The project is **NOT** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does **NOT** follow a protocol that overrides clinical decision-making.	**X**	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does **NOT** develop paradigms or untested methods or new untested standards.	**X**	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does **NOT** seek to test an intervention that is beyond current science and experience.	**X**	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	**X**	
The project has **NO** funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	**X**	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., **not** a personal	**X**	

research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.		
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: *"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."*	**X**	

ANSWER KEY: If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print): Angelica Renteria

Signature of Student:

Angelica Renteria **DATE: 1/25/19**

SUPERVISING FACULTY MEMBER (CHAIR) NAME (Please print):

Robin Buccheri, PhD, RN, FAAN

Signature of Supervising Faculty Member (Chair):

Robin Buccheri **DATE: 1-21-19**