

Program-Level Assessment: Annual Report

Program: Adult Gerontology Acute Care NP and Adult

What were the results of the assessment of the learning outcome(s)? Please be specific. Does achievement differ by teaching modality (e.g., online vs. face-to-face) or on-ground location (e.g., STL campus, Madrid campus, other off-campus site)?

>90% of all students achieved satisfactory clinical evaluations based on the direct faculty observation during their clinical practicum or during residency (Appendix E). Achievement of the students' skills and therapeutic planning did not differ from clinical patients to standardized patients (Appendix M)

B. How has this change/have these changes been assessed?

The process of review is done after residency. The AGACNP coordinator collaborates with the clinical faculty with the results of the residency evaluations done by students as well as course evaluations .

C. What were the findings of the assessment?

Continue wit the present assessment and evaluations.

D.

EVALUATION
**Adult Gerontology Acute Care Masters NP and Adult Gerontology Acute
 Care Post Masters Certificate NP**

Appendix E

Please rate your student using the following:

4= Above average 3= Average/Satisfactory 2= Needs improvement
 1= Unsatisfactory N/A=No Opportunity or Non-Applicable

PROFESSIONALISM	4	3	2	1	N/A
Arrives to clinic prepared and professionally dressed					
Demonstrates self-directed learning					
Respects patients privacy					
Relates well with staff					
Relates well with preceptor					
Articulates the scope of NP practice					
SKILLS					
Uses appropriate interviewing techniques (obtains history)					
Performs organized & timely physical exam					
Performs appropriate physical exam					
Uses exam equipment properly					
Identifies appropriate ancillary test (labs/ imaging)					

Utilizes electronic resources (web-based; apps) for evidence-based care (standards, medications, practice guidelines) Readily identifies normal and					
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Preceptor Signature / Date

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Appendix L

Program Outcome Evaluation

Spring 2022

During direct observation of a patient encounter, score the student on the following program outcomes.

Program Learning Outcomes advanced Proficient Not proficient

Name: Jenny Koda

Age: 54 years old

Mrs. Koda arrived via ambulance after passing out at the supermarket.

Vital signs:

- **Temperature:** 37 C (98.8 F)
- **Pulse:** 130 beats/minute
- **Respiratory rate:** 18 breaths/minute
- **Oxygen saturation:** 95% on room air
- **Blood pressure:** 110/70 mmHg
- **Weight:** 50 kg (110 lbs)
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"I'm not really sure. I was shopping at the local market, then the next thing I remember was waking up on the floor. Harold, my husband, told me that I passed out."

"How were you feeling before you passed out?"

"A little tired and short of breath and a little lightheaded. It's hard to explain, but I also had an uneasy feeling in my chest."

"Did you have any lightheadedness or chest pain?"

"No, it felt like my heart was fluttering or racing, but it wasn't pain."

"Was your husband with you when you passed out?"

"Yes, I was with her," says Mr. Koda. "There didn't seem to be anything wrong while we were shopping. Then, all of the sudden, she slumped to the floor! She didn't make any strange movements while she was unconscious. She was out for probably less than a minute. The paramedics showed up s

- Acute coronary syndrome/CAD

Labs/Imaging: (what does the student want to order given the H & P findings and the rationale)

- ECG - It may be diagnostic of the cause of syncope, such as new arrhythmia, or reveal abnormalities such as ischemia that warrant further investigation **atrial fibrillation with rapid ventricular response with T wave flattening and inversion and ST depression that may indicate rate dependent ischemia**
- CXR - is warranted if the patient has findings such as chest discomfort, shortness of breath, and crackles on exam. **Bilateral interstitial pulmonary infiltrates, mild cardiomegaly**
- Cardiac enzymes - rule out acute myocardial infarction. **Normal x1**
- CMP - **normal**
- UA - **normal**
- Thyroid-stimulating hormone - should be evaluated in select patients to rule out iatrogenic (treatment-induced) hyperthyroidism which can lead to a new arrhythmia, like atrial fibrillation. **normal**
- Testing not indicated:
 - In the evaluation of simple syncope and a normal neurological examination, don't obtain brain imaging studies (CT or MRI). In patients with witnessed syncope but with no suggestion of seizure and no report of other neurologic symptoms or signs, the likelihood of a central nervous system (CNS) cause of the event is extremely low and patient outcomes are not improved with brain imaging studies.
- Ultrasound – **mitral valve is thickened, calcified and moderately stenotic, no thrombus in the mitral valve or in the left atrium**

What test do you need to confirm the diagnosis for this patient? ECHO

Final diagnosis:

- Continue taking diltiazem, furosemide and warfarin as directed
- You need to adhere to a restricted sodium diet
- Follow up with cardiology/CV