First Exam Learning Goals

The first exam learning goals are:

1. Demonstrate ability to synthesize knowledge gained in the foundational first year courses.
2. Utilize competencies developed in foundational first year courses
3. Demonstrate mastery in the logical presentation of ideas using scientific writing

Description

Administration: The First Exam is given at the completion of the first year (20 credits). It is a written exam administered at the Graduate Center in June of each year. Students are provided with the exam questions in April of the exam year. No notes or reference material may be brought to the exam. Students must complete the exam in 6 hours (a morning and afternoon session).

Background: The content of the first exam has changed over the past 7 years in response to faculty reflection and experience, the American Association of Colleges of Nursing’s recommendations for all research focused nursing doctoral programs, and our transition from the DNS to the PhD (effective Spring 2013). These have all resulted in changes to our curriculum:

1. 2010-2011 (adjustments to the DNS program):
   a. a) The course in measurement was moved from the first semester/first year to the second semester/second year. This change reflects faculty recommendations to provide foundational courses before any research sequence courses;
   b. b) a 1 credit course in Advanced Scientific Writing was included in the first semester/first year curriculum.

2. 2012-2013 (transition to the PhD program):
   a. A second 1 credit course in writing (Advanced Scientific Writing II) was added to the first year curriculum (second semester/ first year).
   b. Two new foundational courses were added: Educational Research and Interdisciplinary Research.
Assessment for Academic Years 2006-2007 to 2007-2008

Content/Grading: The content of the first exam was determined by each of the six faculty teaching first year courses. Faculty from two courses collaborated to formulate a question reflecting their content areas. For example, faculty from the Measurement and Information Technology courses collaborated to formulate one question etc. Each of the two faculty members then developed a scoring rubric which was distributed to students along with the questions. Each faculty member then graded each student’s exam based on her/his own scoring rubric and consulted regarding pass/fail status on that question. Thus two faculty members scored each of the three questions for each student. Students who failed a question met with the respective faculty for guidance and repeated the examination with the same question. Students had to successfully complete all three first exam questions before beginning the second year.

Results/Revisions: On average, 2-3 students per year did not pass all three questions on the first attempt. All students were ultimately successful on the second attempt. Despite this, there was dissatisfaction amongst faculty concerning assessment of foundational knowledge based on our program goals and goals for the first exam. and much discussion ensued. After two workshops and consultation with Dr. Nancy Reynolds (Director PhD nursing science program Yale University School of Nursing), faculty made the decision to change the format of the first exam. As described below, this new format allows for a more integrated assessment of students’ foundational knowledge.

Assessment for Academic Years 2008-2009 and 2009-2010

Content: Students were asked to develop a plan to implement patient education/prevention programs for a given health situation (example, Haitian disaster). This plan must incorporate knowledge gained in the foundational first year courses. The first exam consists of four related sections. Students must identify and discuss: 1) the **philosophy** guiding the plan development; 2) **Models/Theories** used to guide nursing activities; Strategies based on knowledge of 3) **health care disparities** and 4) **health policy**, 5) use of **information technology**, and; 6) **Measurement** of success. Thus the entire exam consists of 6 sections that corresponded with the six foundational courses at that time.

Grading: Each of the six first year faculty members graded their respective sections using one scoring rubric. Exams were graded 1 (criteria not met); 2 (criteria met); or 3) criteria exceeded for each of the seven following dimensions that reflect our program goals: Breadth of Knowledge, Depth of Knowledge, Evidence of Critical Thinking, Differentiation between facts and opinions, Logical Development of Ideas, Documentation of Relevant Ideas, and Correct Use of Spelling/Grammar. A passing grade was 14 (on
average the criteria were met) for each of the 6 areas. In the event of grade discrepancy (i.e., failing one section and high grades on the other sections), the Executive Officer read and graded the paper.

**Results:** 2008-2009: Of the 15 students who took the exam, three did not pass one or more sections the first time. All three of these students were successful on their second attempt.

2009-2010: Of the 13 students who took the exam, three did not pass one or more sections. Subsequently, two of these three students retook and passed the first exam but one student did not pass on the second attempt and was dismissed from the program.

**Revisions:** In response to these results, the faculty revised the curriculum to include a 1 credit Advanced Scientific Writing course during the first semester. Students were also given a summer assignment to be completed the summer before the first semester (admission). The purpose of this assignment was to both gauge student writing/critical thinking skills and also to begin to engage the student in development of their research program.

**Assessment for Academic Years 2010-2011 and 2011-2012**

**Content:** After discussion, faculty decided to continue with the format described above which asked students to develop a plan to address a health care issue by incorporating knowledge learned in the foundational first year courses. As noted, Measurement had now moved to second year and was replaced with Data Base Analysis and this is reflected in the content of the first exam content: 1) Philosophy; 2) Models/theories; Strategies for 3) Health Care Disparities and 4) Health Policy; 5) Information Technology, and 6) Use of Large Databases. The exam still consisted of 6 sections.

**Grading:** Again, each first year faculty member graded their respective question based on a common scoring rubric. The rubric had been reduced to six vs. the previous seven criteria (Differentiation between facts and ideas was deleted). Students needed to achieve an average score of 12 (average criteria met) in order to pass. In case of gross discrepancy of scores, the Executive Officer also read and graded the paper or invited a third faculty member (not teaching first year courses but with appropriate expertise) to grade the paper and the scores were averaged.

**Results:** 2010-2011: Of the 8 students taking the first exam this year, 3 did not pass all section on the first attempt. All subsequently passed on the second attempt.

2011-2012: Of the 7 students taking the first exam this year, 3 did not pass all sections on the first attempt. All subsequently passed on the second attempt.

**Revisions:** During the 2012-2013 academic year, we transitioned from the DNS to the PhD. In recognition of our students continual difficulties with the first exam, two more Advanced Scientific
Writing courses were added to the curriculum. The second writing course is taken the second semester/first year and the third is taken second semester/second year. We have also changed the scoring rubric to include synthesis of content as the seventh category.

**Summary and Conclusions**

As evidenced by this report, the first exam undergoes continual assessment and change. Faculty discussion centers around: a) writing preparation of our students, and b) timing of the first exam. We are trying to remedy the first with appropriate assignments both before and after admission. Many of our students are advanced practice nurses and have not had opportunity to hone their writing skills in the clinical arena. Moreover, for many students, doctoral study is commenced a good many years after receiving their Masters degree. This leaves these talented and intelligent clinicians at a distinct disadvantage in doctoral study. The second is equally difficult to address. That is, students are trying to manage doctoral study along with work and family lives. The first exam is given at the end of the first semester (June), close on the heels of final exams/papers. Thus we have considered that students do not have adequate time to prepare for this exam. We plan to hold a focus group with the 2012-2013 cohort to garner their recommendations regarding timing. One plan that has been advanced is to administer the first exam in September of the second year and students would not be able to advance to the Spring Semester without passing the first exam. This would give them the summer to prepare and then allow them extra time to prepare for the second attempt, if necessary. We will continue to assess this problem.