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Development and Evaluation of a Long-Term Care Skills Simulation Program

Tina Marie Gerovac
Walden University

Walden University

College of Health Sciences

This is to certify that the doctoral study by

Tina Gerovac

has been found to be complete and satisfactory in all respects,
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Review Committee
Dr. Trinity Ingram-Jones, Committee Chairperson, Nursing Faculty
Dr. Robert McWhirt, Committee Member, Nursing Faculty
Dr. Cheryl McGinnis, University Reviewer, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2019

Abstract

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by

Tina M. Gerovac

MS, Walden University, 2012

BS, University of Phoenix, 2009

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

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Abstract

New graduate nurses often lack clinical skill competency. In a single year, a long-term care facility located in the midwestern region of the United States reported 25 clinical errors, each costing the facility approximately $10,000. Root-cause analysis revealed 85% of those errors were made by nurses in their 1st year of practice. The increase in clinical errors were attributed to insufficient clinical preparation prior to independent practice. A review of the current scholarly literature suggested simulation had demonstrated efficacy in the development and maintenance of clinical nursing skills and answered the practice-focused question: Development of a skills simulation program for incorporation into nursing orientation will likely increase skill competency among new graduate nurses. Benner's novice to expert theory and the John Hopkins nursing evidence-based practice model were used to develop and evaluate an evidence-based curriculum for a clinical skills simulation program. Using a validated tool, the proposed curriculum was evaluated by a panel of five subject matter experts. Synthesis and analysis of that evaluation suggested implementation of the proposed curriculum would increase basic nursing skill competency; therefore, the recommendation was made to incorporate the program into new hire nursing orientation. The curriculum can be used to develop or maintain general or specialty-specific clinical skill sets and implemented in most any type facility requiring the use of clinical nursing skills. Clinical skill competency reduces the number of clinical errors, decreases patient morbidity and mortality, increases the quality of care, and reduces the overall cost of care, thereby promoting positive social change.

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Dedication

I would like to dedicate this project to the biggest four pieces of my heart, my children. When I began my journey as a nurse, you were all so young. Your youth was never a barrier to being the biggest supports anyone could ask for. You have cheered me on every single step of the way. Allison, Erik, Corey, and Emily, I cannot thank you all enough for the life lessons you have taught me. Courage, strength, determination, perseverance…without all these characteristics you demonstrate to me on a daily basis, the completion of this project would not have been possible. Always remember you can do anything you set your mind to. Don't let anyone fill your life with "you can't" and if they do, look back to this dedication. I believe in all of you as much as you have believed in me. With all my love…

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Section 1: Nature of the Project

Introduction

Every year, approximately 140,000 new graduates are licensed as registered nurses (RNs), and this number is expected to increase by 20% annually (American Nurses Association [ANA], 2014). New graduate nurses are providing care to higher acuity patients; therefore, it is essential they enter the workforce clinically competent and confident in their new role (Kirkham, 2018). Unfortunately, many of these nurses gain very limited hands-on clinical experience prior to graduation, placing them at risk for making costly and devastating clinical errors (Chen, Kiersma, Yehle, & Plake, 2015; Raurell-Torreda et al., 2015; Robinson & Dearmon, 2013; Stayt, Merriman, Ricketts, Morton, & Simpson, 2015; Thiesen & Sandau, 2013). These errors cause new graduates to lose confidence in their own ability to provide safe and effective care to their patients very early in their career, which directly impacts retention in the profession (Baldwin, Black, Normand, Bonds, & Townley, 2016; Burrell & Bienstock, 2015; Fergusen, Delaney, & Hardy, 2014).

Employing more than half of the new graduates from the local Associate Degree Nursing (ADN) program, the long-term care (LTC) facility where the Doctor of Nursing Practice (DNP) project will be implemented, has been particularly impacted by the lack of clinical experience among new graduate nurse hires (Facility Administrator, personal communication, April 17, 2017). New graduates have consistently demonstrated higher incidences of clinical errors and poor retention, both of which have been costly to the facility (Facility Administrator, personal communication, April 17, 2017). The increased

incidence of errors and high attrition rates among new graduate nurses have been linked to their limited *hands on* clinical experience during their programs of study (Facility Administrator, personal communication, April 17, 2017).

Use of patient simulation has demonstrated efficacy in developing and retaining basic, clinical nursing skills; therefore, the staff education DNP project consists of an evidence-based, skills simulation program for new graduates hired by the local facility. The main goal of the project was to develop and evaluate a skills simulation program that would facilitate mastery of basic nursing skills routinely performed in the LTC setting. Using a previously validated curriculum assessment tool, a panel of five experts evaluated the developed curriculum for inclusion of evidence-based principles and practices that will ensure further development of the new graduate nurse's basic skills competency through simulation activities (Facility Administrator, personal communication, April 17, 2017). Improving new graduate nursing skill competence will reduce the number of clinical errors, increase nurse retention, improve the quality of care, reduce morbidity and mortality, and decrease organizational cost and the overall cost of care, thereby facilitating positive social change (Harris, Pittiglio, Newton, & Moore, 2014; Robinson & Dearmon, 2013; Stayt et al., 2015; Theisen & Sandau, 2013).

Problem Statement

Local Problem & Relevance

New undergraduate nurses, particularly those with limited access to clinical sites and a limited variety of clinical experiences during their nursing education programs, have struggled with developing clinical competence and critical thinking skills (Donnelly

& Kirk, 2015; Sundler, Pettersson, & Berglund, 2015). In the LTC facility where the DNP project will be implemented, 85% of newly hired nurses are new graduates from a local RN program, most of which gained only limited clinical experience during their program of study (Facility Administrator, personal communication, April 17, 2017). While the program focuses on meeting state-wide objectives, most students gain very little "hands on" patient care experience prior to graduation (Local Nursing Program Director, personal communication April 3, 2017). Because of the limited opportunities to perform basic, routine nursing skills during their programs of study, new undergraduate-prepared nurses are entering the workforce with unrealistic expectations related to their skill mastery level, and competency expectations among hiring officials in local facilities often exceed the level at which the new graduate is able to perform (Chen et al., 2015; Facility Administrator, personal communication, April 17, 2017; Robinson & Dearmon, 2013).

Insufficient clinical exposure limits the ability for the nurse to adequately develop their basic clinical nursing skills to the expert level, thus creating patient safety concerns (Shearer, 2016). Clinical errors have been linked to the lack of repetitive nursing skill performance, and approximately 48,000 to 96,000 preventable deaths are attributed to such errors each year in the United States (Cooper, 2014). The facility where the DNP project will be implemented has felt the impact of insufficient clinical exposure in academia. Costly and dangerous clinical errors in the local facility have been linked, in large part, to new graduate nursing staff (Facility Administrator, personal communication, April 17, 2017; Risk Management, personal communication, April 18,

2017). Over the past year, the facility reported 25 significant medication errors, each costing the organization more than $10,000, and 85% of these errors were made by a nurse with less than 1 year of experience who were hired within 1 month of graduation (Facility Administrator, personal communication, April 17, 2017; Risk Management, personal communication, April 18, 2017). Along with medication errors, errors associated with urinary catheterization, receiving and carrying out verbal physician orders, and managing a patient code occur, on average, 10 times per month and have largely been made by nurses who are in their first year on the job (Facility Administrator, personal communication, April 17, 2017). These errors not only jeopardize the health and safety of patients, they also require the facility to invest time and money in re-educating nursing personnel (Facility Administrator, personal communication, April 17, 2017).

Significance to Nursing Practice

Well supported by the current, scholarly literature as an appropriate intervention for addressing skill development when there are limited opportunities for their performance in the clinical setting, using patient simulation increases new graduate competence in the performance of clinical nursing skills through practice and repetition (Ferguson et al., 2014; Harris et al., 2014; Robinson & Dearmon, 2013; Thiesen & Sandau, 2013). The purpose of the DNP project was to develop a basic skills simulation program that will be incorporated into new hire nursing orientation at the local, LTC facility for all nurses with less than 1 year of clinical experience. Increasing clinical skill competency will improve the quality of nursing care and have a positive impact on the outcomes of patients (Robinson & Dearmon, 2013; Wood, 2016). Promoting and

facilitating positive patient outcomes is what the profession of nursing strives to do, and the project will not only accomplish these goals, but also ensure the provision of a higher quality of patient care (Bienstock, 2015; Hyunsook, Hyunhee, Jiyoung, Eun Sun, & Dong, 2015; Mintz-Binder & Lindley, 2014; Schneidereith, 2015; Wood, 2016). Upon the successful development and evaluation of the staff education project, it can be easily replicated across the country and adapted for all areas of nursing based on the skill set required of the area of nursing specialization (Burrell & Bienstock, 2015; Harris et al., 2014; Theisen & Sandau, 2013).

Purpose

As schools of nursing struggle with securing clinical sites across the country, students have fewer opportunities to develop clinical skills and are graduating with little experience providing hands on nursing care to patients (Chen et al., 2015; Cooper, 2014; Robinson & Dearmon, 2013, Raurell-Torreda et al., 2015, Stayt et al., 2015; Thiesen & Sandau, 2013). This lack of clinical experience leads to serious errors, increased patient morbidity and mortality, and higher costs to the organization (Chen et al., 2015; Raurell-Torreda et al., 2015; Robinson & Dearmon, 2013; Stayt et al., 2015; Thiesen & Sandau, 2013). Clinical errors also have a negative impact on the new graduate's confidence in their ability to provide safe, effective nursing to their patients, leading to a higher attrition rate among those in their first year of practice, which also increases cost to the organizations hiring them (Baldwin, Black, Normand, Bonds, & Townley, 2016; Burrell & Bienstock, 2015; Fergusen et al., 2014). The local facility has certainly felt the impact of limited clinical opportunities and "hands on" patient care in nursing programs of study.

Last year, nurses in their first year of practice were largely responsible for the clinical errors reported in the local facility, leading administrators to seek viable, evidence-based solutions to address this significant clinical practice problem (Facility Administrator, personal communication, April 17, 2017). That search prompted the following guiding clinical question for the DNP project: Will the development of a skills simulation program in the LTC setting increase skill competency among new graduate RNs?

Focused on developing and establishing competency of clinical skills routinely performed in the LTC setting, development and evaluation of an evidence-based simulation program that will be incorporated into new hire orientation in the local LTC facility was the purpose of the DNP project. Simulation facilitates the practice of clinical nursing skills in a safe environment and has demonstrated efficacy in developing and maintaining these skills (Cummings & Connelly, 2016). When used during the orientation period, simulation reinforces previously attained clinical skills and facilitates the development of competence (Kirkham, 2018; Murphy & Janisse, 2017). The simulation program addresses the identified gap in practice through reinforcement and repetition of nursing skills most often used in the LTC setting during new hire orientation, prior to patient care delivery (Ortiz, 2016; Scherer, Foltz-Ramos, Fabry, & Chao, 2019). Specifically, the program addresses the current lack of skill development and competence among new graduate nurses. This will reduce clinical errors, patient morbidity and mortality, organizational costs, and the overall cost of care (Harris et al., 2014; Hyunsook et al., 2015; Robinson & Dearmon, 2013; Stayt et al., 2015; Theisen & Sandau, 2013).

Nature of the Doctoral Project

To support the doctoral project, an extensive review and critical appraisal of the current, scholarly literature was conducted. Using key terms derived from the clinical question, I searched relevant, electronic databases in the Walden University library for current, peer-reviewed, scholarly journal articles, systematic reviews, and evidence-based, clinical practice guidelines. Appropriate databases to support the proposed project included the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Ovid, MEDLINE, ProQuest, Science Direct, and Google Scholar. Position statements on the use of simulation for skills development were retrieved from the ANA, the Nursing Association for Clinical Simulation and Learning (NACSL), the National Council of State Boards of Nursing (NCSBN), and the Society for Simulation in Healthcare (SSH) websites to support the doctoral project. Literature retrieved from the review was alphabetically arranged in an electronic matrix, which included a full citation, year of publication, level of evidence, and a brief summary of the evidence from each source. The American Association of Critical Care Nursing's (AACCN) evidence hierarchy system was used to analyze and critically appraise the evidence to ensure the project is based on the best available evidence.

The literature review demonstrated the positive impact that simulation can have on increasing skill competence. Currently, new graduates hired into the local LTC facility are responsible for a significant number of clinical errors, and inadequate development of clinical nursing skills in the academic setting prior to graduation has been identified as the gap-in-practice largely contributing to that clinical practice problem (Facility

Administrator, personal communication, April 17, 2017, Risk Management, personal communication, April 17, 2017). The skills simulation program will be completed by new graduate nurses during new hire orientation and will facilitate the development of those basic nursing skills using the real-life nature of high-fidelity simulation prior to working on the clinical floor with patients. This will increase clinical competence of these new graduate nurses and bridge the identified gap-in-practice to solve the clinical practice problem (Robinson & Dearmon, 2013; Theisen & Sandau, 2013).

Significance

Multiple stakeholders will benefit from implementation of the DNP project, including the facility, facility staff, and residents and their families. The facility has experienced negative fiscal implications due to the significant cost associated with these errors, including the expense of treating patient complications and staff attrition (Facility Administrator, personal communication, April 17, 2017). Further, under the Affordable Care Act (ACA), facilities are not reimbursed for Provider Preventable Conditions (PPC), which increases cost to the facility (Medicaid, 2018). A skills simulation program will provide new graduate hires with additional instruction and time to develop basic clinical nursing skills, which will increase clinical competence, decrease the number of clinical errors, and reduce costs to the facility (Hommes, 2014; Murphy & Janisse, 2017).

New graduate nurses hired into the LTC facility are also stakeholders in this process. Their limited exposure to clinical experiences during their program of study places them at risk for clinical errors and higher rates of attrition. These clinical errors lead to disciplinary action, which often negatively impacts their perception of their own

clinical abilities and capability of working in their new professional role. Participation in the simulation skills program will increase clinical skills competency and critical thinking skills, leading to fewer clinical errors, a decrease in disciplinary action, enhanced job satisfaction, and improve retention (Burrell & Bienstock, 2015; de Souza Teixeira et al., 2015; Robinson & Dearmon, 2013; Stayt et al., 2015).

LTC residents are also negatively impacted by clinical errors (Ortiz, 2016, Stayt et. al., 2015). Further, when residents experience negative outcomes, it also places an emotional and financial strain on their families (Mira et. al., 2015; Ottosen et. al, 2018. The developed intervention would increase nurse competency and the overall quality of care provided to residents. High-quality nursing care in LTC facilities also increases resident and family satisfaction (Ottesen et. al., 2018).

The simulation program is focused on basic clinical nursing skills frequently utilized in the LTC facility, allowing for ease of replicability and transferability in similar settings (Cason, Atz, & Horton, 2017; Hommes, 2014; Khobrani, Patel, George, McNinch, & Ahmed, 2018; Murphy & Janisse, 2017). A skills simulation program designed for new graduate hires during the orientation period will bring positive social change by increasing the competency of new nurses (Burrell & Bienstock, 2015; Ottosen et. al., 2018; Robinson & Dearmon, 2013; Thiesen & Sandau, 2013). Competent care leads to positive patient outcomes, decreased healthcare costs, and reduction of morbidity and mortality (Burrell & Bienstock, 2015; Ottosen et. al., 2018; Robinson & Dearmon, 2013; Thiesen & Sandau, 2013).

Summary

More than 100,000 new undergraduate nurses enter the workforce annually and it is imperative they are clinically prepared to provide competent patient care (ANA, 2014). New graduate nurse hires are responsible for most of the clinical errors in the local facility (Facility Administrator, personal communication, April 17, 2017; Risk Management, personal communication, April 17, 2017). Facility management has concluded inadequate clinical skill development in the academic setting prior to graduation is the gap-in-practice largely contributing to the clinical practice problem (Facility Administrator, personal communication, April 17, 2017; Risk Management, personal communication, April 17, 2017). The DNP project will increase basic nursing skill competence, knowledge, critical thinking, nurse retention rates, quality of care, and positive outcomes for nurses and patients in the local facility (Robinson & Dearmon, 2013; Theisen & Sandau, 2013).

In Section 2, the local background and context of the identified clinical practice problem will be detailed, as will the models, concepts, and theories that framed the DNP project. Project stakeholders will be identified, and the role of each project team member, including that of the DNP student, will be outlined. Relevance of the project to nursing practice will also be discussed.

Section 2: Background and Context

Introduction

The local facility has experienced an increase in the number of clinical errors, the majority of which have been made by nurses in their first year of practice (Facility Administrator, personal communication, April 17, 2017). Leadership in the facility have concluded that a lack of clinical preparation in the academic setting prior to graduation is the gap-in-practice largely contributing to the clinical practice problem (Facility Administrator, personal communication, April 17, 2017; Risk Management, personal communication, April 17, 2017). The purpose of the DNP project was to develop a skills simulation program to facilitate the development of clinical skill competency among new graduate hires prior to engaging in direct patient care and will answer the following clinical question: Will the development of a skills simulation program for incorporation into nursing orientation increase skill competency among new graduate nurses?

In Section 2, the models, concepts, and theories that aided in framing the DNP project are presented. Financial implications of the project and its relevance to nursing practice will also be discussed. My role as the DNP student, as well as each project team member will also be outlined in this section.

Concepts, Models, and Theories

Using simulated learning experiences to enhance knowledge transfer among allied health professionals is a newer, reliable concept that facilitates the development of clinical skill competency in a controlled environment (Robinson & Dearmon, 2013). Simulation has demonstrated a positive impact on patient outcomes, particularly in areas

where students may have limited access to a variety of clinical experiences and is considered a best practice for teaching and developing clinical nursing skills (Robinson & Dearmon, 2013; Sundler et al., 2014). This concept was used to guide the development of the skills simulation program.

John Hopkins Nursing Evidence-Based Practice Model

I used the John Hopkins nursing evidence-based practice (JHNEBP) model to facilitate the proposed practice change in the local LTC facility. Designed to solve clinical practice problems by rapidly translating the best available evidence into clinical practice, the model facilitates practice change in three simple steps (Dang & Dearholt, 2017). The practice question is formulated, evidence is gathered based on that practice question, and that evidence is then translated into practice (Dang & Dearholt, 2017).

Once a practice problem has been identified in the clinical setting, the first step of the JHNEBP model is to formulate a practice question (Dang & Dearholt, 2017). This process begins with the recruitment of an interprofessional project team and the identification of a team leader to manage the project (Dang & Dearholt, 2017). For the purpose of the DNP project, I led an interprofessional team. Roles and responsibilities are defined for each member of the project team, and regular team meetings are scheduled to allow for collaboration and project planning (Dang & Dearholt, 2017). The team then defines the practice problem by first identifying the gap-in-practice that is causing it (Dang & Dearholt, 2017). To guide the search for evidence-based approaches that will bridge that gap-in-practice to solve the practice problem, the team then formulates a clinical question (Dang & Dearholt, 2017). .

In the second step of the JHNEBP model, the project team gathers evidence to support the proposed project, including statistical data to support the significance of the problem in the local facility and the need for the intervention (Dang & Dearholt, 2017). Key words and Boolean phrases extracted from the clinical question are used to guide the literature search of appropriate databases to support the project (Dang & Dearholt, 2017). Articles retrieved from the literature search are organized by topic in a matrix and include a brief summary of each article. The evidence was synthesized and appraised based on the AACCN's rating system, and the strength of the evidence gathered helped to guide the development of the recommendations for change that will be presented to the project team (Dang & Dearholt, 2017). .

In the third step of the JHNEBP model, the project team translates the evidence gathered during the second step into practice to answer the clinical question developed during the first step (Dang & Dearholt, 2017). The interprofessional team determines the fit, feasibility, and appropriateness of the intervention (Dang & Dearholt, 2017). If the project team determines the intervention is appropriate to address the clinical practice problem and is feasible for the organization, an action plan to move forward with the recommendation is developed (Dang & Dearholt, 2017). Support from facility management and administration is secured to ensure proper resources are made available to implement the action plan. Once the action plan is implemented, project outcomes will be evaluated by the project team, who will formulate recommendations to facility leadership as it relates to program changes, sustainability, or elimination (Dang & Dearholt, 2017). The next steps, including a plan for dissemination, are based on facility

leadership's response to the recommendations offered by the project team (Dang & Dearholt, 2017).

Benner's Novice to Expert Theory

Applying the Dreyfus model of skills acquisition, Benner's (1982) novice to expert theory is based on the premise that time and experience are necessary to develop clinical competence. According to Benner's theory, nurses move through five stages as clinical competency is developed. These five stages are novice, advanced beginner, competent, proficient, and expert (Benner, 1982). The DNP project focused largely on facilitating the movement of new graduate nurses from novice to advanced beginner in order to solve the identified clinical practice problem in the local facility.

Stage one begins in nursing school as novice students are introduced to each new skill (Benner, 1982). According to Benner's (1982) theory, the novice completes tasks in a very black and white manner with no life experiences to provide context. Often, students perform skills without fully understanding why, which leads to inflexibility and frequent errors. Given the lack of diverse clinical experiences and opportunities for hands-on direct patient care during their programs of study, student nurses are left with limited time and exposure to specific skills and often remain a novice as they move past graduation into their first nursing role (Benner, 1982; Local Nursing Program Director, personal communication, April 17, 2017). Upon completion of their programs of study, new graduate nurses are expected to transition from novice to advanced beginner as they enter the workforce in their new profession (Benner, 1982). This transition requires

exposure to clinical situations that allow the new graduate to apply the skills learned in nursing school (Benner, 1982).

The local LTC facility has recently noted an increase in the number of clinical errors, a majority of which have been made by nurses in their first year of practice (Risk Management, personal communication, April 23, 2017). According to Benner's (1982) theory, exposure to clinical situations, knowledge gained through that exposure, and mentorship propel nurses through each stage of clinical competence. Successful movement toward the competency stage is essential to reducing clinical errors and patient safety (Risk Management, personal communication, April 23, 2017). The DNP project aligns with Benner's theory that new graduate nurses require additional time to properly develop their clinical skills to ensure the provision of safe nursing care. Incorporating a skills simulation program led by experienced nurse mentors into the new hire orientation for new graduate nurses reinforces and further develops clinical skills introduced during their programs of study through simulated, real life experiences (Burrell & Bienstock, 2015; Thiesen & Sandau, 2013; Ottosen et. al., 2018; Robinson & Dearmon, 2013).

Relevance to Nursing Practice

As the RN workforce continues to grow by over 140,000 annually, nursing leadership in facilities employing new graduates must ensure these new nurses are prepared to provide clinically competent patient care (ANA, 2014; Kirkham, 2018). According to the current scholarly literature, there is a shortage of available clinical sites for student nurses, resulting in limited experience providing hands-on nursing care to patients and inadequate development of basic nursing skills in the academic setting

(Robinson & Dearmon, 2013, Raurell-Torreda et al., 2015, Stayt et al., 2015; Thiesen & Sandau, 2013). For this reason, new nurses are entering the workforce woefully unprepared to provide clinically competent care to their patients (Chen et al., 2015; Raurell-Torreda et al., 2015; Robinson & Dearmon, 2013; Stayt et al., 2015; Thiesen & Sandau, 2013). This lack of competency leads to costly clinical errors and places the safety and well-being of patients in danger (Benner,1982; Thiesen & Sandau, 2013).

Recently, the local facility has noted an increase in clinical errors, a majority of which were made by nurses in their first year of clinical practice (Facility Administrator, personal communication, April 17, 2017). Nursing leaders in the local facility have concluded that an inadequate development of basic clinical nursing skills in the academic setting prior to graduation is the gap-in-practice largely contributing to the local clinical practice problem (Facility Administrator, personal communication, April 17, 2017; Risk Management, personal communication, April 17, 2017). In the past, the local facility has taken a reactive approach to addressing errors by re-educating staff after an error has occurred (Facility Administrator, personal communication, April 17, 2017). Preventing errors before they occur is imperative to patient safety and financial stability of the facility (Facility Administrator, personal communication, April 17, 2017; Robinson & Dearmon, 2013; Theisen & Sandau, 2013).

The current scholarly literature evidenced several strategies that have been used to bridge the gap-in-practice and solve the identified practice problem in similar settings. Peer mentoring, pairing new nurses with seasoned, experienced nurses in the facility for a designated time period, has been used to develop some competencies among new

graduate nurses as they transition into independent clinical practice (Fisher & Stayner, 2018; Ross, 2018). This approach, however, often fails to build enough competence due to lack of skill repetition during the assigned mentoring period (Fisher & Stayner, 2018; Ross, Bruderle, & Meakim, 2015). Case studies and virtual gaming have been used to provide new graduates with opportunities to work through hypothetical scenarios using critical thinking skills (Carr, 2015; Foronda et. al., 2016; McDonald, Boulton, & Davis, 2018; Verkuyl, Atack, Mastrilli, & Romaniuk, 2016). While these approaches have proven effective in problem solving, neither provide an opportunity to practice newly acquired clinical skills, and these opportunities are essential to skill competency development (Carr, 2015; McDonald et al., 2018; Verkuyl et al., 2016). High fidelity simulation uses technology and case-based scenarios to offer nurses and other healthcare providers with a multitude of opportunities for combining critical thinking skills and hands-on, clinical skill repetition without placing patient safety in jeopardy (Robinson & Dearmon, 2013). For these reasons, it is widely used for clinical skill development and maintenance, rendering it the ideal intervention to bridge the gap-in-practice and solve the identified clinical practice problem in the local facility (Robinson & Dearmon, 2013).

Development of a high-fidelity skills simulation program in the local facility was the focus of the DNP project. The program will facilitate practice and repetition of basic nursing skills, both of which are required to develop clinical competency (Robinson & Dearmon, 2013; Thiesen & Sandau, 2013). Taking a proactive approach to reducing clinical errors by increasing competency in the performance of basic clinical nursing skills prior to moving new graduates into their professional role on the clinical floor will

advance the practice of nursing and lead to better patient outcomes (Robinson & Dearmon, 2013; Thiesen & Sandau, 2013).

Local Background and Context

An increase in the number of clinical errors was recently noted in the local facility (Facility Administrator, personal communication, April 17, 2017; Risk Management, personal communication, April 23, 2017). Largely attributed to subpar skills performance, clinical errors directly impact patient safety, the cost of healthcare, and the financial stability of healthcare organizations (Chen et al., 2015; Cooper, 2014; Raurell-Torreda et al., 2015; Robinson & Dearmon, 2013, Stayt et al., 2015; Thiesen & Sandau, 2013). These errors must be reported to local, state, and federal regulatory agencies, which can adversely impact Medicaid and Medicare reimbursement and place restrictions on new admissions to the facility (Agency for Healthcare and Research Quality, 2018; The Joint Commission, 2018). While clinical errors are costly to the facility, they also directly contradict the stated values and mission of the local facility. The mission of the organization is “to establish a culture that reinforces the values necessary to be the premier health services provider and employer in each of the communities we serve” (Facility Administrator, personal communication, January 7, 2019). Trust and competence are two of the five organizational values, and it is very difficult to place trust in an organization where the representatives lack professional competency to safely execute the duties they were hired to perform (Facility Administrator, personal communication, January 7, 2019). Further, it is impossible to be “the premier health

services provider and employer" in the community when the number of patient errors made by organizational employees continues to rise. .

Most of the clinical errors in the local facility were made by nurses in their first year of clinical practice (Facility Administrator, personal communication, April 17, 2017; Risk Management, personal communication, April 23, 2017). The facility is located within a rural area, 75% of the nursing staff are graduates of the local ADN program (Facility Administrator, personal communication, April 17, 2017, Local Nursing Program Director, personal communication, April 23, 2017). Students enrolled in nursing programs in rural areas often have fewer options and opportunities for clinical experiences during their programs of study, creating barriers to proper development of basic clinical nursing skills (Dowdle-Simmons, 2013 Local Nursing Program Director, personal communication, April 23, 2017). With limited access to diverse clinical experiences, some students may be introduced to a basic nursing skill and never have an opportunity to practice the skill in the clinical setting prior to entering their first professional position, leading to a lack of skill competence and clinical errors that ultimately impact patient safety and the cost of care (Local Nursing Program Director, personal communication, April 23, 2017; Unver, Tastan, & Akbayrak, 2012).

The recent increase in clinical errors among new graduates in the local facility correlates with their lack of clinical exposure and opportunities for the repetitious performance of basic clinical nursing skills in the local ADN program (Chen et al., 2015; Risk Management, personal communication, April 23, 2017). Incorporating a skills simulation program into facility nursing orientation will reintroduce basic clinical nursing

skills acquired during the first term of the nursing education program that may not have been utilized since that time. Using case-based scenarios and high-fidelity simulators, the program would focus on repetition of the basic nursing skills used most often in the LTC facility, facilitating the development of basic nursing skill competence prior to independent practice.

Role of the DNP Student

I am a full-time nurse educator in the local ADN program, and the local LTC facility is one of the few clinical sites available to my students during their nursing education program. Upon graduation, many of our graduates seek initial employment in the facility, and approximately 75% of the nursing staff are graduates of our program (Facility Administrator, personal communication, April 17, 2017). As a faculty member, I have a vested interest in the success of my students. The clinical errors in the local facility have been linked to new graduates, a majority of which are graduates of the program in which I serve as an educator. Clinical errors contribute to a loss of confidence among new graduates, directly impacting their retention in the nursing profession (Baldwin et al., 2016; Burrell & Bienstock, 2015; Fergusen et al., 2014). The increased incidence of clinical errors in the local facility has led to a high attrition rate among new graduates from our program, and these errors have been linked to their limited hands on clinical experience during their time in our program of study (Facility Administrator, personal communication, April 17, 2017).

The ADN program in which I serve as a nurse educator is fortunate to have a state-of-the-art, high-fidelity simulation laboratory. During the program of study, students

have limited time to acquire basic nursing skills in the simulation laboratory, which does not facilitate the repetition required to build competency prior to program completion. A partnership between the local ADN program and LTC facility to address the increased number of clinical errors among new graduates in the facility is appropriate and mutually beneficial for both organizations. Using my expertise as a nurse educator, I worked closely with nursing leaders in the local facility to develop a skills simulation program for incorporation into new hire nursing orientation that will facilitate mastery of basic nursing skills routinely performed in the LTC setting. The curriculum was evaluated by a panel of five experts to ensure the inclusion of evidence-based principles and practices that will facilitate the development of the new graduate's basic skills competency through simulation activities (Robinson & Dearmon, 2013; Theisen & Sandau, 2013).

Role of the Project Team

In addition to myself, the project team was comprised of RNs working in specific roles in the local facility, including the facility administrator, director of nursing, assistant director of nursing, director of staff education, and director of risk management. I worked directly with the project team in a collaborative manner to ensure the curriculum developed for the skills simulation program met the specific needs of the facility, which was determined by the data derived from the root cause analysis performed after each identified clinical error from the past 2 years (Facility Administrator, personal communication, April 17, 2017). Specifically, the director of risk management was able to share those findings with all members of the project team, and together, the team made a decision as to which skills should be included in the simulation program based on the

number of errors for each nursing skill. Policies and procedures related to the performance of those specific nursing skills were also provided to the author by the director of staff education, and the author worked closely with that individual to ensure all modalities of nursing were incorporated into the program. Information sharing was an essential component of the project and was presented in face to face meetings with the project team on a bi-weekly basis. When clarification was required between the regularly scheduled, biweekly meetings, email or phone conference were utilized to ensure issues were addressed in a timely and efficient manner.

Summary

Underdeveloped clinical skills among new graduate nurse hires have directly impacted patient safety and placed the financial stability of the local LTC facility in jeopardy (Facility Administrator, personal communication, April 17, 2017). To bridge this gap in practice, I utilized the JHNEBP change model, along with Benner's novice to expert theory to guide the development of an evidence-based skills simulation curriculum designed for new graduate hires. Development and evaluation of the program's curriculum was the purpose of the DNP project. Once curriculum development was complete, it was evaluated by five subject matter experts to ensure evidence based principles were used in its development and the program's design would likely facilitate the development of basic nursing skill competencies most needed in the local facility.

Section 3: Collection and Analysis of Evidence

Introduction

A local LTC facility has reported an increase in the number of clinical errors, a majority of which have been made by nurses in their first year of practice. Inadequate development of basic nursing skills in the academic setting prior to graduation has been identified as the gap in practice causing the problem in the local facility (Facility Administrator, personal communication, April 17, 2017). A skills simulation program incorporated into new hire nursing orientation will likely facilitate opportunities for the repetitive, hands-on practice of basic clinical nursing skills among new graduates prior to engaging in the provision direct patient care. The DNP project focused on the development of a program to bridge the gap in practice and address the clinical practice problem.

In Section 3of this project proposal, the practice-focused question will be discussed, specifically including its alignment with the purpose of the DNP project. The sources of evidence that were used to address the practice focused question are identified, and an analysis of the evidence to support the project is also explored. Specific methods that were used for data analysis, as well as procedures to critique the proposed intervention will be detailed in this section.

Practice Focused Question

Over the past 3 years, the local LTC facility has noted an increase in the number of clinical errors among nurses hired into the facility during their first year of practice (Risk Management, personal communication, April 17, 2017). Based on post event, root-

cause analyses over the past 2 years, leadership in the local facility have concluded inadequate skill development during the nursing education program is the gap in practice largely contributing to the clinical problem (Facility Administrator, personal communication, April 17, 2017; Risk Management, personal communication, April 17, 2017). This prompted the following practice focused question: Will the development of a skills simulation program in the LTC setting increase skill competency among new graduate RN's?

The purpose of the DNP project was to develop the curriculum for an evidence-based skills simulation program that would be incorporated into nursing orientation at the local LTC facility. To address the practice focused question, the curriculum for an evidence-based skills simulation program was developed and then evaluated by a panel of subject matter experts to determine if the curriculum would likely increase clinical skill competency among new graduate hires in the local facility.

Sources of Evidence

The main goal of the DNP project was to develop the curriculum for a skills simulation program to increase clinical skill competency among new graduate nurses in the local LTC facility. An extensive review and critical appraisal of the current scholarly evidence was undertaken to support the need for the project and ensure that the selected intervention would answer the clinical question and achieve the intended outcomes in the local facility. A panel of five experts used their expertise to complete a previously validated assessment tool to determine if the curriculum reflects evidence based best practices and, if used, would be effective in improving basic nursing skill competency

among new graduates entering the LTC workforce (Robinson & Dearmon, 2013; Theisen & Sandau, 2013). Completed assessment tools were scored, and those scores indicated the likelihood that participation in the skills simulation program would increase clinical skill competency among new graduate nurses in the local LTC facility.

Evidence Generated for the Doctoral Project

The project adheres to the requirements outlined in the Staff Education DNP project manual. DNP projects adhering to the standards and requirements outlined in one of the project manuals qualify for expedited review by the Walden University Institutional Review Board (IRB). To ensure the project adhered to the highest ethical standards and adequate protection of human subjects, I sought expedited IRB review upon full approval of this proposal by the DNP project committee. IRB approval was granted; approval number 07-16-19-0275359.

Once IRB approval was granted, the curriculum for an evidence based, skills simulation program was developed based on post event, root cause analysis data provided by the risk management team in the local LTC facility. Using an assessment tool developed and previously validated by the University of Maryland, the curriculum was evaluated by a panel of five experts to ensure it evidenced the use of current, evidence based best practices and determined that participation in the program would likely increase clinical skill competency among new graduate nurses. A copy of the assessment tool is in Appendix A. To increase user accessibility and simplify the data analysis process, the assessment tool was converted to electronic format for online completion through Google Forms. A copy of the electronic version is in Appendix B.

Users of the curriculum assessment tool were asked to evaluate five major instructional areas including content, audience, readability, utility, and evaluation of the educational activity. Each major instructional area was evaluated based on a list of specific criteria to facilitate rigorous evaluation of the curriculum. Users were asked to evaluate each of the criteria listed under each instructional area on a four-point scale as follows: Effective (4), Good, (3), Fair (2), and (1) Ineffective (University of Maryland Extension, 2013). A response of "N/A" is available on the original assessment tool for any item that may not apply to the material. Because all items listed on the assessment tool are applicable to the curriculum, it was essential that all panelists rated each item listed to facilitate proper evaluation. For this reason, the "N/A" option was not be available on the electronic version of the tool. Reviewers were also to provide quality feedback to justify the given rating and offer suggestions for improvement in a comment area provided beneath each item. Each item listed on the electronic evaluation tool, as well as the comment that follows each item, was coded mandatory in the settings function of the electronic form, thereby eliminating the possibility of incomplete submissions. Each panelist was provided with a link to the evaluation form via email. No identifying information was requested on the form, and the instructions on the form clearly informed participants to avoid entering any identifying information on the form. Following this process, all completed surveys were anonymously submitted by each panelist and received directly by the writer through the Google Forms application as a de-identified, completed survey.

The evaluation panel was comprised of three graduate-prepared RNs with significant curriculum and skill simulation development experience, one RN from risk management in the local LTC facility, and one RN from staff education in the local LTC facility. Alternates with similar qualifications were identified and invited to participate in the review panel should any panelist fail to respond to the email invitation to participate, decline participation, fail to provide written consent for participation, determine he/she can no longer participate after providing consent, or fail to complete the survey within the specified time-frame.

An email was sent to each of the selected panelists requesting their participation on the evaluation panel. In that email, the process for participation and participation expectations, including specific due dates, were detailed. The consent form for anonymous questionnaires provided in the Walden University Manual for Staff Education DNP Projects was also be attached to the invitation email for each participant to review. Potential panelists were asked to respond to the email within 5 business days if they agreed to participate. A copy of the invitation email template that was sent to selected panelists and is in Appendix C of this document.

Each panelist who agreed to participate received an additional email with detailed instructions for completing their review of the proposed curriculum, the link to all curriculum documents, the link to the survey, and instructions to complete the review and survey within 5 business days. Panelists were further instructed to direct all questions to me via email, and they were asked to notify me as soon as possible via email if, at any

time, they no longer wished to participate. A copy of the instructional email template is in Appendix D of this document.

Analysis and Synthesis

Invited panelists anonymously completed the electronic version of the curriculum assessment tool through Google Forms. The Google Forms platform was selected for participant ease of use, as well as the many options available to simplify analysis of the data. To eliminate the possibility of incomplete submissions, each item listed on the electronic evaluation tool, as well as the comment that follows each item, was coded mandatory in the settings function of the electronic form, All items in the electronic assessment tool were keyed as mandatory in the form settings, eliminating the possibility of incomplete submissions.

Once the five panelists completed their evaluation of the proposed curriculum, data was downloaded from Google Forms for detailed analysis. Summary data for the responses provided by the panelists for each item on the curriculum assessment tool was displayed in pie graphs. These pie graphs visually displayed the percentage of panelists who selected each available option provided on the tool for each item they were asked to evaluate. The curriculum will be implemented as currently written if each item listed on the assessment tool is rated four (4) by a simple majority of the panel (Coleman, Byrd-Bredbenner, Baker, & Bowen, 2011; Curriculum Assessment Developer, personal communication, May 6, 2019; University of Maryland Extension, 2013). If three or more panelists score any item listed on the assessment tool less than four (4), the curriculum will not be implemented as written (Curriculum Assessment Developer, personal

communication, May 6, 2019). The comments and feedback provided by each panelist will be utilized to strengthen the area(s) of needed improvement prior to future revisions and re-evaluation of the curriculum.

In accordance with best practices, if any outliers were identified during the data analysis process, the author would have determined if the outlier is influential (Mowbray, Fox-Wasylyshn, & El-Masri, 2019). Influential outliers would have been managed through deletion, substitution, or transformation (Mowbray et al., 2019). For the purpose of the project, influential outliers would have been managed through substitution, and an alternate panelist would have been asked to evaluate the curriculum prior to completing data analysis.

Summary

New graduate RN's are entering the workforce with little to no hands on experience performing basic clinical skills introduced during their nursing education programs (ANA, 2014). This lack of experience has led to an increased number of clinical errors in LTC facilities across the country, directly impacting patient safety (Facility Administrator, personal communication, April 17, 2017; Thiesen & Sandau, 2013). Skill simulation programs have demonstrated efficacy in assisting new graduate and experienced nurses at all levels develop and maintain clinical skill competency (Robinson & Dearmon, 2013; Theisen & Sandau, 2013).

The purpose of the DNP project was to develop a curriculum a for a skills simulation program that will be incorporated into orientation for new graduate nurses hired into the LTC setting which was evaluated subject matter experts. The panel of five

experts utilized a previously validated curriculum assessment tool to evaluate the curriculum to ensure it evidenced the use of current, evidence based best practices and determine if participation in the program would likely increase clinical skill competency among new graduate nurses. In Section 4 of this paper, the findings of that evaluation and the recommendations based on that evaluation will be detailed.

Section 4: Findings and Recommendations

Introduction

Each year, new undergraduate nurses are entering the workforce with limited hands on experience to master basic nursing skills (Donnelly & Kirk, 2015; Sundler et al., 2015). The local LTC facility employing more than 85% of the new nursing graduates in the area noted an increase in clinical errors among the new graduate hires (Risk Management, personal communication, April 23, 2017). Preproject data collected by the facility suggested an inadequate development of clinical nursing skills in the academic setting prior to graduation was the gap in practice largely contributing to the increased incidence clinical errors among new graduate hires (Risk Management, personal communication, April 23, 2017). The purpose of the DNP project was to develop and evaluate an evidence-based curriculum for a skills simulation program to increase basic nursing skill competency and answer the following clinical question: Will the development of a skills simulation program in the LTC setting increase skill competency among new graduate RNs?

To support the need for the doctoral project, an extensive review of the current, scholarly literature was conducted and the AACCN hierarchy system was used to critically appraise the evidence. I identified simulation as an appropriate basis for intervention and had proven successful in developing basic, clinical nursing skills. De-identified data from the local LTC facility was reviewed to determine the clinical skills that were associated with the highest incidence of error. Those skills were incorporated into the simulation program curriculum. the completed curriculum was anonymously

evaluated by a panel of five experts using a previously validated curriculum assessment tool. Each item on the assessment tool was required to be rated a score of four by a simple majority of the evaluators if the curriculum is to be effective in increasing basic clinical skill competency (Curriculum Assessment Developer, personal communication, May 6, 2019; University of Maryland Extension, 2013).

Findings and Implications

The purpose of the DNP project was to develop a curriculum for a skills simulation program that would effectively increase basic clinical skill competency among nursing staff in the LTC setting. Using a previously validated curriculum assessment tool developed by the University of Maryland Extension, a panel of experts evaluated the proposed curriculum. To effectively increase nursing skill competency, most panelists were required to rate each of the five content areas at the highest score of four (Curriculum Assessment Developer, personal communication, May 6, 2019; University of Maryland Extension, 2013). A summary of the findings presented in bar graph format is in Appendix E.

Section 1 of the curriculum assessment tool, *Content*, is divided into four subsections, and two of the four were rated a score four by all evaluators. The remaining two subsections were rated a score of four by the majority; however, one evaluator rated the *Grounded in Theory* and *Grounded in Research* subsections a score of three. Section 2, *Audience*, had similar results. Three of the five subsections were rated a four by all evaluators. One evaluator scored the *Diversity is Reflected* and *Diversity is Respected* subsections a score of three. The *Readability* section was scored the highest, and all four

subsections were rated at a perfect score of four by all evaluators. Seven of the nine subsections under *Utility* were rated a score of four by all evaluators. One panel member rated the *Easy to Understand* and *Logic Model Included* subsections a score of three. In the final section, *Evaluation,* two of the four subsections were rated a four by each evaluator. The *Evaluation Method Linked to Learning Objectives* and *Pre-test/Post-test Methods* subsections were scored a three by one evaluator.

Based on these findings, implementation of the proposed curriculum would increase basic nursing skill competency in the LTC setting (Curriculum Assessment Developer, personal communication, May 6, 2019; University of Maryland Extension, 2013). Use of simulation has increased skill competency in other clinical nursing specialties, including obstetrics, acute-care, and public health (Morse, Fey, Kardong-Edgren, Mullen, Barlow, & Barwick, 2019). Increasing skill competency through simulation in LTC facilities and other areas of nursing will reduce the number of clinical errors, decrease morbidity and mortality, reduce the cost to the facility and the overall cost of care, and improve patient outcomes, thereby promoting positive social change (Chen et al., 2015; Robinson & Dearmon, 2013; Theisen & Sandau, 2013).

Recommendations

Inadequate skill development had been linked to an increase in clinical errors among new graduate nurses in the local LTC facility (Risk Management, personal communication, April 23, 2017). At the time of graduation, nurses have limited clinical exposure and an insufficient amount of time to practice newly acquired basic nursing skills prior to engaging in patient care on the clinical floor (Risk Management, personal

communication, April 23, 2017). A curriculum for an evidence-based skills simulation program was developed and evaluated to examine its potential efficacy in addressing this gap in practice. Project findings suggest participation would effectively increase nursing clinical skill competency, thereby bridging the gap in practice to solve the identified clinical practice problem.

Simulation provides real life experiences for the participant and facilitates the development of critical thinking skills (Morse et al., 2019). The current literature strongly supports its use in the development and maintenance of new clinical skills in nursing and healthcare (see Hommes, 2014; Morse et al., 2019). Use of simulation increases skill level competency and is utilized by schools of nursing and healthcare facilities across the country for that purpose (Morse et al., 2019). Simulated experiences have been successfully incorporated by various types of healthcare facilities into new hire orientation programs for nurses and other healthcare providers to facilitate the validation of clinical skill competency prior to the provision of direct patient care (Hommes, 2014; Kirkham, 2018; Morse et al., 2019; Sundler et al., 2015; Unver et al., 2012). Use of simulation on an annual basis in healthcare facilities has also demonstrated success in facilitating clinical skill maintenance (Hegland, Aarlie, Stromme, & Jamtvedt, 2017). Based on this information, coupled with DNP project findings, the project team made the recommendation to facility leadership to incorporate the simulation program into new hire nursing orientation, with mandatory participation of all nurses in the facility on an annual basis, beginning in January 2020.

Contribution of the Doctoral Team

The purpose of the DNP project was to develop an evidence-based skills simulation program to facilitate the development of competency in the performance of clinical nursing skills frequently performed in the LTC setting. Working with the project team was important to the planning, development, and evaluation of the skills simulation program. Members of the administrative, nursing education, and risk management teams from the LTC facility were members of the project team, as were local simulation experts and representatives from the local school of nursing. Initially, the project team provided the local data to support the need for the project. Once all required project approvals were secured, the team provided information critical to the development of the evidence-based curriculum that included specific skill sets required to address the specific clinical problem identified in the LTC facility.

I presented project findings and proposed recommendations to the project team 1 week after the panel of experts completed their review of the proposed curriculum. Based on the data provided, the project team agreed to my recommendations to incorporate the skills simulation program into new hire nursing orientation, with mandatory participation of all nursing staff on an annual basis. My recommendation to implement the program beginning in January 2020 was also accepted by the project team, as it allows time to ensure sufficient staffing and planning, and it also coincides with the December 2019 graduates newly employed by the facility.

Strengths and Limitations of the Project

The strong, evidence-based foundation upon which the DNP project was built was its greatest strength (Kirkha, 2018; Murphy & Janisse, 2017). Use of a collaborative, interdisciplinary project team included representatives with extensive clinical and educational backgrounds was also a significant strength, as it provided a well-rounded viewpoint for development of the curriculum, synthesizing the results of its evaluation, and formulating recommendations for the administrative team in the local facility (Eriksen & Heimestol, 2017). All members of the diversified project team provided valuable feedback and engaged in supportive communication, which also strengthened of the DNP project (Eriksen & Heimestol, 2017). Use of simulation as an intervention was also a strength of the project, as it facilitates the practice of clinical nursing skills in a safe and controlled environment, while increasing skill competency (Robinson & Dearmon, 2013; Theisen & Sandau, 2013).

Despite its strengths, the DNP project also had several limitations. Size and composition of the expert panel were major limitations of the project. A larger panel would have facilitated the inclusion of professional feedback and valuable perspectives from additional subject matter experts, thereby strengthening the assessment of the proposed curriculum (Navabi, Ghaffari, Shamsalinia, & Faghani, 2016). Further, the expert panel reviewing the curriculum was comprised of local stakeholders representing the small, local facilities directly impacted by the identified practice problem. Best practice is to select expert panels from a pool of innovative professionals working within the same field from different, yet comparable, facilities to serve on expert panels

(Thomas, Seifert, & Joyner, 2016). Though this is a serious limitation of the DNP project, the subjectability and lack of specificity of the tool utilized to assess the curriculum are as well (Thomas, Seifert, & Joiner, 2016). Most any type of curriculum assessment tool will be highly subjective in nature, but the creation and validation of a tool specifically designed for use in nursing education would add some degree of specificity (Coleman, Byrd-Bredbenner, Baker, & Bowen, 2011).

Section 5: Dissemination Plan

Dissemination Plan

The final decision to implement the project rests solely with the administrative team in the LTC facility. Using a Prezi presentation, I presented the project team's recommendations to the administrative team. The presentation ended with a question and answer session until all questions from the administrative team were sufficiently addressed. The decision has since been made by the administrative team to accept all recommendations as written by the project team, and program implementation will begin in January 2020.

This paper will be submitted to ProQuest for publication. Submission to the Journal of Nursing Education and the Journal of Aging and Long-Term Care would facilitate broad dissemination of project findings and recommendations to the target audience. Lectures and poster presentations detailing project findings at the local, state, regional, and national levels would also be appropriate, as would presentation at local nurse educator collaboration meetings.

Analysis of Self

The local facility is one of the few clinical sites available to students enrolled in the local nursing program. As a nurse educator supervising my students in the local facility, I have witnessed first-hand their struggles ensuring clinical skill competency among new graduate nurses. I used my professional role as a nurse educator in the local school of nursing and the collaborative relationships with the nurses and administrative staff in the LTC facility to develop an evidence-based solution to a serious clinical

problem in the facility. This effort required my clinical expertise as a practitioner and the scholarship developed in the clinical doctoral program. As I reach the end of the doctoral journey, I find myself focused on the use of evidence-based solutions to clinical problems. This journey, however, has not been without challenges. In the beginning, I struggled to find the most appropriate practice change model, and throughout the program, I have often struggled with scholarly writing principles. Using resources made available to me through the Walden Library and Writing Center were extremely helpful in navigating me through the turbulent times. Despite the challenges, I developed skills to identify clinical problems, develop evidence-based solutions, and improve patient outcomes across disciplines and in a variety of clinical settings. With the severe shortage of clinical sites available to my students, it is a challenge to ensure graduates of the program in which I teach are clinically competent to provide safe, effective nursing care after graduation. Nursing is one of the most trusted professions, and the delivery of safe, effective nursing care is essential to maintaining that trust. As a doctoral-prepared nurse educator, I will continue to advocate the provision of high-quality care and seek out collaborative relationships to ensure my students are adequately prepared to provide that care before doing so independently.

Summary

A LTC facility located in the midwestern region of the United States noted a spike in costly clinical errors, most of which had been linked to nurses in their first year of clinical practice. The purpose of the DNP project was to develop and evaluate an evidence-based curriculum for a skills simulation program, with the overall goal of

decreasing the number of clinical errors by improving clinical competency. Evaluation of the proposed curriculum suggested its implementation would increase basic nursing skill competency in the LTC setting; therefore, the recommendation was made to incorporate the program into new hire nursing orientation, with nursing staff repeating the program on an annual basis. The curriculum developed for the purpose of the DNP project is easily replicable and can be used to develop and improve clinical skill competency among nurses working in a wide range of specialties and healthcare settings. Increasing skill competency through simulation in LTC facilities and other areas of nursing will reduce the number of clinical errors, decrease morbidity and mortality, reduce the cost to the facility and the overall cost of care, and improve patient outcomes, thereby promoting positive social change (Chen et al., 2015; Robinson & Dearmon, 2013; Theisen & Sandau, 2013).

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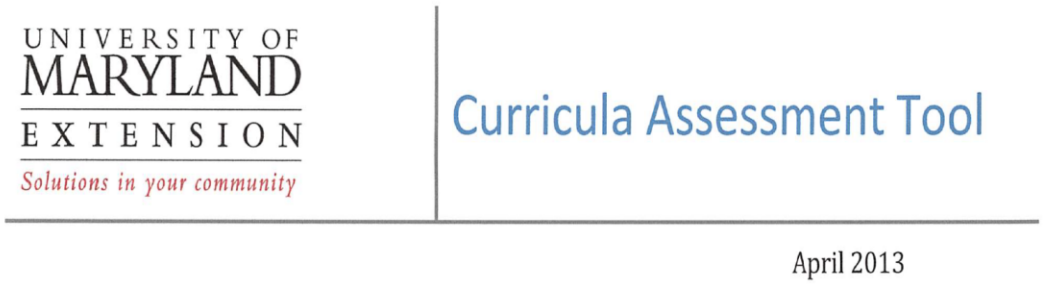
Appendix A: University of Maryland Curricula Assessment Tool



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Reviewed by:				Date:	
	Effective 4 points	**Good 3 points**	**Fair 2 points**	**Ineffective 1 point**	**Comments**
Content					
Theoretical foundation	Effective The curriculum is based on current education and behavioral change theory and research. The theoretical underpinnings of the curriculum are described.	Good All content except one or two pieces is based on current education and behavioral change theory and research. The theoretical underpinnings of the curriculum are mostly described.	Fair More than one or two pieces of the curriculum are not based on current education and behavioral change theory and research. The theoretical underpinnings of the curriculum are not described in detail.	Ineffective The curriculum is not based on current education and behavioral change theory and research. The theoretical underpinnings of the curriculum are not described.	Not enough information, not applicable, etc.
Research-based Content	Effective The content of the curriculum is research-based, accurate, and current.	Good The content of the curriculum is mainly effective - all but one of the key components of effective curriculum (research-based, accurate, and current) are addressed.	Fair The content of the curriculum is missing more than one of the key components of effective curriculum - research-based, accurate, and current.	Ineffective The content is not research-based, accurate, or current.	
Balanced Viewpoint	Effective The curriculum presents a balanced view of the topic, recognizing any aspects that are not yet clearly understood or open to debate.	Good All content except one or two pieces presents a balanced view of the topic, recognizing any aspects that are not yet clearly understood or open to debate.	Fair More than one or two pieces of the curriculum do not present a balanced view of the topic, failing to recognize any aspects that are not yet clearly understood or open to debate.	Ineffective The curriculum presents a one-sided view of the topic, failing to recognize any aspects that are not yet clearly understood or open to debate.	
Learning Objectives	Effective Includes clear, measurable learning and behavioral objectives. Objectives are clearly linked to theoretical underpinnings.	Good All content except one or two pieces is tied to clear, measurable learning and behavioral objectives. Objectives are mostly linked to theoretical underpinnings.	Fair More than one or two pieces of the curriculum are not tied to clear, measurable learning and behavioral objectives. Objectives are poorly linked to theoretical underpinnings.	Ineffective Does not include clear, measurable learning and behavioral objectives.	Page | 2

	Effective	Good	Fair	Ineffective	Comments
Audience					
Target Audience	Effective Identifies the intended audience and is tailored to this audience.	Good All content except one or two components of the curriculum are tailored to the intended audience.	Fair More than one or two components of the curriculum are not tailored to the intended audience.	Ineffective Does not clearly identify the intended audience.	
Audience Input/ Outcomes	Effective Builds on the strengths/assets, needs, and interests of learners. Audience input was used to guide development of materials.	Good All content except one or two pieces of the curriculum build on the strengths/assets, needs and interests of learners OR were guided by audience input.	Fair More than one or two components of the curriculum do not build on the strengths/assets, needs and interests of learners OR were not guided by audience input.	Ineffective Does not build on the strengths/assets, needs, and interests of learners. Audience input was not used to guide development of materials.	
Audience Involvement	Effective Actively engages the audience in the learning process and promotes behavior change.	Good All content except one or two pieces actively engages the audience in the learning process and promotes behavior change.	Fair More than one or two pieces of the curriculum do not actively engage the audience or do not promote behavior change.	Ineffective Does not actively engage the audience in the learning process and does not promote behavior change.	
Reflection of Diversity	Effective Reflects the diversity, including health literacy, of the intended audience. Includes multilingual handouts and educational reinforcements when appropriate.	Good All content except for one or two pieces reflects the diversity, including health literacy, of the intended audience. Includes multilingual handouts and educational reinforcements when appropriate.	Fair More than one or two pieces of content do not reflect the diversity, including health literacy, of the intended audience OR the curriculum does not include multilingual handouts and educational reinforcements when appropriate.	Ineffective Does not reflect the diversity, including health literacy, of the intended audience. Does not include multilingual handouts and educational reinforcements when appropriate.	
Respect for Diversity	Effective Ideas and principles included in the curriculum respect all aspects of diversity including health literacy.	Good All content, except for one or two ideas and principles included in the curriculum, respect all aspects of diversity including health literacy.	Fair More than one or two ideas and principles included in the curriculum do not respect all aspects of diversity including health literacy.	Ineffective Ideas and principles included in the curriculum do NOT respect all aspects of diversity including health literacy.	

	Effective	Good	Fair	Ineffective	Comments
Readability					
Grammar	Effective Reflects standards of written English and correct grammar, spelling, punctuation, and mechanics.	Good One to two grammatical, spelling, punctuation, or mechanical errors.	Fair More than two grammatical, spelling, punctuation, or mechanical errors.	Ineffective Not comprehensible.	
Tone and Reading Level	Effective All health and insurance terminology is clear, correctly used and spelled throughout content. Correct health and insurance abbreviations are used throughout.. The curriculum is written at grade 6 or lower if intended for the general public.	Good Health and insurance terminology is somewhat clear and correctly used and spelled throughout most of content. Spelling mistakes are minor. Correct health and insurance abbreviations are mostly used throughout content. The curriculum is written at grade 6 or lower if intended for the general public.	Fair Health and insurance terminology is frequently used incorrectly or is not clear and has misspellings. Health and insurance abbreviations are incorrect. The curriculum if for the general public is written at a higher level than grade 6.	Ineffective Not comprehensible and the curriculum is written at not written at the grade 6 level if for the general public.	
Organization	Effective Is logically and sequentially organized.	Good All content except one or two pieces displays logical and sequential organization.	Fair More than one or two pieces of the content are not logically and sequentially organized.	Ineffective Is not clearly organized.	
Style of material	Effective Content displays evidence of understanding of principles of health literacy and plain language (format, font, visuals, color, text construction, depth, detail, complexity).	Good All content except one or two pieces displays evidence of understanding of principles of health literacy and plain language (format, font, visuals, color, text construction, depth, detail, complexity).	Fair More than one or two pieces of the content do not display evidence of understanding of principles of health literacy and plain language (format, font, visuals, color, text construction, depth, detail, complexity).	Ineffective Content does not display evidence of understanding of principles of health literacy and plain language (format, font, visuals, color, text construction, depth, detail, complexity).	

	Effective	Good	Fair	Ineffective	Comments
Utility					
Lesson Implementation /Preparation (for educators)	Effective Includes all the materials and information needed for implementing the lesson, acquiring support materials, and preparing for the class (including guidelines for lessons).	Good All information except for one or two pieces needed for implementing the lessons, acquiring support materials, and preparing for the class is included.	Fair More than one or two pieces of information needed for implementing the lessons, acquiring support materials, and preparing for the class are missing.	Ineffective Does not include materials and information needed for implementing the lessons, acquiring support materials, or preparing for the class (including guidelines for lessons).	
References	Effective Includes appropriate credit for all non-original material, references, and additional resources and information.	Good All content, except for one or two pieces of credit for non-original material, references, and additional resources and information, are included.	Fair More than one or two pieces of credit are missing for non-original material, references, and additional resources and information.	Ineffective Does not include credit for non-original material, references, and additional resources and information.	
Instructions	Effective All instructions are easy to understand and follow.	Good All instructions except for one or two components are easy to understand and follow.	Fair More than one or two components of the instructions are not easy to understand and follow.	Ineffective Instructions are hard to understand and follow.	
Validity of program	Effective The curriculum has established strong validity and reliability - has been peer-reviewed, pilot tested and refined.	Good All content except for one or two pieces of information verifying the validity and reliability of the curriculum are present - the user can establish with confidence that the curriculum has been peer-reviewed, pilot tested and refined.	Fair More than one or two pieces of information verifying the validity and reliability of the curriculum are missing - the user cannot establish with confidence that the curriculum has been peer-reviewed, pilot tested or refined.	Ineffective The curriculum has not established strong validity and reliability- has not been peer-reviewed, pilot tested and refined.	

	Effective	Good	Fair	Ineffective	Comments
Activities	Effective Any activities used to reinforce the educational messages are practical to implement.	Good All content except for one component of the activities used to reinforce the educational messages is practical to implement.	Fair More than one component of the activities used to reinforce the educational messages are not practical to implement.	Ineffective Any activities used to reinforce the educational messages are not practical to implement.	
Relevant resources	Effective All relevant resources, such as audiovisuals or websites, are included with the curriculum.	Good All relevant resources, except for one audiovisual or website, are included with the curriculum.	Fair More than one or two relevant resources, such as audiovisuals and websites, are missing from the curriculum.	Ineffective Relevant resources, such as audiovisuals or websites, are not included with the curriculum.	
Source Citation	Effective Source, author, and publication date are clearly and appropriately cited.	Good All content except for one piece of citation material, including source, author, or publication date are clearly and appropriately cited.	Fair More than one piece of citation material, including source, author, or publication date, is missing from the curriculum.	Ineffective Source, author, and publication date are not clearly and appropriately cited.	
Logic Model	Effective Includes a complete logic model or other appropriate programming planning and outcomes model.	Good Includes a logic model and all but one or two key pieces of information regarding the planning, implementation, and desired outcomes of the curriculum is included.	Fair Includes a logic model, but more than one or two key pieces of information regarding the planning, implementation, and desired outcomes of the curriculum is missing.	Ineffective Does not include a logic model or other appropriate programming planning and outcomes model.	
Process of implementation	Effective Describes recommended process for implementing the curriculum.	Good All content except for one or two pieces of information regarding a recommended process for implementing the curriculum are described.	Fair More than one or two pieces of information regarding the process for implementing the curriculum are missing.	Ineffective Does not describe the process for implementing the curriculum.	

	Effective	Good	Fair	Ineffective	Comments
Evaluation					
Audience-tested Instruments	Effective Includes assessment instruments (e.g. checklists, questionnaires, observational instruments) that have been audience- tested.	Good All assessment instruments except for one or two have been audience-tested.	Fair More than one or two assessment instruments have not been audience-tested.	Ineffective Does not include assessment instruments (e.g. checklists, questionnaires, observational instruments) that have been audience-tested.	
Psycho-metrically Sound Instruments	Effective Includes assessment instruments (e.g. checklists, questionnaires, observational instruments) that demonstrate acceptable psychometric properties.	Good All assessment instruments except for one or two demonstrate acceptable psychometric properties.	Fair More than one or two assessment instruments do not demonstrate acceptable psychometric properties.	Ineffective Does not include assessment instruments (e.g. checklists, questionnaires, observational instruments) that demonstrate acceptable psychometric properties.	
Link to Learning Objectives	Effective Evaluation methods and items are clearly linked to learning objectives.	Good All content except for one or two items or methods for evaluation are clearly linked to learning objectives.	Fair More than one or two items or methods for evaluation are not clearly linked to learning objectives.	Ineffective Evaluation methods and items are not linked to learning objectives.	
Evaluation Phases	Effective Assessment instruments include those designed to be administered prior to, during, and after implementing the curriculum so that effectiveness can be established and reported.	Good All evaluation process content, except for one key component, is included - pre-tests, tests during implementation, or post/follow-up tests.	Fair The evaluation is missing more than one of the key components of effective evaluation methods - pre-tests, tests during implementation, or post/follow-up tests.	Ineffective Assessment instruments do not include those designed to be administered prior to, during, or after implementing the curriculum.	

Extension Curricula Assessment Tool - SCORING SHEET

4 points for effective rating
3 points for good rating
2 points for fair rating
1 point for ineffective rating
N/A if the factor does not apply to this material

FACTOR TO BE RATED	SCORE	COMMENTS
1. CONTENT		
a) Program grounded in theory		
b) Content grounded in research		
c) Viewpoint is balanced		
d) Learning objectives included		
2. AUDIENCE		
a) Identifies target audience		
b) Audience input utilized		
c) Audience involved, engaged		
d) Diversity is reflected.		
e) Diversity is respected		
3. READABILITY		
a) Accurate spelling/grammar		
b) Appropriate vocabulary and reading level		
c) Logical organization		
d) Material reflects principles of plain language and literacy		

4. UTILITY		
a) Lesson Implementation and Preparation		
b) Appropriate references		
c) Easy to understand instructions		
d) Strong validity and reliability established		
e) Practical activities		
f) Relevant resources included		
g) Strong citation for program being reviewed		
h) Logic model included		
i) Describes process for implementing curriculum		
5. EVALUATION		
a) Audience-tested instruments		
b) Psychometrically-sound instruments		
c) Evaluation methods linked to learning objectives		
d) Pre-test, post-test methods		
Total score:		

Appendix B: Evaluation Survey in Google Forms

*As adapted from the University of Maryland Extension Curricula Assessment Tool provided in Appendix A.

University of Maryland Extension: Curricula Assessment Tool

INSTRUCTIONS: Please evaluate the long-term care simulation curricula on a four-point scale: 4= Effective; 3= Good; 2 = Fair; 1= Ineffective; N/A = Does not apply to this material. For each rating category, please review the information presented that clearly identifies how to assess the curricula according to the four-point scale. Please utilize the comment section below each item to provide feedback and justification of the score provided. IMPORTANT NOTE: Please do not provide ANY identifying data anywhere on this form. This includes avoiding the use of smaller pieces of information (ie: your title, place of employment, etc.), when considered together, may lead to your identification.

* Required

CONTENT

1. **Grounded in theory** *
Mark only one oval.

( ) 4 Points/Effective: The curriculum is based on current education and behavioral change theory and research. The theoretical underpinnings of the curriculum are described.

( ) 3 Points/Good: All content except one or two pieces is based on current education and behavioral change theory and research. The theoretical underpinnings of the curriculum are mostly described.

( ) 2 Points/Fair: More than one or two pieces of the curriculum are not based on current education and behavioral change theory and research. The theoretical underpinnings of the curriculum are not described in detail.

( ) 1 Point/Ineffective: The curriculum is not based on current education and behavioral change theory and research. The theoretical underpinnings of the curriculum are not described.

2. **Comments:** *

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3. **Content grounded in research** *
Mark only one oval.

( ) 4 Points/Effective: The content of the curriculum is researched-based, accurate, and current.

( ) 3 Points/Good: The content of the curriculum is mainly effective - all but one of the key components of the effective curriculum (research-based, accurate, and current) are addressed.

( ) 2 Points/Fair: The content of the curriculum is missing more than one of the key components of effective curriculum - research-based, accurate, and current.

( ) 1 Point/Ineffective: The content is not research-based, accurate, or current.

4. **Comments: ***

5. **Viewpoint is balanced ***
Mark only one oval.

◯ 4 Points/Effective: The curriculum presents a balanced view of the topic, recognizing any aspects that are not yet clearly understood or open to debate.

◯ 3 Points/Good: All content except one or two pieces presents a balanced view of the topic, recognizing any aspects that are not yet clearly understood or open to debate.

◯ 2 Points/Fair: More than one or two pieces of the curriculum do not present a balanced view of the topic, failing to recognize any aspects that are not yet clearly understood or open to debate.

◯ 1 Point/Ineffective: The curriculum presents a one-sided view of the topic, failing to recognize any aspects that are not yet clearly understood or open to debate.

6. **Comments: ***

7. **Learning objectives included ***
Mark only one oval.

◯ 4 Points/Effective: Includes clear, measurable learning and behavioral objectives. Objectives are clearly linked to theoretical underpinnings.

◯ 3 Points/Good: All content except one or two pieces is tied to clear, measurable learning and behavioral objectives. Objectives are mostly linked to theoretical underpinnings.

◯ 2 Points/Fair: More than one or two pieces of the curriculum are not tied to clear, measurable learning objectives. Objectives are poorly linked to theoretical underpinnings.

◯ 1 Point/Ineffective: Does not include clear, measurable learning and behavioral objectives.

8. **Comment: ***

AUDIENCE

9. **Identifies target audience** *
Mark only one oval.

◯ 4 Points/Effective: Identifies the intended audience and is tailored to this audience.

◯ 3 Points/Good: All content except one or two components of the curriculum are tailored to the intended audience.

◯ 2 Points/Fair: More than one or two components of the curriculum are not tailored to the intended audience.

◯ 1 Point/Ineffective: Does not clearly identify the intended audience.

10. **Comments:** *

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11. **Audience input utilized** *
Mark only one oval.

◯ 4 Points/Effective: Builds on the strengths/assets, needs, and interests of learners. Audience input was used to guide the development of materials.

◯ 3 Points/Good: All content except one or two pieces of the curriculum build on the strengths/assets, needs and interests of learners OR were guided by audience input.

◯ 2 Points/Fair: More than one or two components of the curriculum do not build on the strengths/assets, needs and interests of learners OR were not guided by audience input.

◯ 1 Point/Ineffective: Does not build on the strengths/assets, needs, and interests of learners. Audience input was not used to guide development of materials.

12. **Comments:** *

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13. **Audience involved, engaged ***
Mark only one oval.

◯ 4 Points/Effective: Actively engages the audience in the learning process and promotes behavior change.

◯ 3 Points/Good: All content except one or two pieces actively engages the audience in the learning process and promotes behavior change.

◯ 2 Points/Fair: More than one or two pieces of the curriculum do not actively engage the audience or do not promote behavior change.

◯ 1 Point/Ineffective: Does not actively engage the audience in the learning process and does not promote behavior change.

14. **Comments: ***

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15. **Diversity is reflected ***
Mark only one oval.

◯ 4 Points/Effective: Reflects the diversity, including health literacy, of the intended audience. Includes multilingual handouts and educational reinforcements when appropriate.

◯ 3 Points/Good: All content except for one or two pieces reflects the diversity, including health literacy, of the intended audience. Includes multilingual handouts and educational reinforcements when appropriate.

◯ 2 Points/Fair: More than one or two pieces of content do not reflect the diversity, including health literacy, of the intended audience OR the curriculum does not include multilingual handouts and educational reinforcements when appropriate.

◯ 1 Point/Ineffective: Ideas and principles included in the curriculum do NOT respect all aspects of diversity including health literacy.

16. **Comments: ***

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17. **Diversity is respected** *
Mark only one oval.

- ◯ 4 Points/Effective: Ideas and principles included in the curriculum respect all aspects of diversity including health literacy.
- ◯ 3 Points/Good: All content, except for one or two principles included in the curriculum, respect all aspects of diversity including health literacy.
- ◯ 2 Points/Fair: More than one or two ideas and principles included in the curriculum do not respect all aspects of diversity including health literacy.
- ◯ 1 Point/Ineffective: Ideas and principles included in the curriculum do NOT respect all aspects of diversity including health literacy.

18. **Comment:** *

READABILITY

19. **Accurate spelling/grammar** *
Mark only one oval.

- ◯ 4 Points/Effective: Reflects standards of written English and correct grammar, spelling, punctuation, and mechanics.
- ◯ 3 Points/Good: One or two grammatical, spelling, punctuation, or mechanical errors.
- ◯ 2 Points/Fair: More than two grammatical, spelling, punctuation, or mechanical errors.
- ◯ 1 Point/Ineffective: Not comprehensible.

20. **Comments:** *

21. **Appropriate vocabulary and reading level ***
Mark only one oval.

◯ 4 Points/Effective: All health and insurance terminology is clear, correctly used and spelled throughout content. Correct health and insurance abbreviations are used throughout. The curriculum is written at grade 6 or lower if intended for the general public.

◯ 3 Points/Good: Health and insurance terminology is somewhat clear and correctly used and spelled throughout most of the content. Spelling mistakes are minor. Correct health and insurance abbreviations are mostly used throughout the content. The curriculum is written at grade 6 or lower if intended for the general public.

◯ 2 Points/Fair: Health and insurance terminology is frequently used incorrectly or is not clear and has misspellings. Health and insurance abbreviations are incorrect. The curriculum if for the general public is written at a higher level than grade 6.

◯ 1 Point/Ineffective: Not comprehensible and the curriculum is not written at the grade 6 level if for the general public.

22. **Comments: ***

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23. **Logical organization ***
Mark only one oval.

◯ 4 Points/Effective: Is logically and sequentially organized.

◯ 3 Points/Good: All content except one or two pieces displays logical and sequential organization.

◯ 2 Points/Fair: More than one or two pieces of the content are not logically and sequentially organized.

◯ 1 Point/Ineffective: Is not clearly organized.

24. **Comments: ***

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25. **Material reflects principles of plain language and literacy ***
Mark only one oval.

◯ 4 Points/Effective: Content displays evidence of understanding of principles of health literacy and plain language (format, font, visuals, color, text, construction, depth, detail, complexity).

◯ 3 Points/Good: All content except one or two pieces displays evidence of understanding of principles of health literacy and plain language (format, font, visuals, color, text, construction, depth, detail, complexity).

◯ 2 Points/Fair: More than one or two pieces of the content do not display evidence of understanding of principles of health literacy and plain language (format, font, visuals, color, text, construction, depth, detail, complexity).

◯ 1 Point/Ineffective:

26. **Comments: ***

UTILITY

27. **Lesson implementation and preparation ***
Mark only one oval.

◯ 4 Points/Effective: Includes all the materials and information needed for implementing the lesson, acquiring support materials, and preparing for the class (including guidelines for lessons).

◯ 3 Points/Good: All information except for one or two pieces needed for implementing the lessons, acquiring support materials, and preparing for the class is included.

◯ 2 Points/Fair: More than one or two pieces of information needed for implementing the lessons, acquiring support materials, and preparing for the class are missing.

◯ 1 Point/Ineffective: Does not include materials and information needed for implementing the lessons, acquiring support materials, or preparing for the class (including guidelines for lessons).

28. **Comments: ***

29. **Appropriate references** *
Mark only one oval.

◯ 4 Points/Effective: Includes appropriate credit for all non-original material, references, and additional resources and information.

◯ 3 Points/Good: All content, except for one or two pieces of credit for non-original material, references, and additional resources and information are included.

◯ 2 Points/Fair: More than one or two pieces of credit are missing for non-original material, references, and additional resources and information.

◯ 1 Point/Ineffective: Does not include credit for non-original material, references, and additional resources and information.

30. **Comments:** *

_____

_____

_____

_____

_____

31. **Easy to understand instructions** *
Mark only one oval.

◯ 4 Points/Effective: All instructions are easy to understand and follow.

◯ 3 Points/Good: All instructions except for one or two components are easy to understand and follow.

◯ 2 Points/Fair: More than one or two components of the instructions are not easy to understand and follow.

◯ 1 Point/Ineffective: Instructions are hard to understand and follow.

32. **Comments:** *

_____

_____

_____

_____

_____

33. **Strong validity and reliability established** *
Mark only one oval.

◯ 4 Points/Effective: The curriculum has established validity and reliability-has been peer reviewed, pilot tested and refined.

◯ 3 Points/Good: All content except for one or two pieces of information verifying the validity and reliability of the curriculum are present.-the user can establish with confidence that the curriculum has been peer -reviewed, pilot tested, and refined.

◯ 2 Points/Fair: More than one or two pieces of information verifying the validity and reliability of the curriculum are missing-the user cannot establish with confidence that the curriculum has been peer-reviewed, pilot tested, or refined.

◯ 1 Point/Ineffective: The curriculum has not established strong validity and reliability-has not been peer -reviewed, pilot tested, and refined.

34. **Comments:** *

_____

_____

_____

_____

_____

35. **Practical activities** *
Mark only one oval.

◯ 4 Points/Effective: Any activities used to reinforce the educational messages are practical to implement.

◯ 3 Points/Good: All content except for one component of the activities used to reinforce the educational messages is practical to implement.

◯ 2 Points/Fair: More than one component of the activities used to reinforce the educational messages are not practical to implement.

◯ 1 Point/Ineffective: Any activities used to reinforce the educational messages are not practical to implement.

36. **Comments:** *

_____

_____

_____

_____

_____

37. **Relevant resources included** *
Mark only one oval.

◯ 4 Points/Effective: All relevant resources, such as audiovisuals or websites, are included with the curriculum.

◯ 3 Points/Good: All relevant resources, except for one audiovisual or website, are included with the curriculum.

◯ 2 Points/Fair: More than one or two relevant resources, such as audiovisuals and websites, are missing from the curriculum.

◯ 1 Point/Ineffective: Relevant resources, such as audiovisuals or websites, are not included with the curriculum.

38. **Comments:** *

_____

_____

_____

_____

_____

39. **Strong citation for program being reviewed** *
Mark only one oval.

◯ 4 Points/Effective: Source, author, and publication date are clearly and appropriately cited.

◯ 3 Points/Good: All content except for one piece of citation material, including source, author, or publication date are clearly and appropriately cited.

◯ 2 Points/Fair: More than one piece of citation material, including source, author, or publication date, is missing from the curriculum.

◯ 1 Point/Ineffective: Source, author, and publication date are not clearly and appropriately cited.

40. **Comments:** *

_____

_____

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_____

_____

41. **Logic model included ***
Mark only one oval.

◯ 4 Points/Effective: Includes a complete logic model or other appropriate programming planning and outcomes model.

◯ 3 Points/Good: Includes a logic model and all but one or two key pieces of information regarding the planning, implementation, and desired outcomes of the curriculum is included.

◯ 2 Points/Fair: Includes a logic model, but more than one or two key pieces of information regarding the planning, implementation, and desired outcomes of the curriculum is missing.

◯ 1 Point/Ineffective: Does not include a logic model or other appropriate programming planning and outcomes model.

42. **Comments: ***

43. **Describes process for implementing curriculum ***
Mark only one oval.

◯ 4 Points/Effective: Describes recommended process for implementing the curriculum.

◯ 3 Points/Good: All content except for one or two pieces of information regarding a recommended process for implementing the curriculum are described.

◯ 2 Points/Fair: More than one or two pieces of information regarding the process for implementing the curriculum are missing.

◯ 1 Point/Ineffective: Does not describe the process for implementing the curriculum.

44. **Comment: ***

EVALUATION

45. **Audience-tested instruments** *
Mark only one oval.

◯ 4 Points/Effective: Includes assessment instruments (e.g. checklists, questionaires, observational instruments) that have been audience tested.

◯ 3 Points/Good: All assessment instruments except for one or two have been audience-tested.

◯ 2 Points/Fair: More than one or two assessment instruments have not been audience-tested.

◯ 1 Point/Ineffective: Does not include assessment instruments (e.g. checklists, questionnaires, observational instruments) that have been audience-tested.

46. **Comments:** *

_____

_____

_____

_____

_____

47. **Psychometrically-sound instruments** *
Mark only one oval.

◯ 4 Points/Effective: Includes assessment instruments (e.g. checklists, questionnaires, observational instruments) that demonstrate acceptable psychometric properties.

◯ 3 Points/Good: All assessment instruments except for one or two demonstrate acceptable psychometric properties.

◯ 2 Points/Fair: More than one or two assessment instruments do not demonstrate acceptable psychometric properties.

◯ 1 Point/Ineffective: Does not include assessment instruments (e.g. checklists, questionnaires, observational instruments) that demonstrate acceptable psychometric properties.

48. **Comments:** *

_____

_____

_____

_____

_____

49. **Evaluation methods linked to learning objectives** *
Mark only one oval.

◯ 4 Points/Effective: Evaluation methods and items are clearly linked to learning objectives.

◯ 3 Points/Good: All content except for one or two items or methods for evaluation are clearly linked to learning objectives.

◯ 2 Points/Fair: More than one or two items or methods for evaluation are not clearly linked to learning objectives.

◯ 1 Point/Ineffective: Evaluation methods and items are not linked to learning objectives.

50. **Comments:** *

51. **Pre-test, post-test methods** *
Mark only one oval.

- 4 Points/Effective: Assessment instruments include those designed to be administered prior to, during, and after implementing the curriculum so that effectiveness can be established and reported.
- 3 Points/Good: All evaluation process content, except for one key component, is included-pre-tests, tests during implementation, or post/follow-up tests.
- 2 Points/Fair: The evaluation is missing more than one of the key components of effective evaluation methods, pre-tests, tests during implementation, or post/follow-up tests.
- 1 Point/Ineffective: Assessment instruments do not include those designed to be administered prior to, during, or after implementing the curriculum.

52. **Comment:** *

Appendix C: Email Invite

EMAIL SUBJECT LINE: Invite to Evaluate Long-Term Care Simulation Program Curriculum.

Date: Will be automatically generated by the email system through the Walden student email system.

Dear_____,

My name is Tina Gerovac. I am currently enrolled in the Doctor of Nursing Practice (DNP) program at Walden University. To successfully complete this program, I am required to lead a scholarly, doctoral level, capstone project. Development and evaluation of an evidence-based curriculum for a skills simulation program appropriate for incorporation into nursing orientation in long-term care (LTC) facilities is the focus of my project. The main goal of the proposed program is to reduce the number of clinical errors among new graduate registered nurses working in the LTC setting and will be guided by the clinical question: Will the development of a skills simulation program in the LTC setting increase skill competency among new graduate registered nurses?

Because of your knowledge and professional expertise in _____ (this will be filled in based on the knowledge and professional expertise of each invited panelist), I would like to invite you to participate in evaluating the completed curriculum. If you accept this invitation, all materials for review, including detailed instructions for completing the review, will be provided electronically. You will also be asked to complete the requested, anonymous evaluation electronically. For that reason, you will need access to a laptop or desktop computer and

an internet connection. Review of the proposed curriculum will require an estimated_____ of your time to complete, and the completion of the final evaluation tool will require 15-30 minutes of your time.

The project has been approved by the Walden University Institutional Review Board. To ensure anonymity and protect the identity and confidentiality of all panelists, no identifying information will be provided on any evaluation submission, and I have no way of tracking the identify of any evaluation. Your participation is completely voluntary, and you have the right to withdraw from participation at any time. Attached to this email is the "Consent Form for Anonymous Questionnaires," which provides a detailed explanation of your rights and protections should you choose to participate in this project. Your consent to participate also means you agree to the terms and conditions outlined in the attached document, so please review it carefully prior to making a final decision.

Please respond to this email within five (5) business days with a statement accepting or declining participation in this project. Should you choose to participate, a second email will be sent to you within three (3) business days with detailed instructions for completing your review and evaluation. You will have five (5) business days from the date on that email to complete the review and evaluation process. on how to access the curriculum materials as well as the anonymous evaluation survey. All materials are electronic, so it is advised you have access to the internet when reviewing and evaluating the curriculum. Upon receipt of the second email, I ask that you complete the review and evaluation within five business days.

Should you have any questions regarding this invitation or the expectations outlined herein, please contact me via email or phone. I will provide a response to all emails and voicemail messages within two business days. I appreciate your consideration in helping me to attain my educational goals.

Sincerely,

Tina M. Gerovac

Appendix D: Email Survey Instructions

EMAIL SUBJECT LINE: Instructions to Complete Program Evaluation.

Date: Will be automatically generated by the email system through the Walden student email system.

Dear_____,

Thank you for agreeing to complete the evaluation of the proposed simulation program curriculum! Prior to completing your evaluation, please carefully review of all the curriculum documents. All curriculum documents should be accessed by clicking the following link: https://drive.google.com/open?id=1VzTfkiDIVPE5o5d0kjcOaeQTC-5S7u_5

Your final evaluation of the proposed curriculum is due no later than close of business on _____ (specific date will be inserted here), 2019. Upon completion of your review, please complete the evaluation tool. It is imperative all panelists carefully review the instructions located at the top of the electronic evaluation form prior to beginning the evaluation process. Otherwise, the validity of your responses may be impacted. Though you will submit your final review electronically at the link provided below, I have attached a copy of the evaluation form to this email for your review, so the expectations are clear prior to initiating your official review of the curriculum. Please complete the online evaluation tool only one time. You will not be able to re-enter any previously initiated form, and the form will not allow its final submission until all questions have been answered. If you exit the form prior its completion, your submission will be lost, and you will be required to re-start the

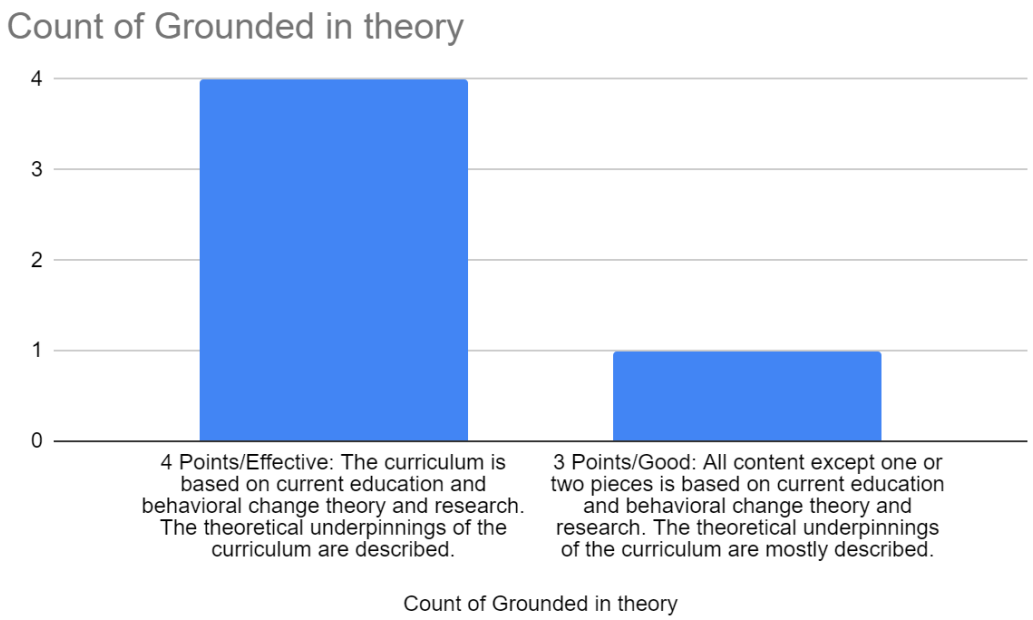
evaluation. For those reasons, please be certain that you will have adequate time to provide a high-quality, complete evaluation of the curriculum prior to initiating your online evaluation. ***As a reminder, please do not provide any type of identifying information or any information that may lead to your identification or that of your organization anywhere in the electronic review form.*** Once you are prepared to do so, please visit the following weblink to complete the electronic evaluation form: https://forms.gle/w3ZnUjEPEJ8iUdyp9.

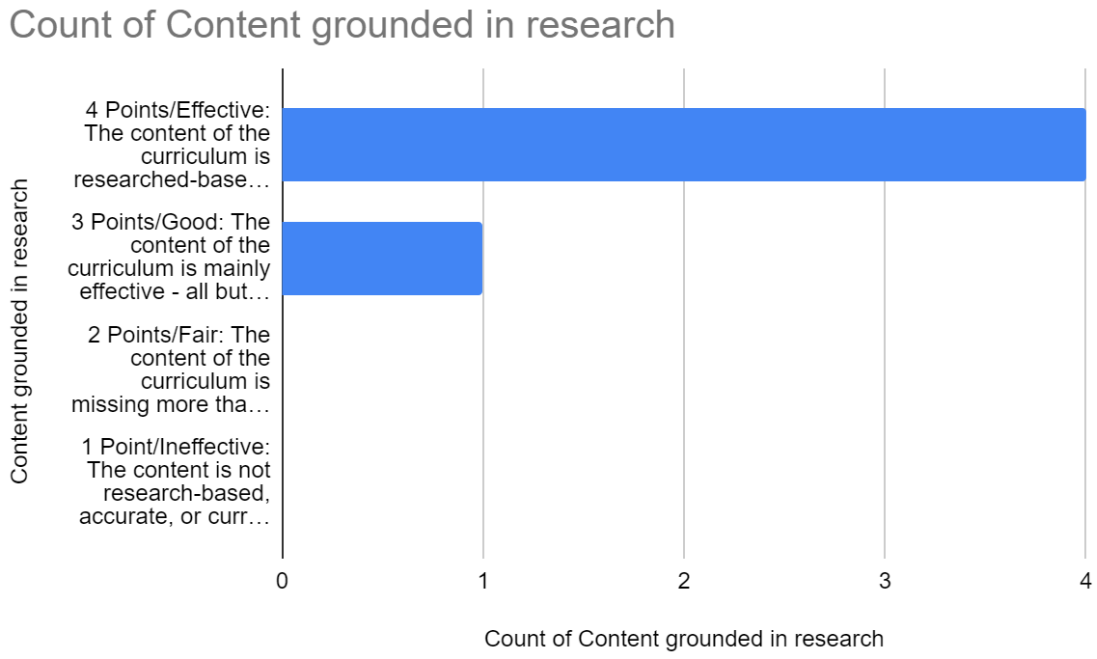
Your expertise is essential to the success of my doctoral capstone project. I am grateful for your time and willingness to assist me with reaching my educational goals. Should you have any questions, experience technical difficulties, are unable to access any of the linked documents or the electronic evaluation form, will be unable to complete your evaluation by the due date and/or time, or you wish to withdraw your consent for participation, please contact me immediately via email or phone:. I will respond to all emails and voicemails within two business days.

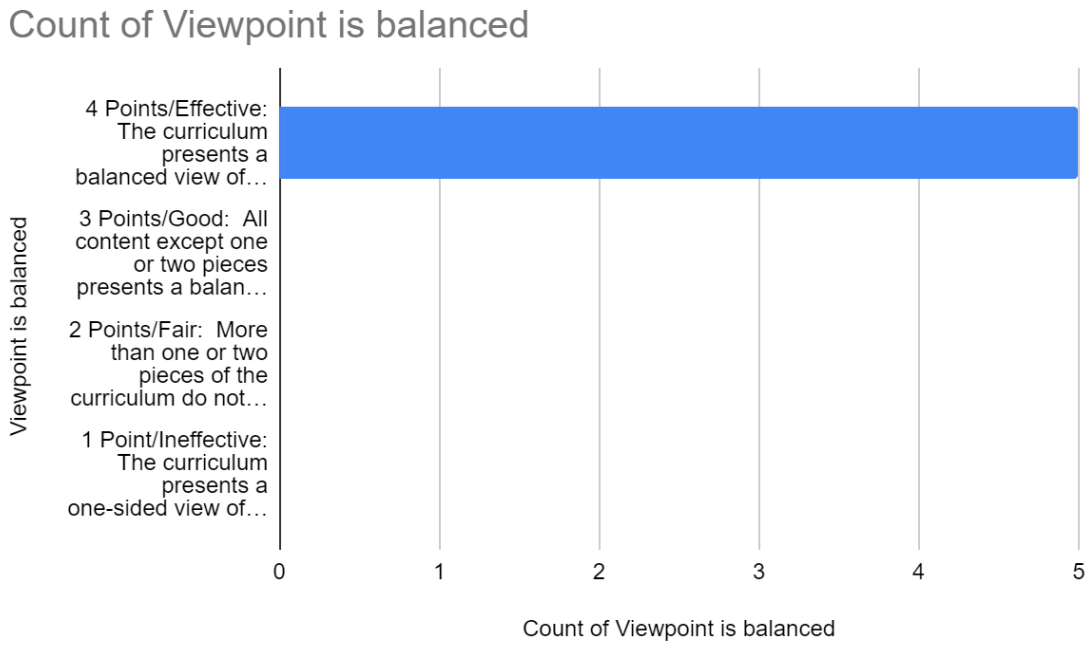
Sincerely,

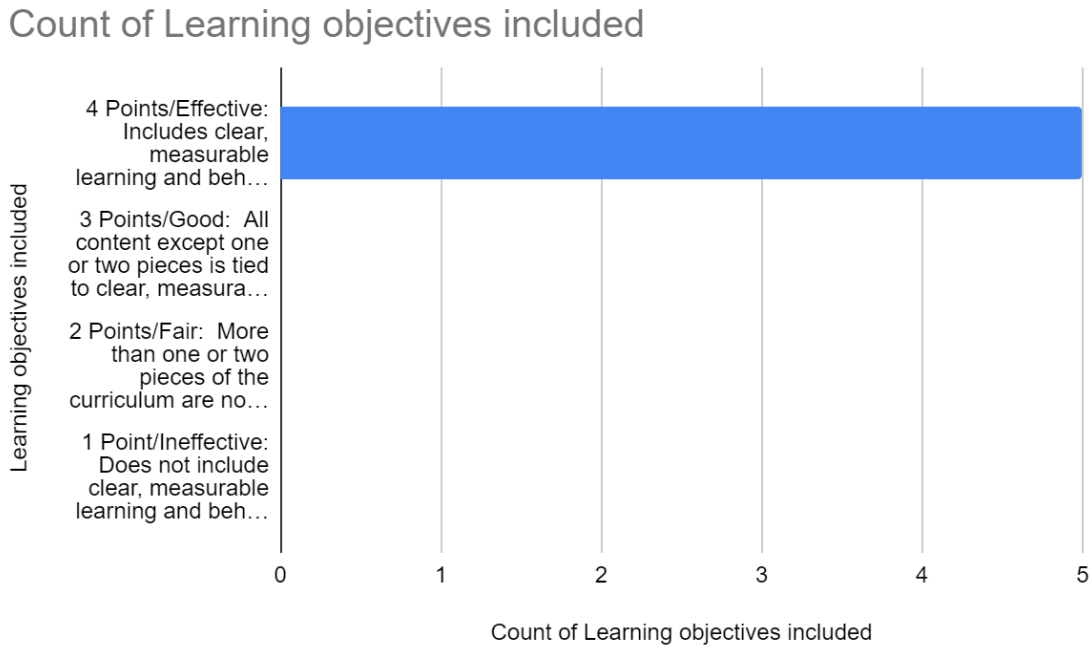
Tina M. Gerovac

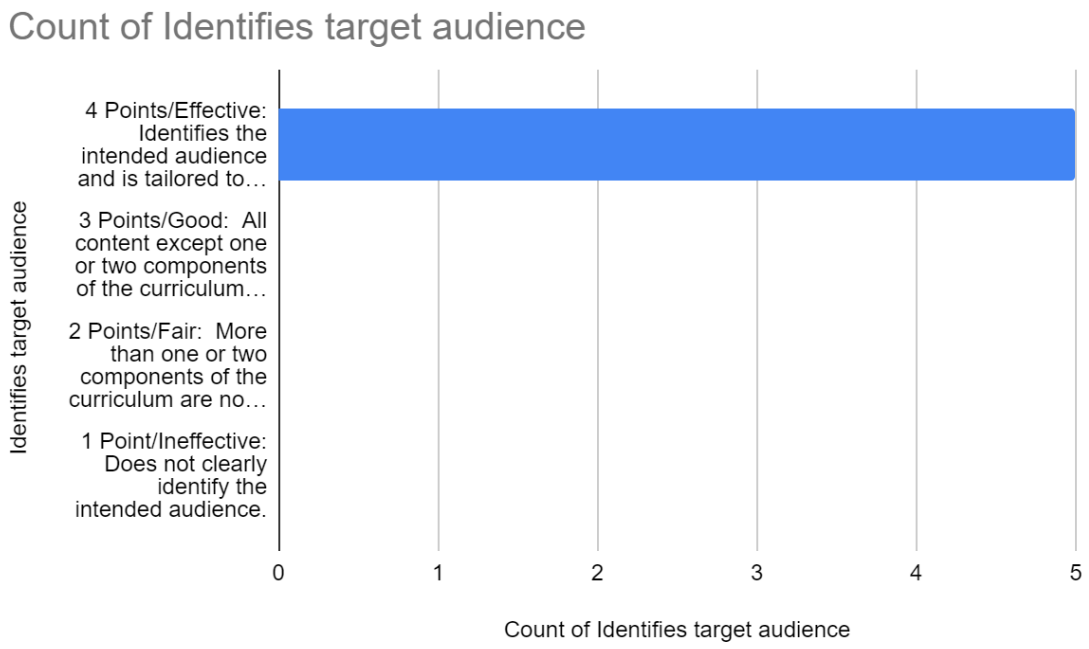
Appendix E: Curriculum Evaluation Results

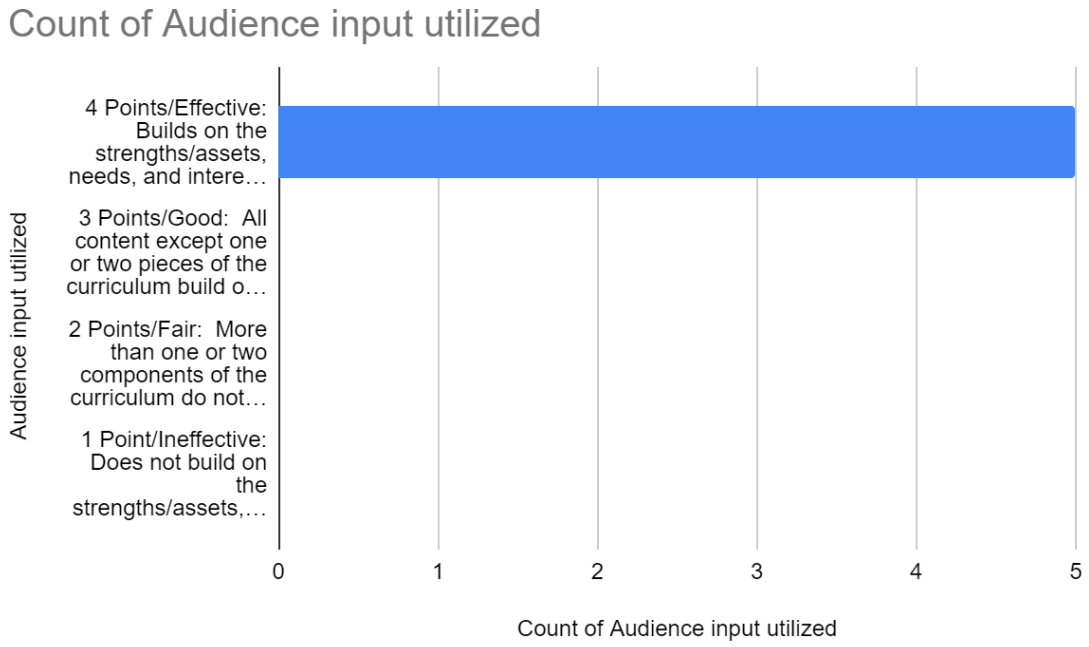


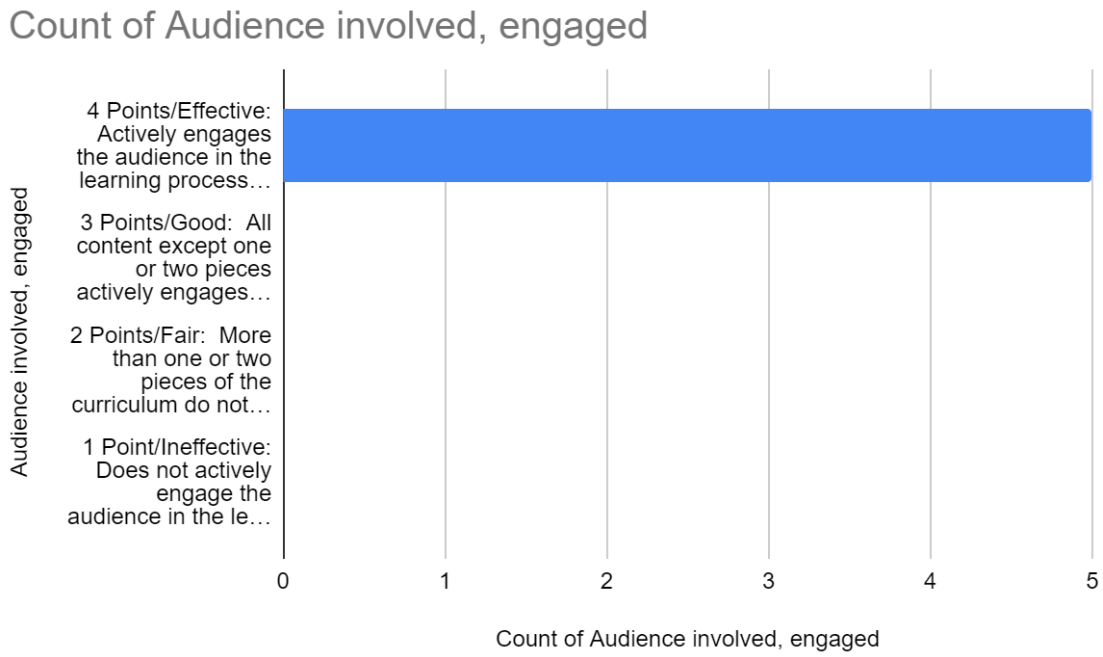


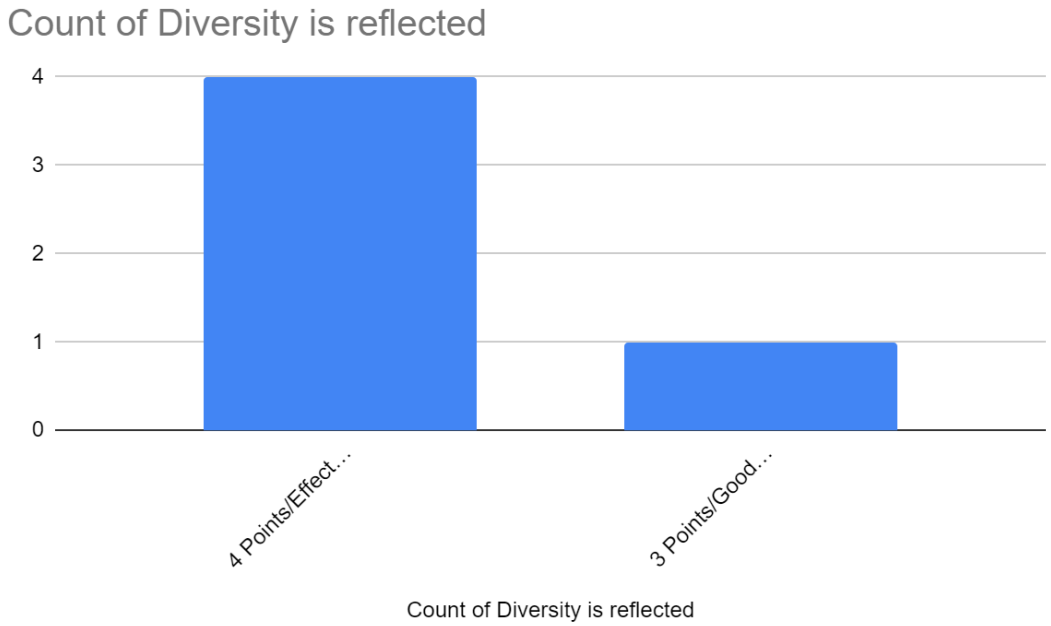

Count of Viewpoint is balanced
Viewpoint is balanced
4 Points/Effective: The curriculum presents a balanced view of…
3 Points/Good: All content except one or two pieces presents a balan…
2 Points/Fair: More than one or two pieces of the curriculum do not…
1 Point/Ineffective: The curriculum presents a one-sided view of…
0
1
2
3
4
5
Count of Viewpoint is balanced

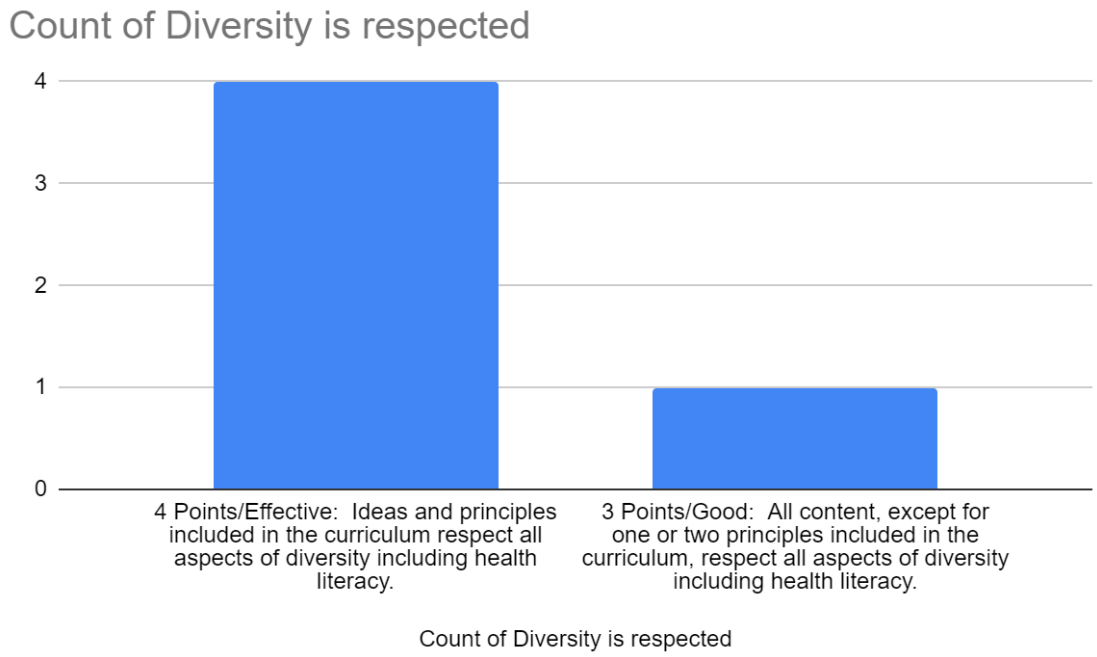

Count of Learning objectives included
Learning objectives included
4 Points/Effective: Includes clear, measurable learning and beh…
3 Points/Good: All content except one or two pieces is tied to clear, measura…
2 Points/Fair: More than one or two pieces of the curriculum are no…
1 Point/Ineffective: Does not include clear, measurable learning and beh…
0
1
2
3
4
5
Count of Learning objectives included

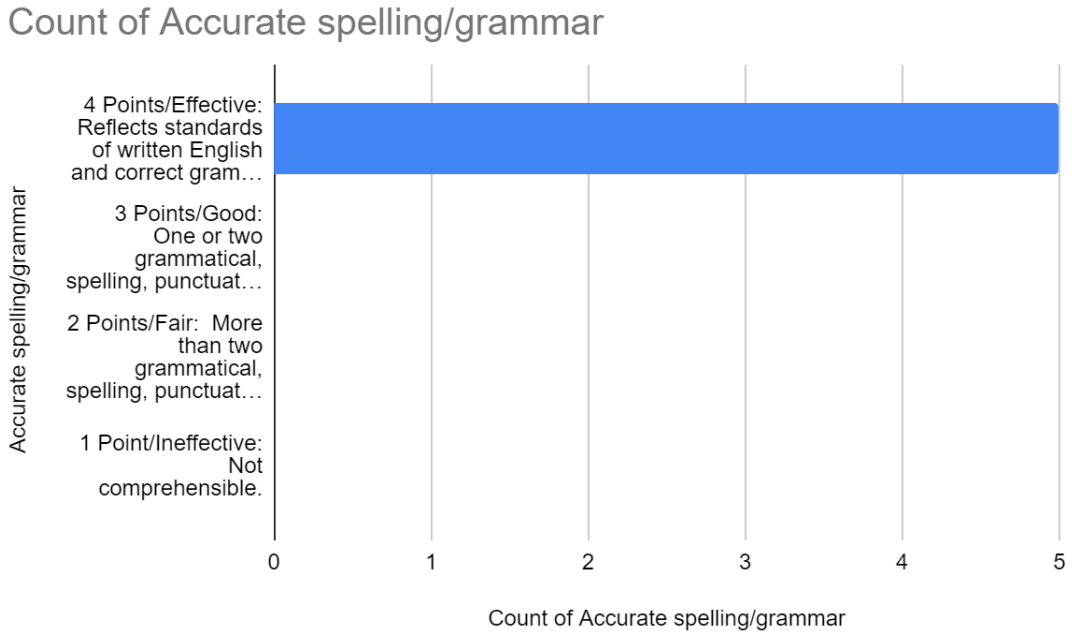

Count of Identifies target audience
Identifies target audience
4 Points/Effective: Identifies the intended audience and is tailored to…
3 Points/Good: All content except one or two components of the curriculum…
2 Points/Fair: More than one or two components of the curriculum are no…
1 Point/Ineffective: Does not clearly identify the intended audience.
0
1
2
3
4
5
Count of Identifies target audience

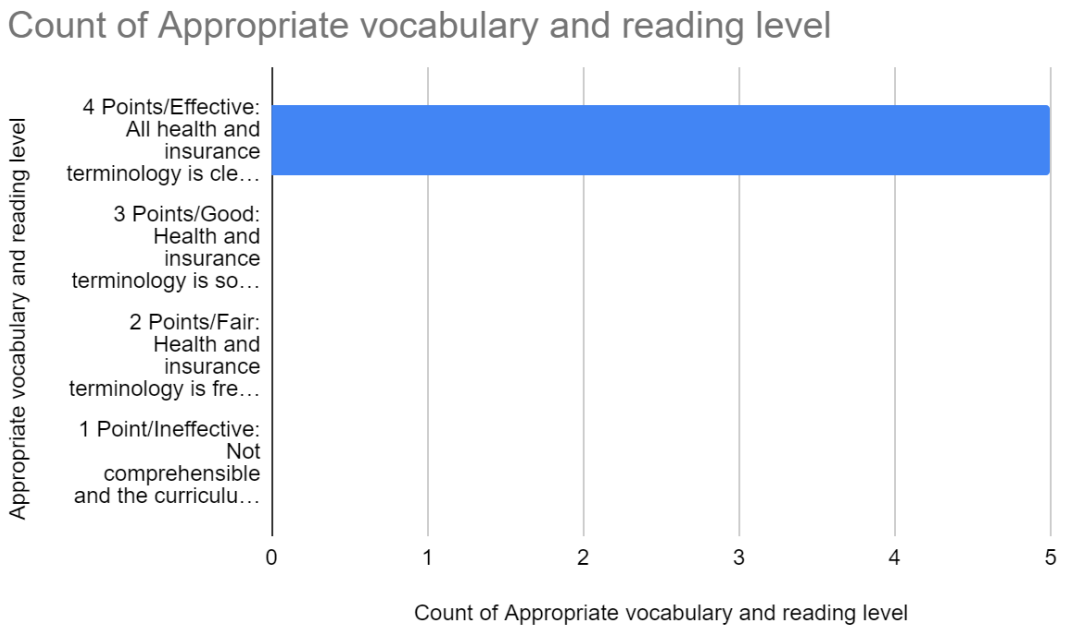

Count of Audience input utilized
Audience input utilized
4 Points/Effective: Builds on the strengths/assets, needs, and intere…
3 Points/Good: All content except one or two pieces of the curriculum build o…
2 Points/Fair: More than one or two components of the curriculum do not…
1 Point/Ineffective: Does not build on the strengths/assets,…
0
1
2
3
4
5
Count of Audience input utilized

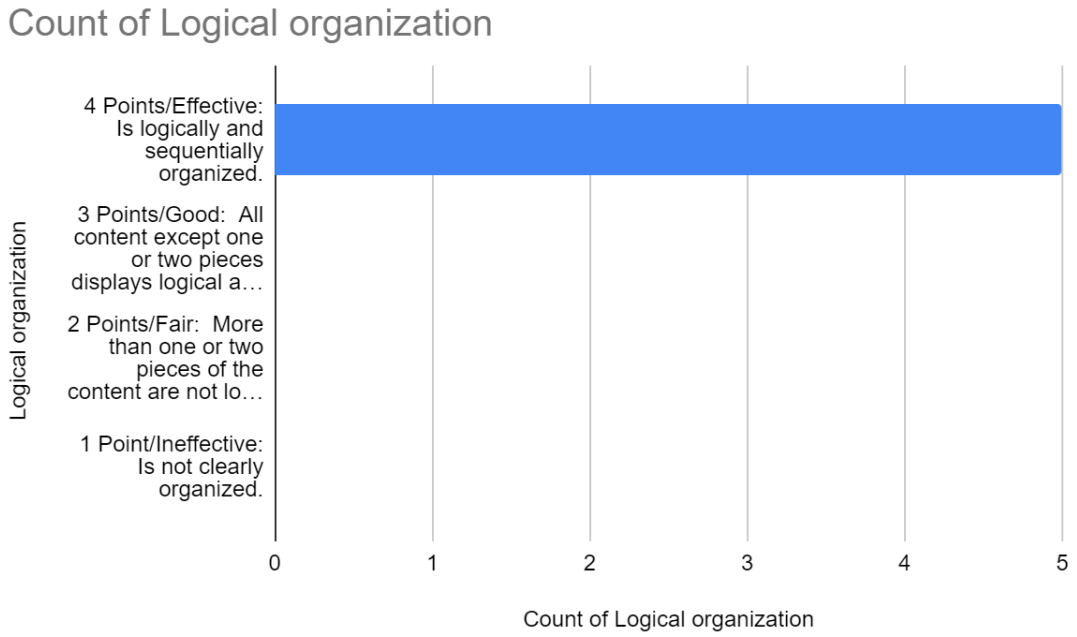

Count of Audience involved, engaged
Audience involved, engaged
4 Points/Effective: Actively engages the audience in the learning process…
3 Points/Good: All content except one or two pieces actively engages…
2 Points/Fair: More than one or two pieces of the curriculum do not…
1 Point/Ineffective: Does not actively engage the audience in the le…
0
1
2
3
4
5
Count of Audience involved, engaged

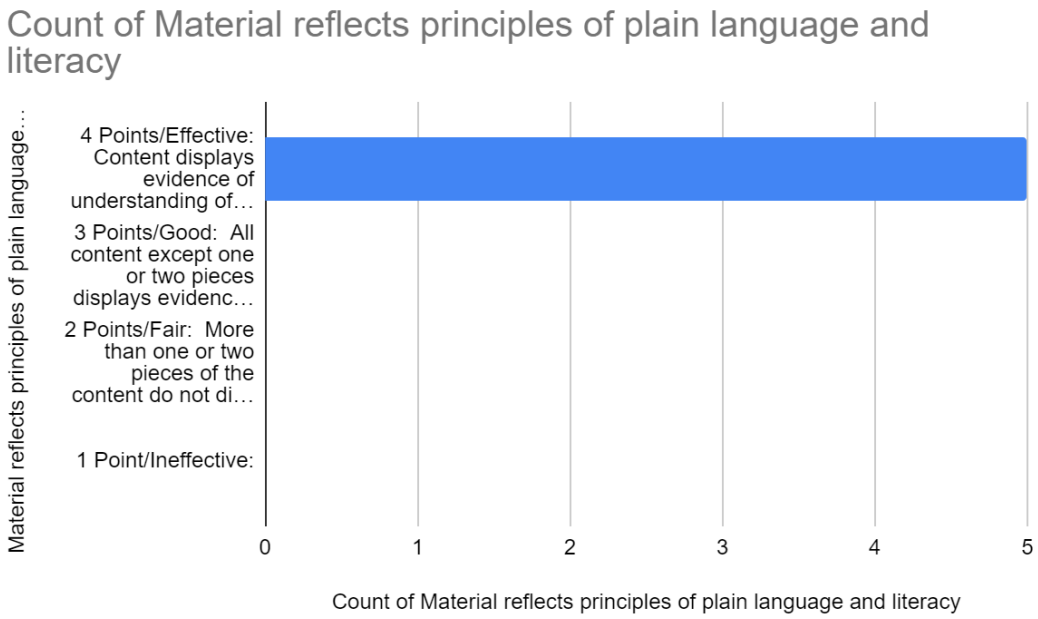

Count of Diversity is reflected
4
3
2
1
0
4 Points/Effect…
3 Points/Good…
Count of Diversity is reflected

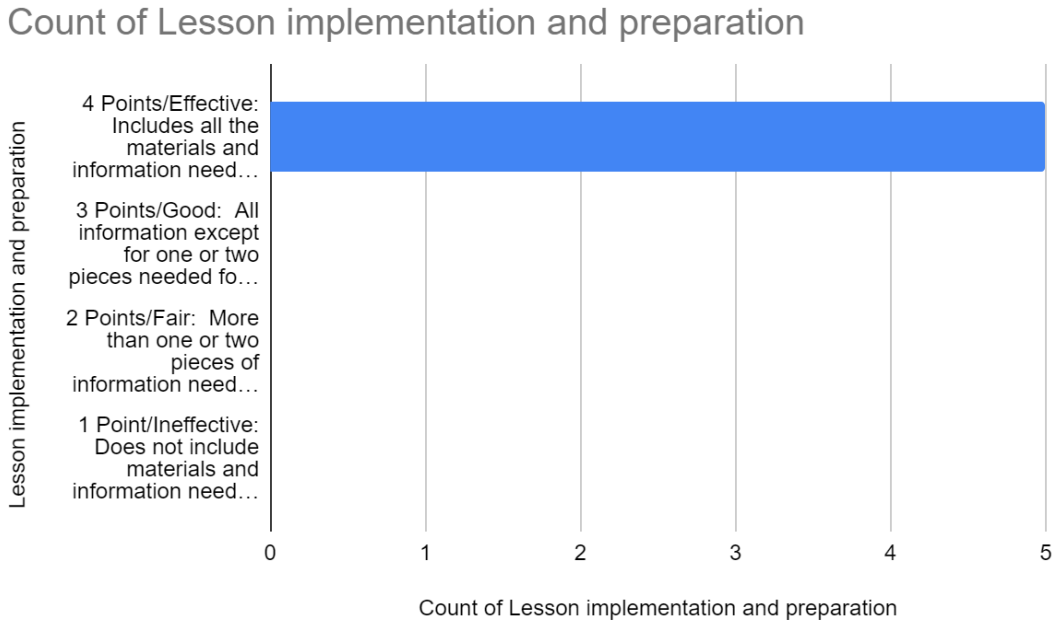

Count of Diversity is respected
4
3
2
1
0
4 Points/Effective: Ideas and principles included in the curriculum respect all aspects of diversity including health literacy.
3 Points/Good: All content, except for one or two principles included in the curriculum, respect all aspects of diversity including health literacy.
Count of Diversity is respected

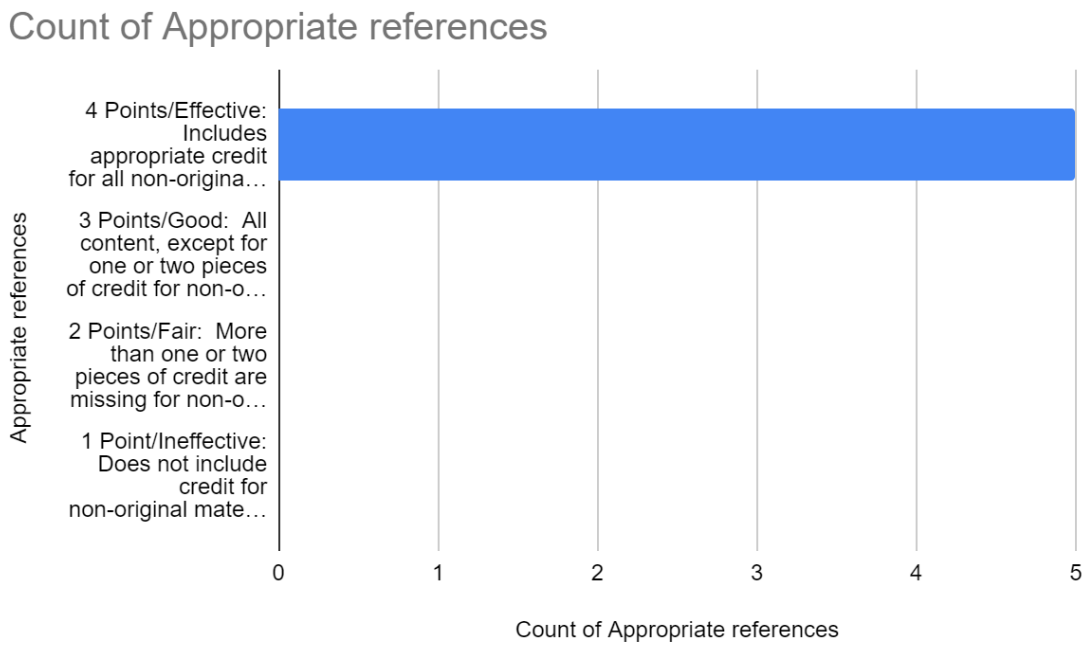

Count of Accurate spelling/grammar
Accurate spelling/grammar
4 Points/Effective: Reflects standards of written English and correct gram…
3 Points/Good: One or two grammatical, spelling, punctuat…
2 Points/Fair: More than two grammatical, spelling, punctuat…
1 Point/Ineffective: Not comprehensible.
0
1
2
3
4
5
Count of Accurate spelling/grammar

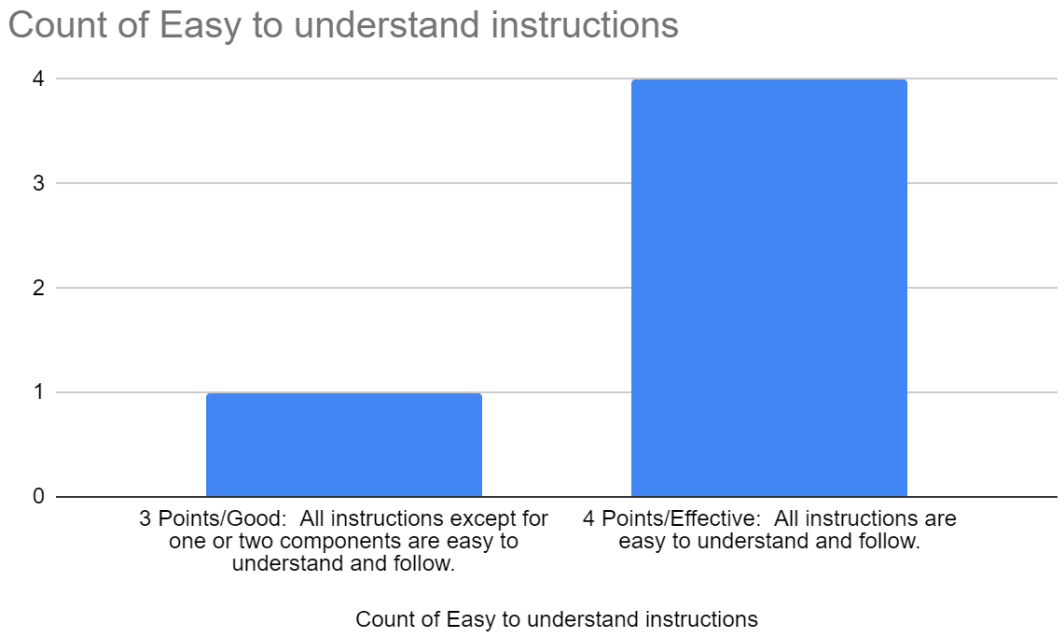

Count of Appropriate vocabulary and reading level
Appropriate vocabulary and reading level
4 Points/Effective: All health and insurance terminology is cle…
3 Points/Good: Health and insurance terminology is so…
2 Points/Fair: Health and insurance terminology is fre…
1 Point/Ineffective: Not comprehensible and the curriculu…
0
1
2
3
4
5
Count of Appropriate vocabulary and reading level

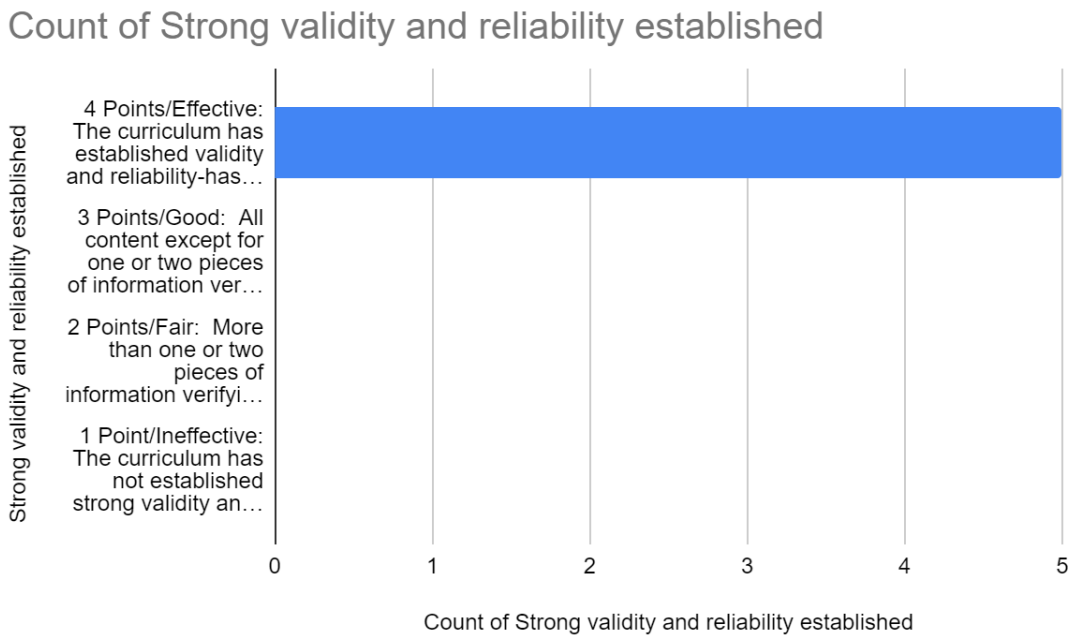

Count of Logical organization
Logical organization
4 Points/Effective: Is logically and sequentially organized.
3 Points/Good: All content except one or two pieces displays logical a…
2 Points/Fair: More than one or two pieces of the content are not lo…
1 Point/Ineffective: Is not clearly organized.
0
1
2
3
4
5
Count of Logical organization

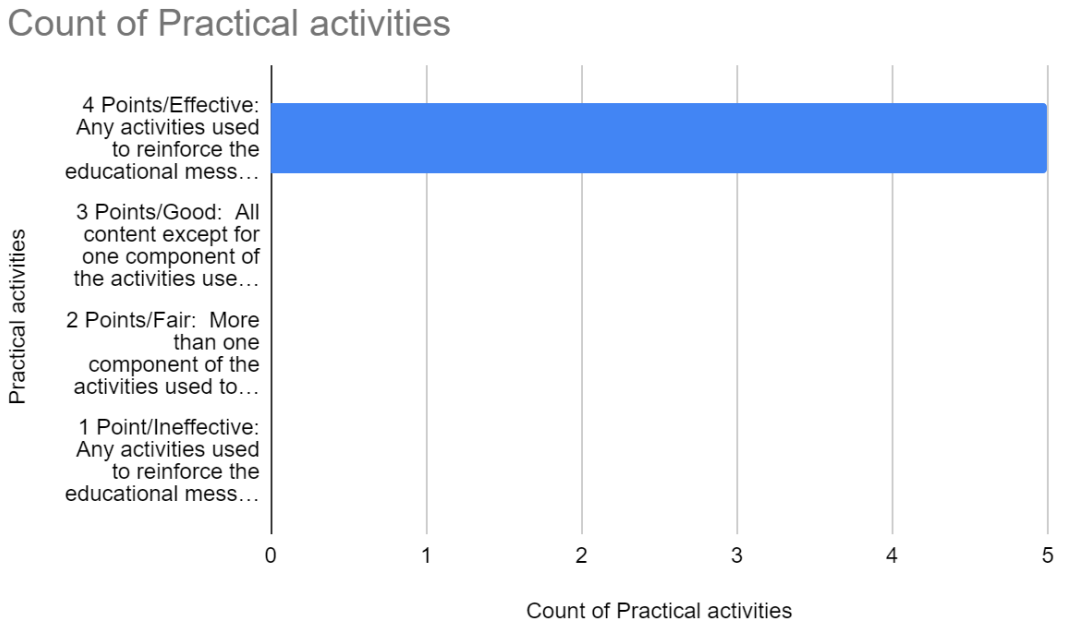

Count of Material reflects principles of plain language and literacy
Material reflects principles of plain language…
4 Points/Effective: Content displays evidence of understanding of…
3 Points/Good: All content except one or two pieces displays evidenc…
2 Points/Fair: More than one or two pieces of the content do not di…
1 Point/Ineffective:
0
1
2
3
4
5
Count of Material reflects principles of plain language and literacy

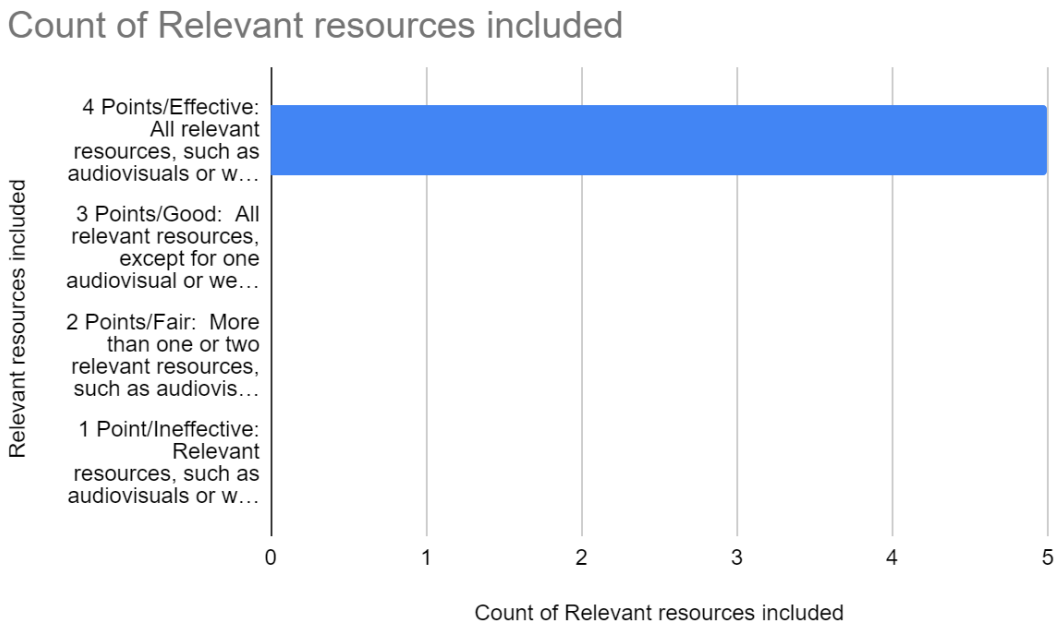

Count of Lesson implementation and preparation
Lesson implementation and preparation
4 Points/Effective: Includes all the materials and information need…
3 Points/Good: All information except for one or two pieces needed fo…
2 Points/Fair: More than one or two pieces of information need…
1 Point/Ineffective: Does not include materials and information need…
0
1
2
3
4
5
Count of Lesson implementation and preparation

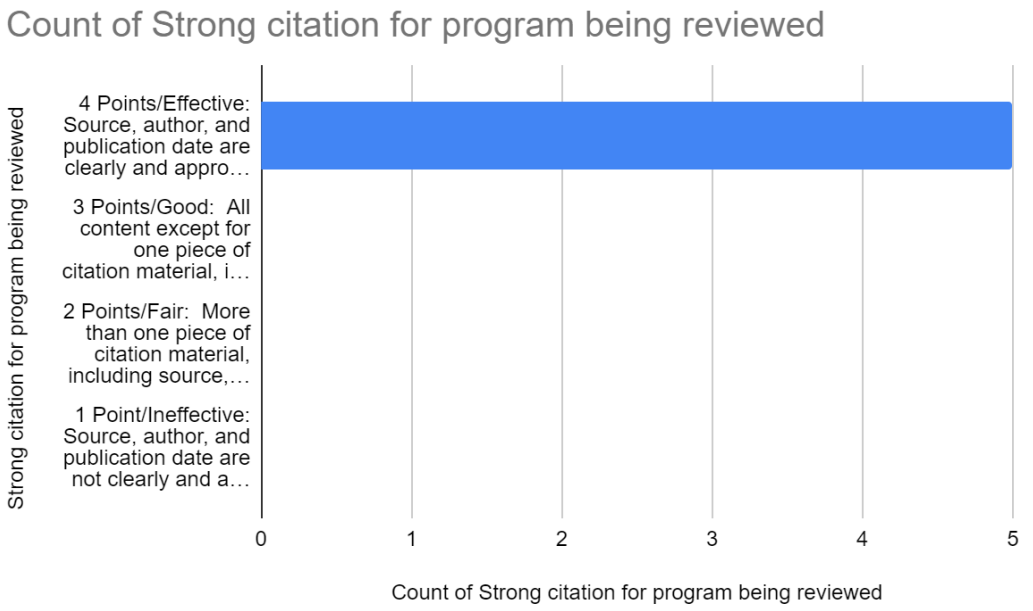

Count of Appropriate references
4 Points/Effective: Includes appropriate credit for all non-origina…
3 Points/Good: All content, except for one or two pieces of credit for non-o…
2 Points/Fair: More than one or two pieces of credit are missing for non-o…
1 Point/Ineffective: Does not include credit for non-original mate…
Appropriate references
0
1
2
3
4
5
Count of Appropriate references

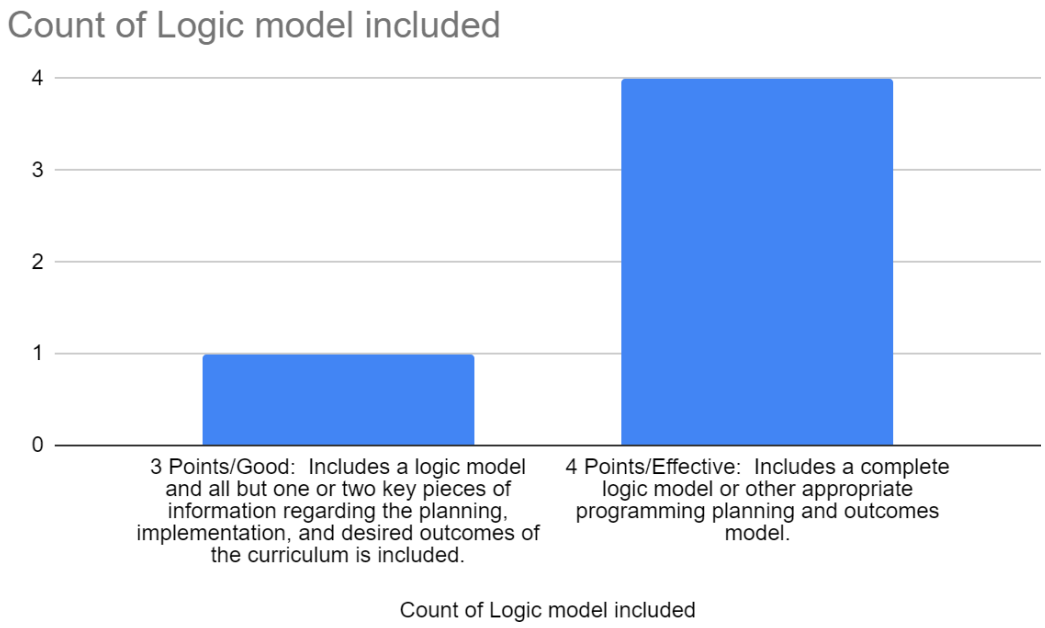

Count of Easy to understand instructions
4
3
2
1
0
3 Points/Good: All instructions except for one or two components are easy to understand and follow.
4 Points/Effective: All instructions are easy to understand and follow.
Count of Easy to understand instructions

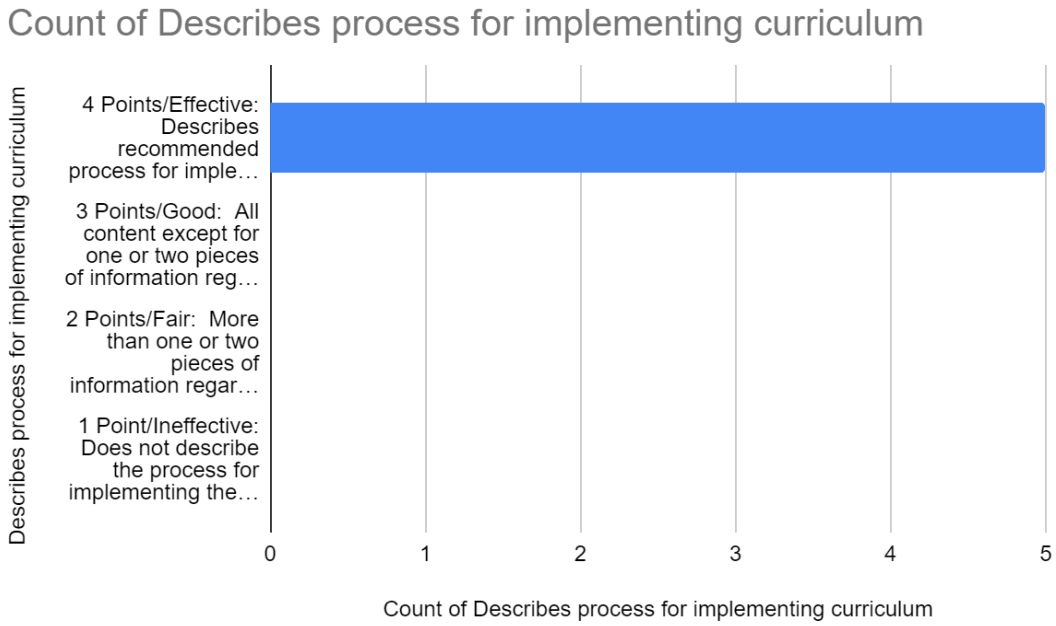

Count of Strong validity and reliability established
Strong validity and reliability established
4 Points/Effective: The curriculum has established validity and reliability-has…
3 Points/Good: All content except for one or two pieces of information ver…
2 Points/Fair: More than one or two pieces of information verifyi…
1 Point/Ineffective: The curriculum has not established strong validity an…
0
1
2
3
4
5
Count of Strong validity and reliability established

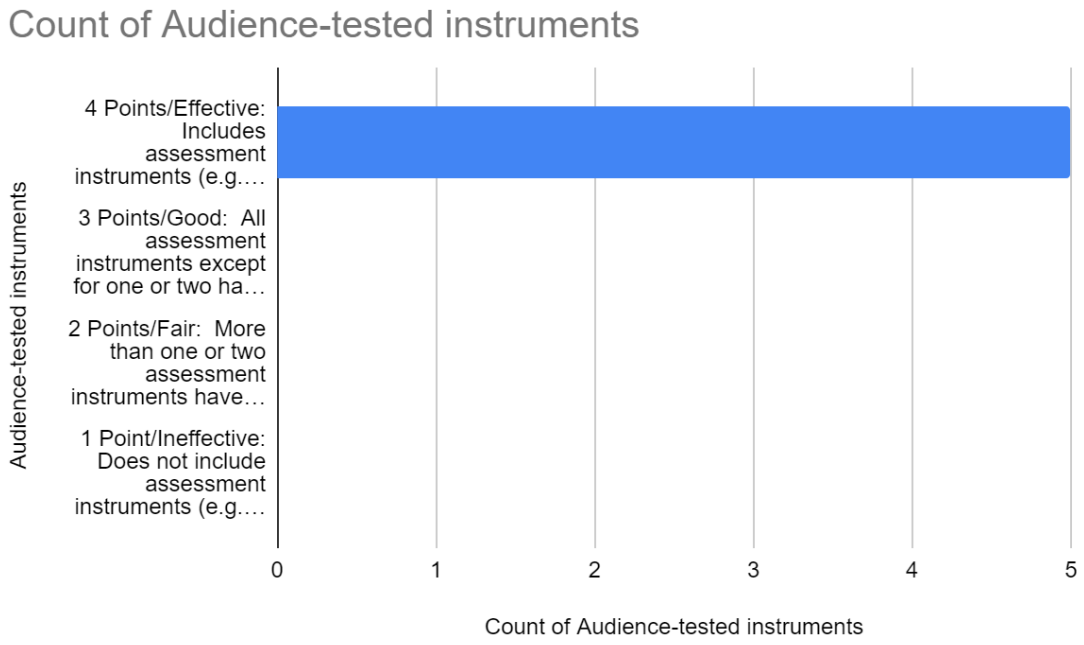

Count of Practical activities
Practical activities
4 Points/Effective: Any activities used to reinforce the educational mess…
3 Points/Good: All content except for one component of the activities use…
2 Points/Fair: More than one component of the activities used to…
1 Point/Ineffective: Any activities used to reinforce the educational mess…
0
1
2
3
4
5
Count of Practical activities

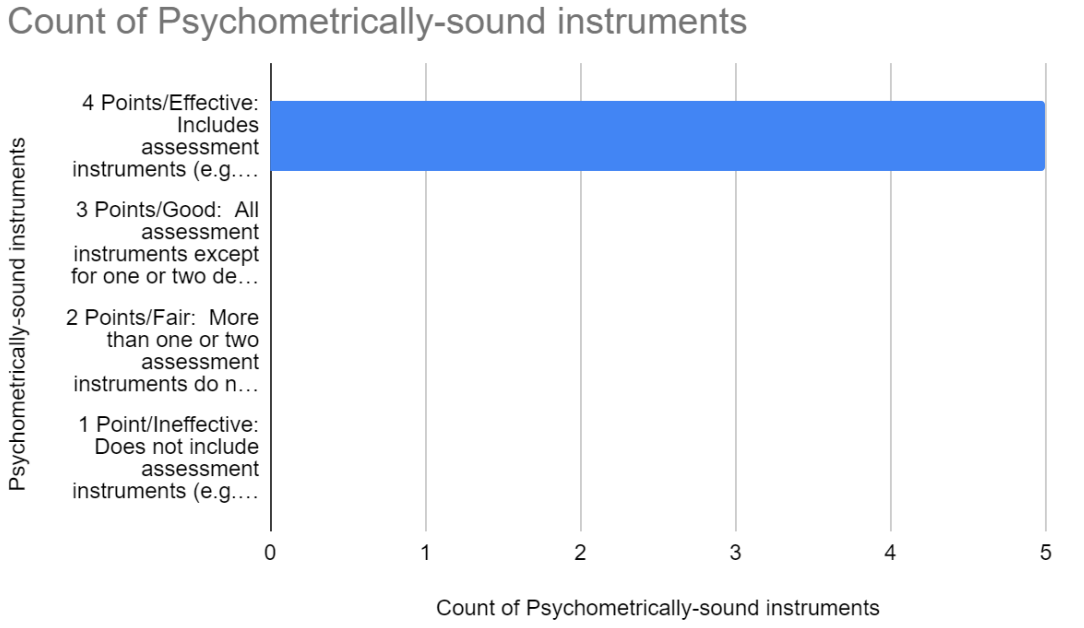

Count of Relevant resources included
Relevant resources included
4 Points/Effective: All relevant resources, such as audiovisuals or w…
3 Points/Good: All relevant resources, except for one audiovisual or we…
2 Points/Fair: More than one or two relevant resources, such as audiovis…
1 Point/Ineffective: Relevant resources, such as audiovisuals or w…
0
1
2
3
4
5
Count of Relevant resources included

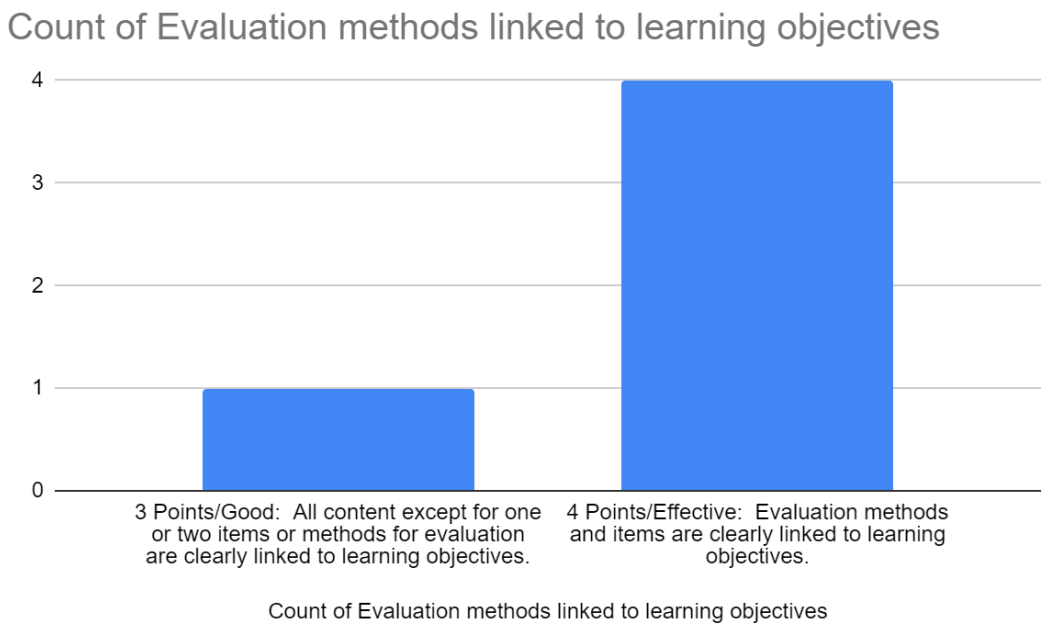

Count of Strong citation for program being reviewed
Strong citation for program being reviewed
4 Points/Effective: Source, author, and publication date are clearly and appro…
3 Points/Good: All content except for one piece of citation material, i…
2 Points/Fair: More than one piece of citation material, including source,…
1 Point/Ineffective: Source, author, and publication date are not clearly and a…
0
1
2
3
4
5
Count of Strong citation for program being reviewed

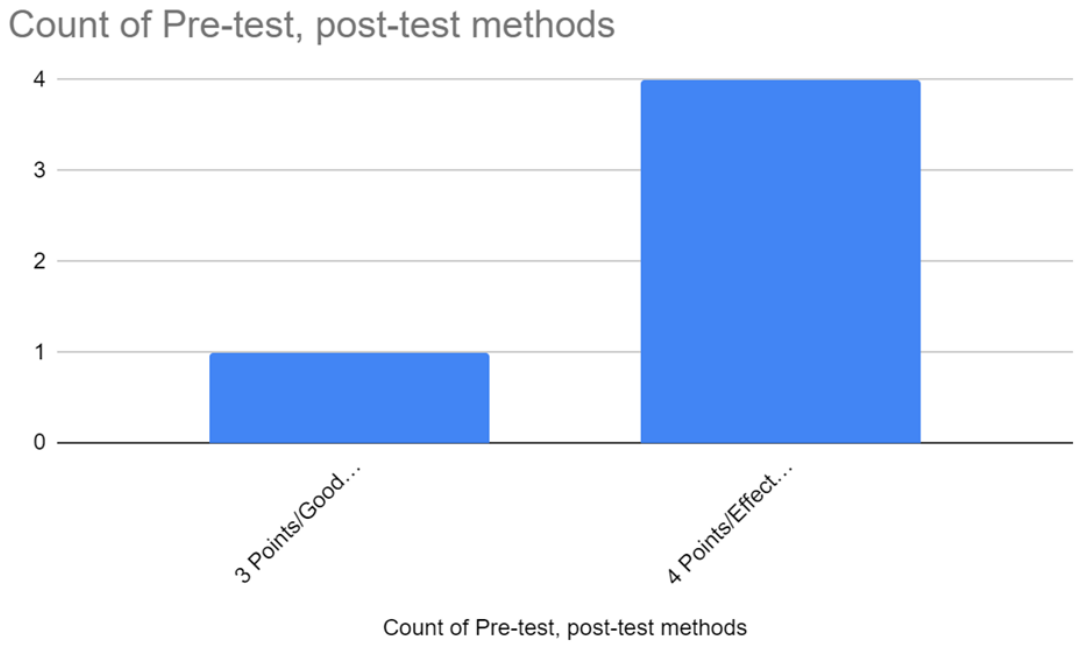

Count of Logic model included
4
3
2
1
0
3 Points/Good: Includes a logic model and all but one or two key pieces of information regarding the planning, implementation, and desired outcomes of the curriculum is included.
4 Points/Effective: Includes a complete logic model or other appropriate programming planning and outcomes model.
Count of Logic model included


Count of Describes process for implementing curriculum
Describes process for implementing curriculum
4 Points/Effective: Describes recommended process for imple…
3 Points/Good: All content except for one or two pieces of information reg…
2 Points/Fair: More than one or two pieces of information regar…
1 Point/Ineffective: Does not describe the process for implementing the…
0
1
2
3
4
5
Count of Describes process for implementing curriculum


Count of Audience-tested instruments
Audience-tested instruments
4 Points/Effective: Includes assessment instruments (e.g.…
3 Points/Good: All assessment instruments except for one or two ha…
2 Points/Fair: More than one or two assessment instruments have…
1 Point/Ineffective: Does not include assessment instruments (e.g.…
0
1
2
3
4
5
Count of Audience-tested instruments


Count of Psychometrically-sound instruments
Psychometrically-sound instruments
4 Points/Effective: Includes assessment instruments (e.g.…
3 Points/Good: All assessment instruments except for one or two de…
2 Points/Fair: More than one or two assessment instruments do n…
1 Point/Ineffective: Does not include assessment instruments (e.g.…
0
1
2
3
4
5
Count of Psychometrically-sound instruments


Count of Evaluation methods linked to learning objectives
4
3
2
1
0
3 Points/Good: All content except for one or two items or methods for evaluation are clearly linked to learning objectives.
4 Points/Effective: Evaluation methods and items are clearly linked to learning objectives.
Count of Evaluation methods linked to learning objectives


Count of Pre-test, post-test methods
4
3
2
1
0
3 Points/Good…
4 Points/Effect…
Count of Pre-test, post-test methods