

EVALUATION OF ADVANCED PRACTICE REGISTERED NURSING CURRICULUM

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DISCLOSURES

- **Member. PA State Board of Nursing**
 - **Chair, Advanced Practice Nurse Committee**
- **Chair Reviewer, AANA Council on Accreditation of Nurse Anesthesia Educational Programs**

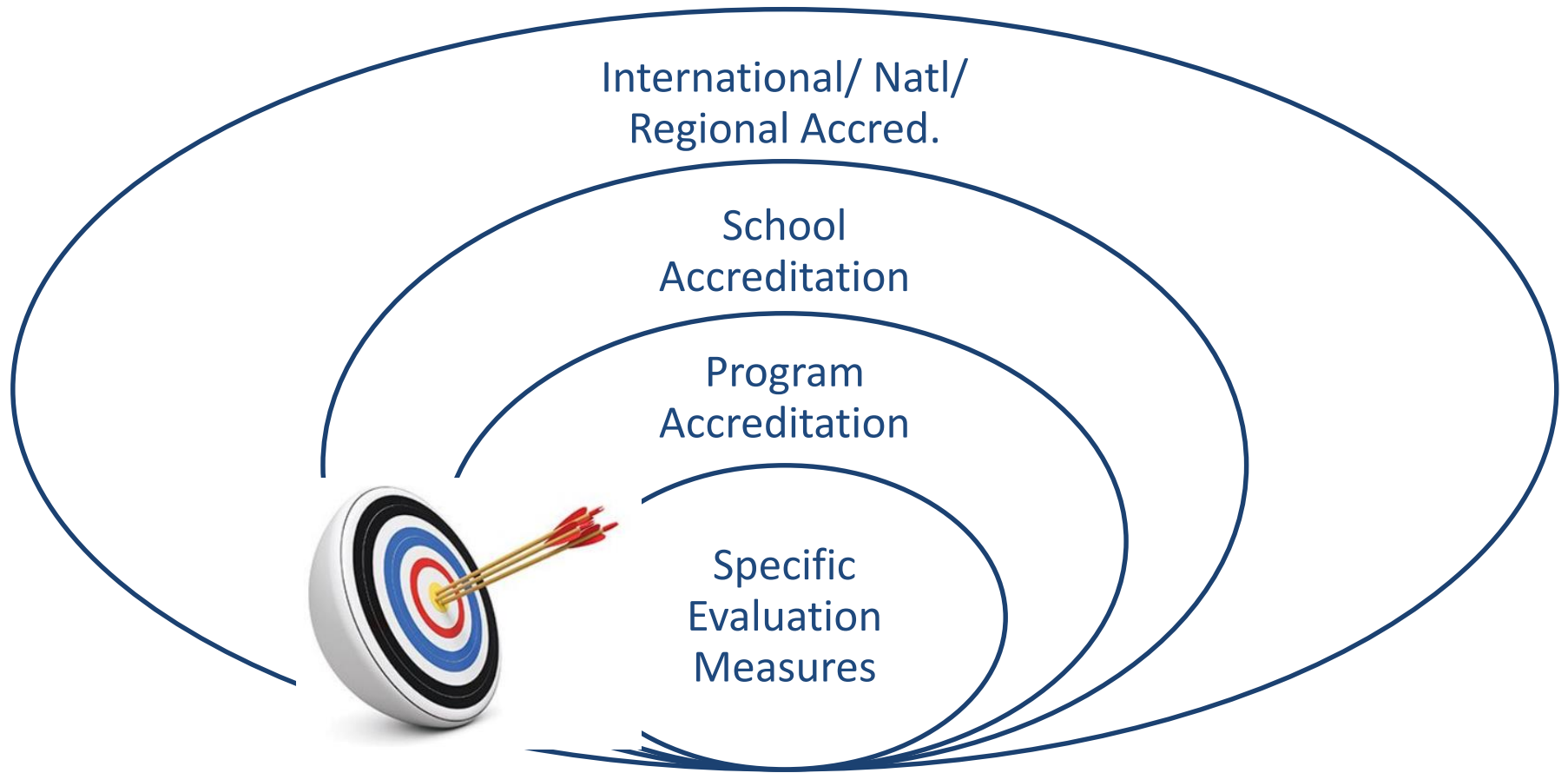
OBJECTIVES

1. Analyze the importance of evaluation in development and implementation of APN programs
2. Discuss AACN MSN and DNP Essentials relative to program evaluation
3. Discuss SBN Nursing Regulations relative to APN programs
4. Review example of school and program-level evaluation plans

IMPORTANCE OF EVALUATION IN APRN EDUCATION

Ensures Quality;
Informs Curricular Modifications

Clinical (Experiences and Sites and Preceptors)	Didactics (Courses, Faculty, Overall Curriculum)	Resources (Training, Environmental, Student/Faculty Support Services,)	Students (Progression, competence, attainment of outcomes)	Graduates/ Employers (Preparation for Practice)
Allows Assessment of Attainment of Standards Set by the Profession, Regulatory Bodies (Accreditors and Professional Boards)				



DECIDING HOW TO FOCUS EVALUATION ACTIVITIES TO DEVELOP A PLAN FOR APRN PROGRAM EVALUATION

INTERNATIONAL FEDERATION OF NURSE ANESTHETISTS (IFNA)



IFNA STANDARDS

The IFNA has developed [International Standards of Education, Practice, Monitoring and a Code of Ethics](#) for nurse anesthesia profession.

[IFNA Booklet HD](#)

f Nurse Anesthetists



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ABOUT IFNA >

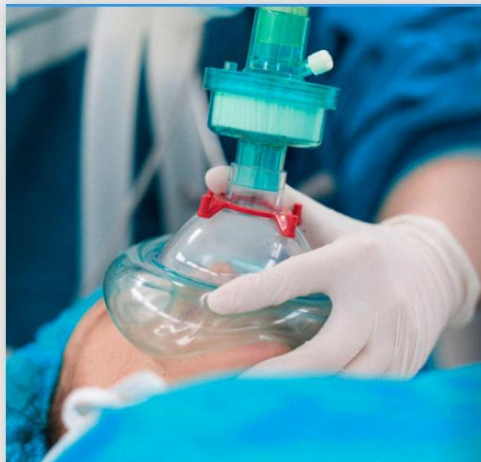
APPROVAL PROCESS FOR ANESTHESIA PROGRAMS (SCHOOLS) APAP >

EDUCATION >

PRACTICE >

EDUCATION & RESEARCH FOUNDATION

CONTACT AND INTERNATIONAL LINKS >



COUNTRY MEMBERS INFORMATION

The nurse anesthesia education and practice can vary from one country to an other. The IFNA country members have developed some pages of information about the nurse anesthesia practice and education within their country.

AFRICA

[Tunisia](#)
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NATIONAL COUNCIL OF STATE BOARDS OF NURSING (NCSBN): CONSENSUS MODEL



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The world leader in nursing regulatory knowledge

National Council of State Boards of Nursing (NCSBN) is an independent, not-for-profit organization through which nursing regulatory bodies act and counsel together on matters of common interest and concern affecting public health, safety and welfare, including the development of nursing licensure examinations.



87
members
worldwide



4.8+ M
active nurses in
the U.S.



21+ K
nurse license
searches daily in
Nursys.com



5.7+ M
candidates have
taken the NCLEX
since April 1994

Website



Explore NCSBN's
Accomplishments &
Initiatives from 2018

Publication



New Medical
Marijuana Guidelines

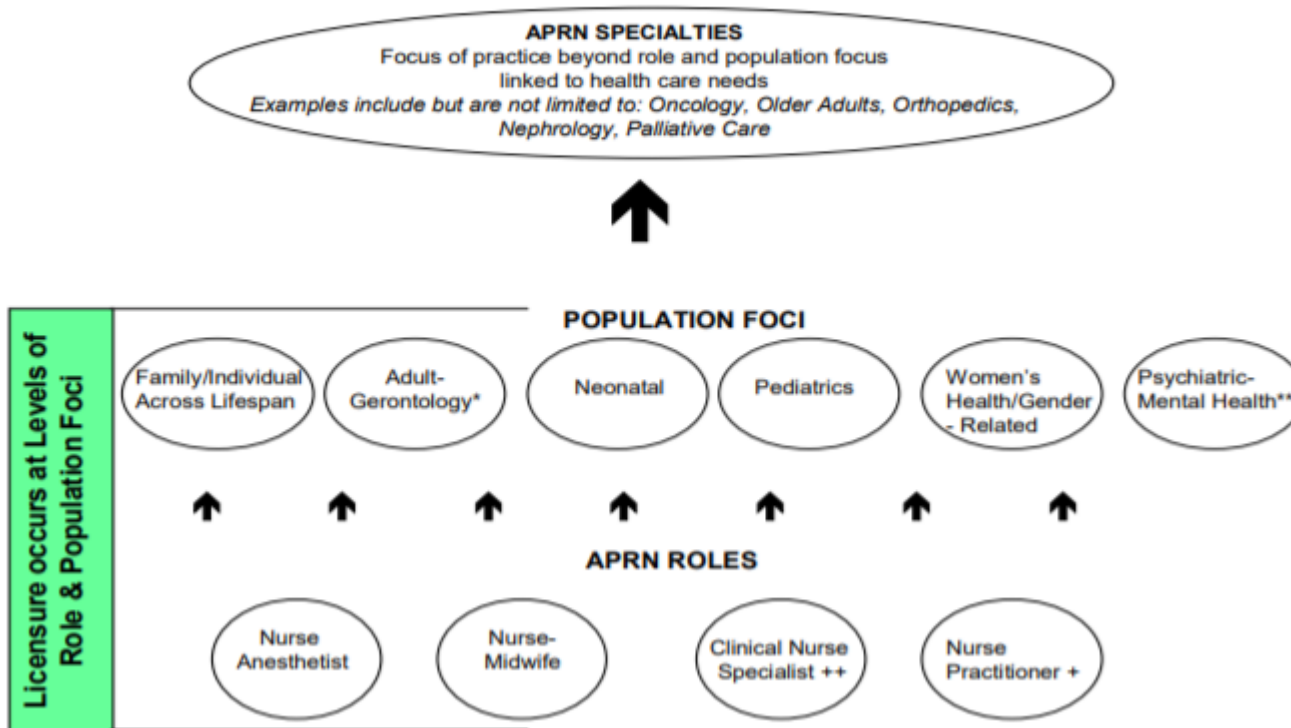
Product



Prepare for the NCLEX in a Simulated
Exam Experience

NCSBN: ATTEMPTING TO STANDARDIZE: LICENSURE, ACCRED., CERTIFICATION, EDUCATION

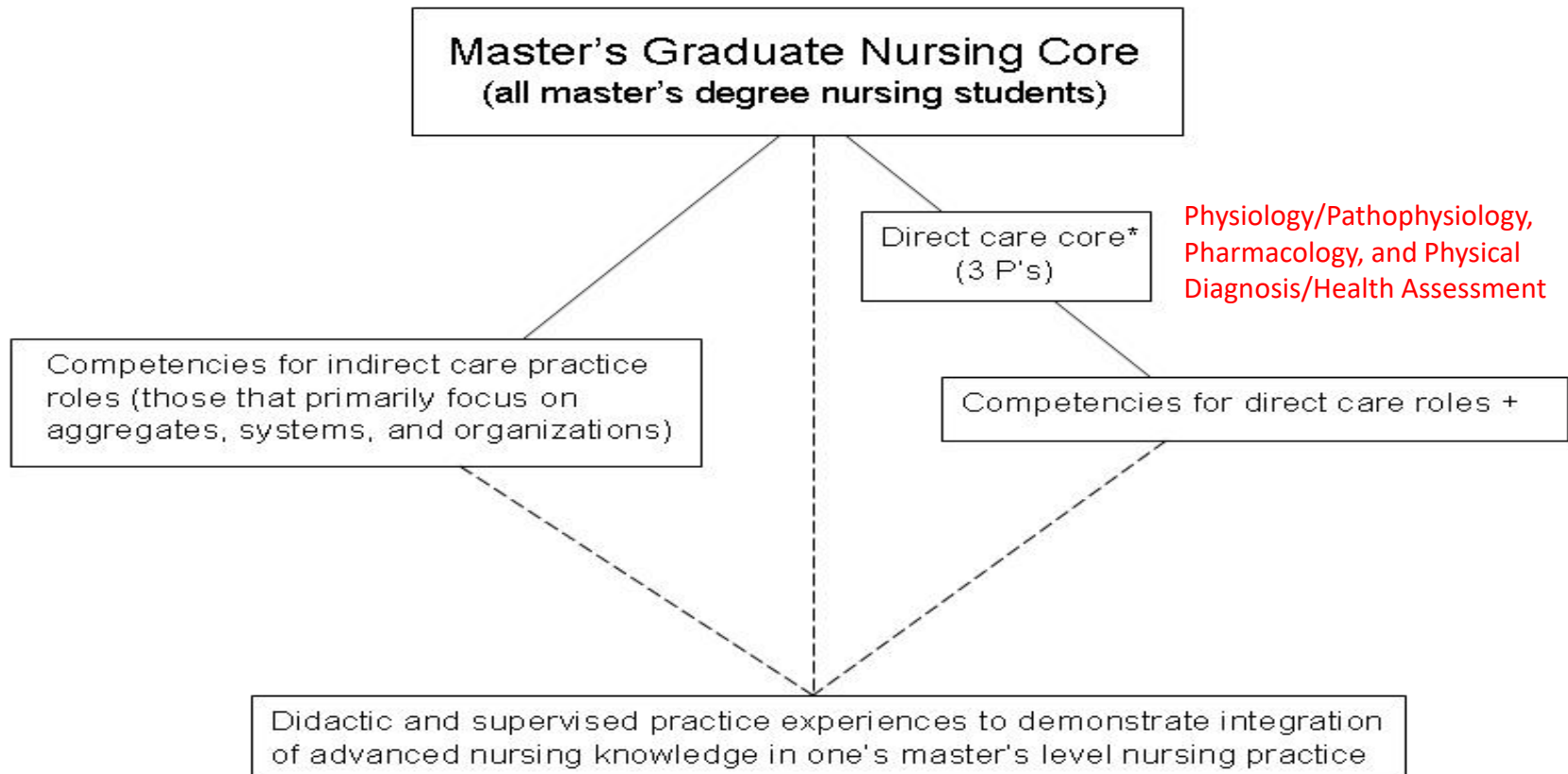
APRN REGULATORY MODEL



LACE

Licensing
Accreditation
Certification
Education

AACN MODEL OF GRADUATE NURSING CURRICULUM



NURSING EDUCATION REGULATION IS AT STATE LEVEL IN US FOR APRNS*



*Except for CRNAs: States Defer to the American Association of Nurse Anesthetists

STATE REGULATION OF APRN EDUCATION:PA

- A. [REGISTERED NURSES ... 21.1](#)
- B. [PRACTICAL NURSES ... 21.141](#)
- C. [CERTIFIED REGISTERED NURSE PRACTITIONERS ... 21.251](#)
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- F. [VOLUNTEER LICENSES ... 21.601](#)
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- H. [CLINICAL NURSE SPECIALISTS... 21.801](#)

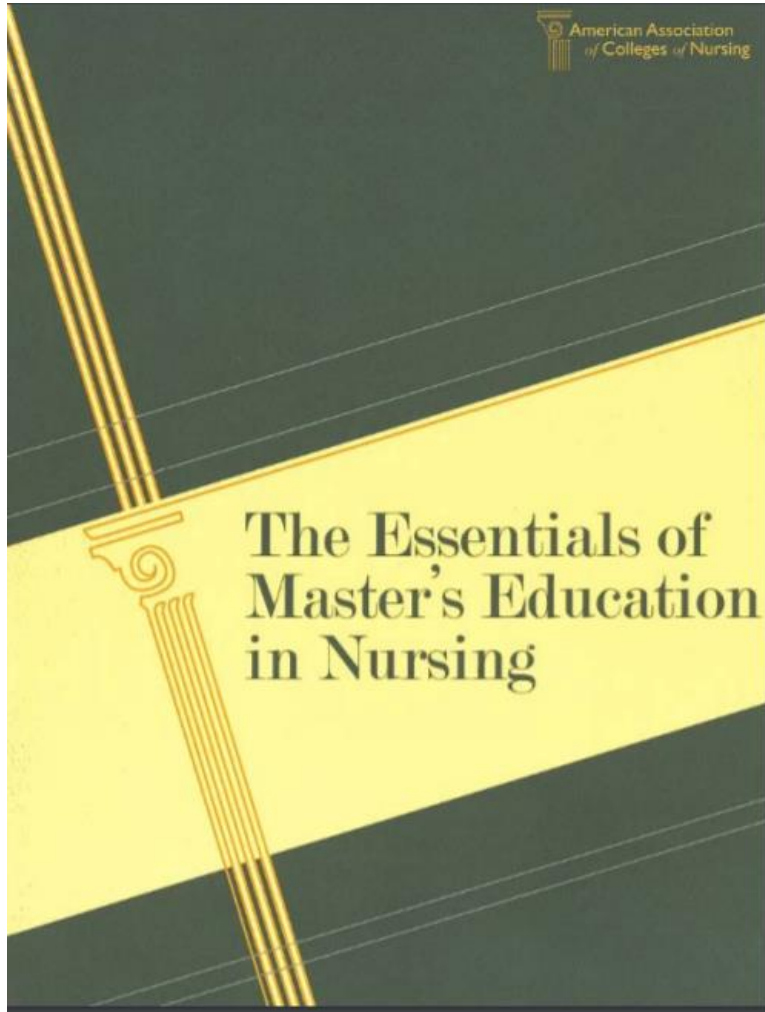


- 21.361. [General criteria for approval of programs.](#)
- 21.362. [Annual reports and compliance reviews; list of approved programs.](#)
- 21.363. [Approval process.](#)
- 21.364. [Removal from approved list; discontinuance of CRNP program.](#)
- 21.365. [Establishment.](#)
- 21.366. [Organizational requirements.](#)
- 21.367. [Faculty requirements for CRNP programs.](#)
- 21.368. [Faculty policies.](#)
- 21.369. [General curriculum requirements](#)
- 21.370. [Evaluation.](#)
- 21.371. [Curriculum changes requiring Board approval.](#)
- 21.372. [CRNP program philosophy; purposes and objectives.](#)
- 21.373. [Facility and resource requirements.](#)
- 21.374. [Selection and admission standards.](#)
- 21.375. [Advanced standing.](#)
- 21.376. [Program records.](#)
- 21.377. [Custody of records.](#)



Clinical (Experiences and Sites and Preceptors)	Didactics (Courses, Faculty, Overall Curriculum)	Resources (Training, Environmental, Student/Faculty Support Services,)	Students (Progression, competence, attainment of outcomes)	Graduates/ Employers (Preparation for Practice)
Allows Assessment of Attainment of Standards Set by the Profession, Regulatory Bodies (Accreditors and Professional Boards)				

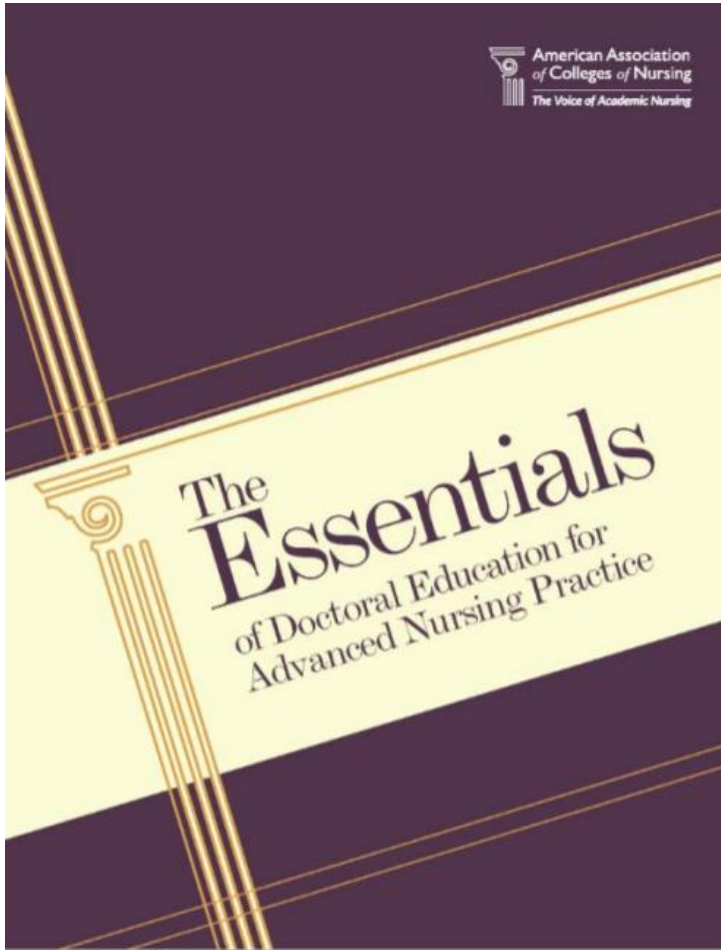
AACN MSN ESSENTIALS



The Essentials of Master's Education in Nursing

- I. Background for Practice from Sciences and Humanities
- II. Organizational and Systems Leadership
- III. Quality Improvement and Safety
- IV. Translating and Integrating Scholarship into Practice
- V. Informatics and Healthcare Technologies
- VI. Health Policy and Advocacy
- VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- VIII. Clinical Prevention and Population Health for Improving Health
- IX. Master's-Level Nursing Practice

AACN DNP ESSENTIALS



The Essentials of Doctoral Education for Advanced Nursing Practice

- I. Scientific Underpinnings for Practice
- II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
- III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
- IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
- V. Health Care Policy for Advocacy in Health Care
- VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- VII. Clinical Prevention and Population Health for Improving the Nation's Health
- VIII. Advanced Nursing Practice

TOOLKITS FOR MSN/DNP CURRICULUM DEVELOPMENT



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- About AACN
- Academic Nursing
- CCNE Accreditation
- Policy & Advocacy
- Membership

You are here: Education Resources / Tool Kits / Master's Essentials Tool Kit

In This Section

- AACN Essentials
- Curriculum Guidelines
- APRN Education
 - APRN Consensus Model
 - APRN Clinical Preceptor Resources Guide
- Tool Kits
- Colleague Organizations

Master's Essentials Tool Kit

The purpose of the *Master's Essentials Tool Kit* is to provide resources and exemplars to assist faculty with the implementation of the Essentials of Master's Education in Nursing (2011). The tool kit provides integrative learning strategies, opportunities for program enhancement, and resources that will assist faculty with the integration of the Master's Essentials throughout the nursing curriculum. This tool kit includes a review of the nine Master's Essentials followed by Integrative Learning Strategies, Opportunities for Program Enhancement, Web Links, AACN Presentations, and References.



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Additional Resources

- About AACN
- Academic Nursing
- CCNE Accreditation
- Policy & Advocacy
- Membership

You are here: Doctor of Nursing Practice / DNP Tool Kit

In This Section

- About The DNP
- Position Statement
- Fact Sheet
- DNP Essentials
- DNP Tool Kit
- Program Directory
- Archived News

Doctor of Nursing Practice (DNP) Tool Kit

[Expectations for DNP Faculty ▾](#)

[Guidelines for the DNP Final Project ▾](#)

Faculty Resources

- [Institute for Healthcare Improvement](#)
- [Helping Students Turn Scholarly Projects and Papers Into Publishable Articles](#)
- [You Want to Publish in the Journal of Professional Nursing: Here Are Some Strategies for Success](#)
- [Writing for Professional Journals](#)

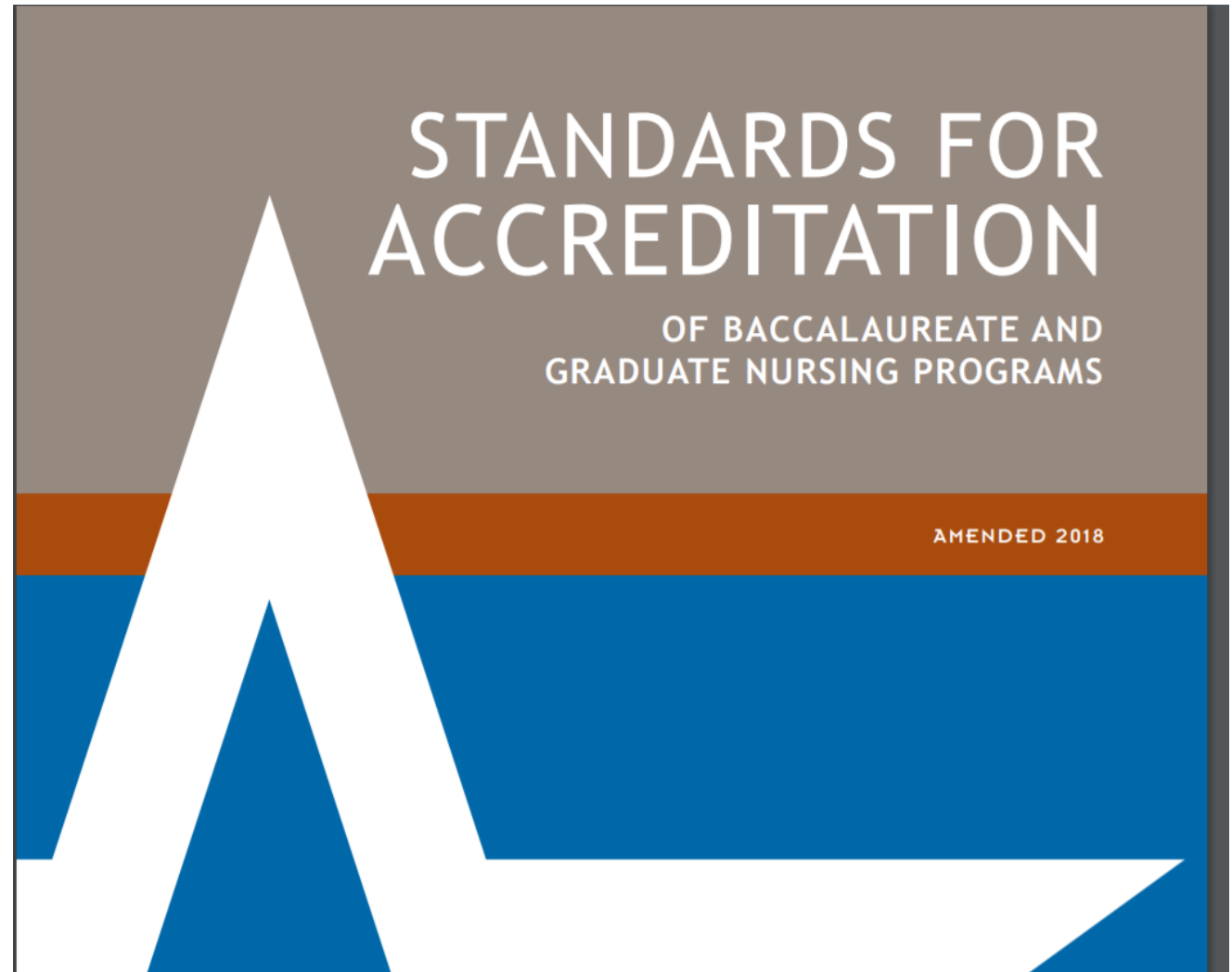
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SCHOOL/COLLEGE LEVEL EVALUATION

AACN COMMISSION ON COLLEGIATE NURSING
EDUCATION (CCNE): STANDARDS

- USDE recognized
- Autonomous
- Public Health
- Quality and Integrity



AACN STANDARDS AND ELEMENTS

STANDARD I

PROGRAM QUALITY: MISSION AND GOVERNANCE

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

KEY ELEMENTS

- I-A. The mission, goals, and expected program outcomes are:
- congruent with those of the parent institution; and
 - reviewed periodically and revised as appropriate.

PITT SCHOOL OF NURSING EVALUATION PLAN

The University of Pittsburgh School of Nursing EVALUATION PLAN

The School of Nursing, as an integral part of the University of Pittsburgh, subscribes to the University's commitment to teaching, research, and service. Through these major functions, the school strives to have a positive impact on the quality of health care for all people.

The School offers educational programs that anticipate and reflect health care needs locally, nationally and internationally. It prepares graduates to function effectively in multifaceted roles in a variety of settings to promote the health and well-being of people. It strives to instill a spirit of inquiry, encourage academic excellence, and foster life-long learning in all students. The School seeks to enroll highly qualified students representing racial, cultural and geographic diversity and to prepare students for employment in a multicultural society.

KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
I A. The mission, goals and expected program outcomes are congruent with those of the parent institution and consistent with relevant professional nursing standards, and guidelines for the preparation of nursing professionals.	<p>Ensure that accepted professional nursing standards and guidelines are clearly evident to students, potential students and the public.</p> <p>Ensure that the School's mission statement, goals, and expected student outcomes are written and accessible to current and prospective students</p> <p>Ensure that each program's student objectives are congruent with University outcomes and nursing professional standards and guidelines.</p>	<p>100% compliance with:</p> <p>1. The SON website, recruitment material and school postings will list the School of Nursing (SoN) mission and the objectives of each program (BSN, MSN and DNP)</p> <p>2. The mission and program objectives of the SoN are consistent with the University mission and student learning outcomes</p>	<p>DATA SOURCE</p> <p>1. School's website Recruitment materials Building lobby</p> <p>SoN mission and objectives, each program objectives</p> <p>University mission and student learning outcomes</p> <p>2. Council minutes and report to Evaluation Steering committee</p>	<p>1 Evaluation Coordinator</p> <p>2 Evaluation Steering Committee and Councils</p> <p>3. Committee minutes</p>	<p>Evaluation Steering Committee</p> <p>Councils (BSN, MSN, DNP and/or PhD as relevant)</p> <p>Dean's Council</p> <p>Total Faculty Organization (TFO)</p>

PROGRAM-LEVEL EVALUATION: PROFESSIONS

- American Association of Nurse Anesthetists (AANA)
- National Accreditation
- National Certification
- Independent accrediting body + Standards



COUNCIL ON ACCREDITATION (COA) OF NURSE ANESTHESIA EDUCATIONAL PROGRAMS

- Recognized by United States Department of Education
- Accredits programs and single purpose institutions
- Sets standards/policies
 - Standards and Guidelines
 - Policies and procedures
- Sets clinical requirements
- Ensures the quality of the profession

STANDARDS FOR ACCREDITATION OF NURSE ANESTHESIA PROGRAMS

Practice Doctorate



TRIAL STANDARDS

Projected date for implementation
for all standards is January 2015

PITT NURSE ANESTHESIA PROGRAM

SYSTEMATIC EVALUATION PLAN/PROCESS

University of Pittsburgh Nurse Anesthesia Program Systematic Evaluation Plan and Processes

- a. **Formative and summative evaluations of each student that are conducted for the purpose of counseling students and documenting student achievement.
(Standard H.1.1)**

Evaluation of Student Didactic Performance

Evaluation of Student Clinical Performance

- b. **A terminal evaluation is completed to demonstrate student achievement of the Graduate Standards D1-D51.
(Standard H.1.11 referencing Standards D1-D51)**

Patient Safety

The graduate must demonstrate the ability to:

Standard D.1

Be vigilant in the delivery of patient care.

COA Standards

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Standards for Accreditation of Nurse Anesthesia Programs Practice Doctorate


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D. GRADUATE STANDARDS: D1-51

D. GRADUATE STANDARDS

Patient Safety



The graduate must demonstrate the ability to:

- * 1. Be vigilant in the delivery of patient care.
 - * 2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc).
 - * 3. Conduct a comprehensive equipment check.
 - * 4. Protect patients from iatrogenic complications.
- 

SOURCE OF EVIDENCE?

CLINICAL EVALUATION INSTRUMENT

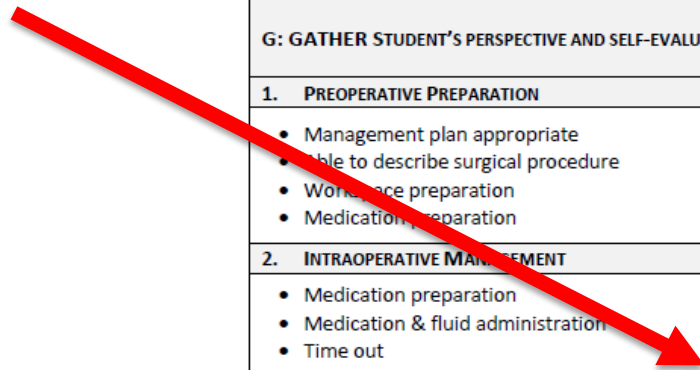
University of Pittsburgh Nurse Anesthesia Program Clinical Debriefing Tool NURSAN 3797 Advanced Clinical Care-1 (Clinical Term 3/7)

Student	Case 1	Case 5
Preceptor	Case 2	Case 6
Date	Case 3	Case 7
Site	Case 4	Case 8

COURSE DESCRIPTION: This third clinical course is designed to begin integrating more advanced clinical concepts into the clinical experience. Primary focus will be on application of the principles of advanced physiology, pathophysiology and applied pharmacology to management of increasingly advanced clinical cases. Students will be assigned to affiliated clinical sites and anesthesia related specialty areas. Clinical experiences will be guided by Certified Registered Nurse Anesthetists and Anesthesiologists. Supplemental clinical case conferences will focus on the students' ability to integrate more advanced didactic content into patient specific clinical anesthesia care. Particular emphasis will be placed on discussion of approaches to pain management, regional anesthesia, obstetrics and pediatrics.

Vigilance and Patient Safety Skills

G: GATHER STUDENT'S PERSPECTIVE AND SELF-EVALUATION (SRNA COMPLETES THIS SECTION)		Rating Scale: 1-7 1= needs constant direction 7= no prompting required							
1. PREOPERATIVE PREPARATION									
<ul style="list-style-type: none"> • Management plan appropriate • Able to describe surgical procedure • Work space preparation • Medication preparation 	<ul style="list-style-type: none"> • Interview and preparation focused on current patient pathophysiology • Consent verification • Anticipate equipment and monitoring needs 	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> </table>	1	2	3	4	5	6	7
1	2	3	4	5	6	7			
2. INTRAOPERATIVE MANAGEMENT									
<ul style="list-style-type: none"> • Medication preparation • Medication & fluid administration • Time out • Induction 	<ul style="list-style-type: none"> • Maintenance • Emergence • Vigilance • Patient Safety Skills 	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> </table>	1	2	3	4	5	6	7
1	2	3	4	5	6	7			
3. POSTOPERATIVE MANAGEMENT									
<ul style="list-style-type: none"> • Transport to PACU or ICU • Handoff report • Verification of stability • Participate in postoperative care where appropriate 		<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> </tr> </table>	1	2	3	4	5	6	7
1	2	3	4	5	6	7			



CLINICAL EVALUATION: PERFORMANCE AND CASE EXPERIENCES

- Are student clinical experiences quantitatively AND qualitatively meeting the AANA COA requirements (and Program Requirements)?
 - Source of evidence: Typhon record keeping system
 - Frequency of evaluation:
 - Evaluation coordinator sends a report to all faculty advisors every month (means and SDs)
 - Case entry within 48 hours
 - Advising meeting every term

AANA COA 2015 DOCTORAL STANDARDS

CLINICAL REQUIREMENT INCREASED

- Cases: 550 to **600**
 - Peds: 30 to **40**
 - Pain management cases: 0 to **15**
 - Vascular: 10 to **20**
- Clinical hours: 0 to **2000**
- Neuro- 5 (3 open)
- General Anesthesia: 350 to **400**
- Supraglottic Airways: 25 to **35**
- Intubation: 200 to **250**
- Emergence : 200 to **300**
- Regional Anesthesia: 25 to **35**
 - PNBs 1 to **10**
- CVC Insertion: 5 to **10**

2000 HOURS/700 CASES....

The minimum number of clinical hours is 2,000 (*See Glossary, "Clinical hours"*).

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
----------------------	------------------------	---------------------------

Patient Physical Status


Class I		
Class II		
Classes III-VI (total of a, b, c, & d)	200	300
a. Class III	50	100
b. Class IV	10	100
c. Class V	0	5
d. Class VI		
Total cases	600	700

Special Cases

Geriatric 65+ years	100	200
---------------------	-----	-----

INDIVIDUAL STUDENT TYPHON DATA


NAST Student Tracking System - Administration Section
CASE LOG TOTALS - REQUIREMENTS
 University of Pittsburgh Nurse Anesthesia Program (Acct #7008) [Log Out](#)


NAST Student Tracking System - Administration Section
CASE LOG TOTALS - REQUIREMENTS
 University of Pittsburgh Nurse Anesthesia Program (Acct #7008) in. [Log Out](#)

CASE LOG TOTALS - REQUIREMENTS

A **RED** number in the "Student Totals" column means they have not met the minimum required cases for that category. A **GREEN** number means they have met the minimum required. A **BLUE** number means they have met or exceeded the preferred number of cases.

REPORT FOR: STUDENT X



CASE DATA AS OF: 7/18/2019

Report generated 7/19/2019 9:31:21 AM ET



Enrolled after 1/1/15

EXPERIENCES	TOTALS	Min. Required	Preferred
Total Anesthesia Cases (complete cases only)	703	600	700
Total Hours of Anesthesia Time (from case logs)	1356.7	0	0
Total Clinical Hours (from time log shift hours)	2036.6	2000	2000

PATIENT PHYSICAL STATUS (complete cases only)

Class I	29	0	0
Class II	323	0	0
Classes III - VI	351	200	300
Class III	289	50	100
Class IV	62	10	100
Class V	0	0	5
Class VI	0	0	0

SPECIAL CASES

Geriatric 65+ years	146	100	200
Pediatric			
Pediatric 2 to 12 years	76	30	75
Pediatric (less than 2 years)	13	10	25
Neonate (less than 4 weeks)	1	0	5
Trauma/emergency (E)	35	30	50
Obstetrical management	124	30	40
Cesarean delivery	24	10	15
Analgesia for labor	100	10	15
Pain management encounters	110	15	50

CASE LOG TOTALS - REQUIREMENTS

A **RED** number in the "Student Totals" column means they have not met the minimum required cases for that category. A **GREEN** number means they have met the minimum required. A **BLUE** number means they have met or exceeded the preferred number of cases.

REPORT FOR:



CASE DATA AS OF: 7/19/2019

Report generated 7/22/2019 7:21:09 AM ET



Enrolled after 1/1/15

EXPERIENCES	TOTALS	Min. Required	Preferred
Total Anesthesia Cases (complete cases only)	250	600	700
Total Hours of Anesthesia Time (from case logs)	521.3	0	0
Total Clinical Hours (from time log shift hours)	818.3	2000	2000

PATIENT PHYSICAL STATUS

Class I	14	0	0
Class II	71	0	0
Classes III - VI	165	200	300
Class III	149	50	100
Class IV	15	10	100
Class V	1	0	5
Class VI	0	0	0

SPECIAL CASES

Geriatric 65+ years	93	100	200
Pediatric			
Pediatric 2 to 12 years	0	30	75
Pediatric (less than 2 years)	0	10	25
Neonate (less than 4 weeks)	0	0	5
Trauma/emergency (E)	17	30	50
Obstetrical management	0	30	40
Cesarean delivery	0	10	15
Analgesia for labor	0	10	15
Pain management encounters	0	15	50

CLINICAL CASE EVALUATION DATA

TYPHON™ RECORD KEEPING SYSTEM

FILTERS: GRAD. CLASS: 12/2019 --																					
STUDENT	EXPERIENCES					PATIENT PHYSICAL STATUS						SPECIAL CASES									
Name	As Of	Total Anes Cases	Total Hours Anes Time	Total Clinical Hours	Total Conference Hrs	Class I	Class II	Class III-VI	Class III	Class IV	Class V	Class VI	65+	2-12yrs	<2yrs	<4wks	Emerg.	OB Mgmt	Cesarean Deliv.	Ana	
Minimum Required		600	0	2000	45	0	0	200	50	10	0	0	100	30	10	0	30	30	10		
Preferred Number		700	0	2000	45	0	0	300	100	100	5	0	200	75	25	5	50	40	15		
Student 1	7/17/2019	616	1,299.50	2005.4	43.3	33	267	316	280	35	1	0	170	42	7	0	22	90	31		
Student 2	7/17/2019	674	1,266.90	2140.1	54.8	29	332	313	252	60	1	0	172	70	11	2	39	112	35		
Student 3	7/18/2019	703	1,356.70	2036.6	46.5	29	323	351	289	62	0	0	146	76	13	1	35	124	24		
Student 4	7/19/2019	653	1,017.10	1769	64.8	51	310	292	275	17	0	0	133	59	17	2	35	122	29		
Student 5	7/2/2019	558	926.5	1838.5	49.1	52	271	235	200	35	0	0	126	74	19	2	23	92	19		
Student 6	7/17/2019	650	1,146.90	1974.4	74.9	58	319	273	228	44	0	1	171	61	27	2	46	88	37		
Student 7	7/16/2019	619	1,128.90	1708.5	40.9	38	320	261	231	30	0	0	146	59	24	4	40	122	32		
Student 8	7/16/2019	678	1,189.20	2184.8	76	66	311	301	249	52	0	0	146	79	31	0	35	94	32		
Student 9	7/18/2019	687	1,463.80	2215.7	57.6	31	297	359	303	54	1	1	197	56	22	2	50	74	27		
Student 10	7/17/2019	625	1,011.30	1827.9	33.5	37	247	341	254	87	0	0	164	48	14	1	50	112	25		
Student 11	7/17/2019	614	1,220.90	1917.1	51	46	294	274	239	35	0	0	185	33	12	0	28	88	22		
Student 19	7/17/2019	643	1,280.30	1952.2	53.3	38	342	263	207	55	1	0	153	66	11	2	41	131	40		
Student 20	7/16/2019	620	1,151.10	1938.5	93	60	215	344	283	59	1	1	152	93	16	0	23	1	0		
Student 21	7/17/2019	654	1,172.70	2095.6	67.1	48	342	264	213	51	0	0	134	72	18	0	44	135	43		
Student 22	7/16/2019	529	987.7	1725.8	29.8	74	191	257	205	49	2	1	156	47	13	2	47	20	6		
Student 23	7/17/2019	677	1,335.00	1873.4	54.5	105	289	283	234	46	2	1	134	104	29	0	54	117	37		
Student 24	7/15/2019	715	1,357.90	2139	80.5	51	310	354	280	72	2	0	224	68	25	2	37	109	25		
Student 25	7/17/2019	638	1,303.50	1950.8	46.8	72	254	312	246	66	0	0	199	94	30	2	36	63	20		
Student 26	7/16/2019	705	1,396.10	2119.2	39.4	56	305	344	289	55	0	0	219	58	13	0	35	101	35		
Student 27	7/10/2019	623	1,263.30	1997.5	69.6	61	274	288	246	41	1	0	127	103	24	3	44	83	33		
Student 28	7/10/2019	676	1,291.50	1877.4	86	96	294	286	244	42	0	0	174	96	45	2	36	84	33		
Mean		644	1201	1958	56	54	295	296	248	47	1	0	163	71	20	1	37	91	28		
SD		51	148	149	18	20	37	39	32	15	1	0	30	18	9	1	10	31	11		

ADVISOR MEETINGS: VERIFY PROGRESS

- Didactic: GPA and course progress
- Clinical: Cases and quality of care
- Self-evaluation: All
- Board preparation plan
- Adherence to Standard D-1-51
- Scholarly Projects

Nurse Anesthesia Program Student Conference		
Student Name	Student X	
Date	July 2, 2019	Time 1600
Faculty Attending	<input type="checkbox"/> Laura Palmer <input type="checkbox"/> Suzanne Morrison	
<input checked="" type="checkbox"/> John O'Donnell	<input type="checkbox"/> Michael Neft	
<input type="checkbox"/> Joseph Goode	<input type="checkbox"/> Bettina Dixon	
<input type="checkbox"/> Richard Henker	<input type="checkbox"/> Aaron Ostrowski	
	<input type="checkbox"/> Judy Mermigas	
Reason for Meeting	<input checked="" type="checkbox"/> Academic	
	<input type="checkbox"/> Clinical Incident	
	<input type="checkbox"/> Clinical Problem	
	<input type="checkbox"/> Health Issue	
	<input type="checkbox"/> Personal	
	<input type="checkbox"/> Other	
Discussion:		
Went over didactics, clinical and self eval Went over project concert requirements Case numbers 619 (610 +/- 49) and hours 1908 (1861 +/- 138) GPA 3.77 (75cr) Discussed- SEE, Comp, NCE preparation plan Reviewed D1-51 standards Discussed scholarly project progress		

NATIONAL CERTIFICATION EXAM

- National Board on Certification & Recertification of Nurse Anesthetists (NBCRNA)
- National pass rate 2017 = 83% (5 years ~86%)

Table 1. Pass/Fail Summary for NCE Candidates, FY 2017

First-Time Candidates		Frequency	Percent	5-year Trend %
	Pass	2,035	82.6%	85.6%
	Fail	429	17.4%	14.4%
	Total	2,464	100.0%	100.0%
Repeat Candidates		Frequency	Percent	5-year Trend %
	Pass	394	61.0%	62.5%
	Fail	252	39.0%	37.5%
	Total	646	100.0%	100.0%

PITT NCE PERFORMANCE- LAST 8 YRS

American Association of Nurse Anesthetists

National Board on Certification & Recertification of
Nurse Anesthetists (NBCRNA)

Year	# Pitt Graduates Passing 1st Attempt	Total # Pitt Graduates	Pitt 1st time pass	Pitt Overall Pass Rate	National 1st Time Pass Rate	Diff. Between Pitt 1st Time Rate & National Rate
2010	37	37	100.0%	100%	88.9%	11.1%
2011	42	43	97.7%	100%	89.1%	8.6%
2012	42	45	93.3%	100%	88.5%	4.8%
2013	40	45	88.9%	100%	88.4%	0.5%
2014	35	38	92.1%	100%	87.8%	4.3%
2015	40	45	88.9%	100%	85.0%	3.9%
2016	41	43	95.4%	100%	84.5%	10.8%
2017	41	43	95.4%	100%	83.6%	10.9%
Total	318	339	94.0	100%	86%	plus 8%

TAKEAWAYS: KEY FOCUS POINTS

- Evaluation is key for ensuring standardization and quality
- Many elements to evaluation including accreditation and practice standards
- Standards can be international, national and local
- Evaluation generates the necessary evidence in support of meaningful change





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