

MSN Exit Interview -Collected 2017

The VUSN Exit Interview was taken by 24 MSN graduates (Post Masters Entry) between April and December 2017. Those invited to participate graduated in May, August or December.

Response rate was 86%.

Demographics

Eighty-seven percent (n=20) of respondents were female. The average age was 37 years old and ages ranged from 25-54. Ninety-one percent (n=21) identified as white, not of Hispanic origin and 4% (n=1 each) as Hispanic or African American, not of Hispanic origin.

Specialization

Specialty	N=24	
	n	%
Adult-Gero Acute Care Nurse Practitioner	6	25.0
Adult-Gero Primary Care Nurse Practitioner	2	8.3
Emergency Nurse Practitioner (AGACNP/FNP)	4	16.7
Family Nurse Practitioner	3	12.5
Health Care Leadership	0	
Neonatal Nurse Practitioner	2	8.3
Nursing Informatics	0	
Nurse-midwifery (including nurse-midwifery/FNP)	1	4.2
Pediatric Nurse Practitioner Acute Care	1	4.2
Pediatric Nurse Practitioner Primary Care	0	
Psychiatric Mental Health Nurse Practitioner (all types)	2	8.3
Women’s Health Nurse Practitioner	2	8.3
Women’s Health Nurse Practitioner (AGPCNP)	1	4.2

Background Information Concerning MSN Program

All respondents entered the program with a Master’s degree in Nursing.

Fifty-eight percent of respondents (n=14) worked full time while attending, 21% (n=5) worked part time, and 8% (n=2) varied between full and part time work. Thirteen percent (n=3) did not work at any time while attending.

Thirty-nine percent (n=7) indicated that it took 4 semesters (including prespecialty year if applicable) to complete the MSN program. Thirty-three percent (n=6) indicated 6 semesters, 17% (n=3) indicated 7 or more semesters and 11% (n=2) indicated 5 semesters.

Eighty-three percent (n=20) of the respondents indicated their clinical placement status on admission was outside the Middle Tennessee area. Seventeen percent (n=4) indicated status on admission was Middle Tennessee area.

Perception of Ability

Respondents were asked to indicate their perception of their ability upon graduation from the MSN program on a 5 item scale (very poor, poor, adequate, good, excellent).

Perception of Ability	Mean	SD	% rating (n=23-24)				
			Very Poor	Poor	Adequate	Good	Excellent
Provide comprehensive, high quality care to individuals and groups in complex situations.	4.3	.722	0.0	0.0	13.0	34.8	52.2
Work collaboratively with other health professionals in the systematic implementation and evaluation of health care delivery.	4.7	.624	0.0	0.0	8.3	12.5	79.2
Use teaching skills in advanced practice role.	4.5	.722	0.0	0.0	12.5	25.0	62.5
Use management skills in advanced practice role.	4.4	.717	0.0	0.0	12.5	33.3	54.2
Use advanced clinical skills in the practice role.	4.5	.722	0.0	0.0	12.5	25.0	62.5
Translate research findings into practice.	4.5	.590	0.0	0.0	4.2	41.7	54.2
Critically evaluate primary research.	4.2	.624	0.0	0.0	8.3	54.2	37.5
Assume a leadership role as a change agent in clinical practice.	4.5	.658	0.0	0.0	8.3	29.2	62.5
Make decisions using advanced knowledge	4.4	.588	0.0	0.0	4.2	45.8	50.0
Apply ethical principles to nursing practice	4.6	.576	0.0	0.0	4.2	29.2	66.7

The ability to work collaboratively and use teaching skills was rated Excellent by the highest percent of respondents (79%, n=19) and the ability critically evaluate primary research was rated Excellent by the lowest percent of respondents (38%, n=9).

Program Satisfaction

Students were asked to rate their satisfaction with the MSN program as a whole on a 5 item scale (Very low, Low, Moderate, High, Very high). All of the respondents rated their satisfaction as high or very high.

N=24	Mean	SD	Very Low	Low	Moderate	High	Very High
Overall Satisfaction	4.17	.816	0.0	4.2	12.5	45.8	37.5

Specialty ratings of program satisfaction are presented in the following table.

Overall Satisfaction	n	Mean	SD	Very Low	Low	Moderate	High	Very High
AGACNP	6	5.0	.548	0.0	0.0	0.0	50.0	50.0
AGPCNP	2	3.5	2.12	0.0	50.0	0.0	0.0	50.0
ENP	4	4.0	.000	0.0	0.0	0.0	100.0	0.0
FNP	3	4.0	1.00	0.0	0.0	33.3	33.3	33.3
HCL	0							
NNP	2	4.0	1.41	0.0	0.0	50.0	0.0	50.0
NI	0							
NMW	1	5.0	NA	0.0	0.0	0.0	0.0	100.0
PNPAC	1	4.0	NA	0.0	0.0	0.0	100.0	0.0
PNPPC	0							
PMHNP	2	4.5	.707	0.0	0.0	0.0	50.0	50.0
WHNP	2	4.0	1.41	0.0	0.0	50.0	0.0	50.0
WHNP/AGPCNP	1	4.0	NA	0.0	0.0	0.0	100.0	0.0

Preparedness to Practice

Students were asked to rate their perception of overall preparedness to practice in their area of concentration upon graduation on a 5 item scale (Not at all, Minimally, Somewhat, Adequately, Well).

N=24	Mean	SD	Not at all	Minimally	Somewhat	Adequately	Well
Preparedness to practice	4.33	.702	0.0	0.0	12.5	41.7	45.8

Specialty ratings of preparedness to practice are presented in the following table.

Perception of Preparedness	n	Mean	SD	Not at all	Minimally	Somewhat	Adequately	Well
AGACNP	6	4.5	.837	0.0	0.0	16.7	16.7	66.7
AGPCNP	2	4.5	.707	0.0	0.0	0.0	50.0	50.0
ENP	4	4.0	.816	0.0	0.0	25.0	50.0	25.0
FNP	3	4.3	.577	0.0	0.0	0.0	66.7	33.3
HCL	0							
NNP	2	4.5	.707	0.0	0.0	0.0	50.0	50.0
NI	0							
NMW	1	5.0	NA	0.0	0.0	0.0	0.0	100.0
PNPAC	1	4.0	NA	0.0	0.0	0.0	100.0	0.0
PNPPC	0							
PMHNP	2	4.5	.707	0.0	0.0	0.0	50.0	50.0

Perception of Preparedness	n	Mean	SD	Not at all	Minimally	Somewhat	Adequately	Well
WHNP	2	4.0	1.41	0.0	0.0	50.0	0.0	50.0
WHNP/AGPC NP	1	4.0	NA	0.0	0.0	0.0	100.0	0.0

Role Expectation

When asked what setting they were or expected to be employed in as an advanced practice nurse, 21% of the respondents (n=5) chose academic practice/hospital, 17% (n=4 each) chose community health center or health center/clinic and 13% (n=3 each) chose privately owned or public hospital. Eight percent (n=2) chose private hospital, and 4% (n=1 each) chose birth center, mental health facility or nursing home.

Respondents were asked what primary role they were or expected to be employed in.

Primary Expected Role	N=24
	%
Administrator/Supervisor	0.0
Clinical Manger, Coordinator, Head Nurse	0.0
Clinical Nurse Specialist	0.0
Consultant	0.0
Staff Development/Continuing Ed	0.0
Faculty (nursing school)	4.2
Nurse-Midwife	4.2
Nurse Practitioner	91.7
Researcher	0.0
Staff Nurse	0.0
Other	4.2

Other was listed as Nurse Anesthetist.

Employment

Fifty-three percent of the respondents (n=11) who worked while a student planned on working for the same agency after graduation.

Forty-two percent (n=10) of respondents were currently employed in an advanced practice position. Eighty percent (n=8) of respondents not currently working in an advanced practice position (58%, n=14) had started interviewing for a position specific to their post masters MSN specialization.

Rating Aspects of the Program

Respondents were asked to rate aspects of the program on a 5 item scale (Very Poor, Poor, Adequate, Good, Excellent). If they did not use resource, they were asked to indicate NA (not applicable). The following table presents information for those students using each resource.

Aspect of Program	% rating (N=4-24)						
	Mean	SD	Very Poor	Poor	Adequate	Good	Excellent
Course/Program Advising	4.1	.832	0.0	5.6	11.1	50.0	33.3
VUSN Financial Aid Services	3.0	1.04	9.1	18.2	27.3	45.5	0.0
VU Financial Aid Services	2.5	1.41	37.5	12.5	12.5	37.5	0.0
Amount of Financial Aid	2.8	1.66	36.4	9.1	9.1	27.3	18.2
Psych. and Counseling Center @ VU	3.0	1.41	25.0	0.0	25.0	50.0	0.0
Library Resources	4.3	.727	0.0	0.0	13.6	36.4	50.0
Instructional Media Center @ VUSN	4.0	1.37	9.1	9.1	0.0	27.3	54.5
Clinical Placement Process	3.1	1.43	20.8	8.3	25.0	25.0	20.8
Overall Clinical Experience Met Program Objectives	4.0	1.12	4.2	8.3	8.3	37.5	41.7
Informatics/Computer Support	4.3	.820	0.0	5.3	5.3	42.1	47.4

The instructional media center @VUSN was rated Excellent by the highest percent of respondents (55%, n=6). VUSN Financial Aid Services, VU Financial Aid Services and the Psychiatric and Counseling Center @VU was rated Excellent by none of respondents.

Sixty-three percent (n=15) of respondents said their clinical rotation started on schedule. The thirty-eight percent (n=9) who indicated that it did not were asked to choose any of a number of reasons for the delay. Seventy-eight percent (n=7) indicated contract delay, 33% (n=3) indicated delay in securing a preceptor, 22% (n=2) indicated personal circumstances, and 11% (n=1) indicated “other” reasons but did not elaborate. None indicated either compliance issues or a switch of placement status from MTA to OMTA.

Comments

Students commented on the quality of knowledgeable faculty and on the flexibility of the format to suit different learning styles. Areas for improvement focused on concerns about the clinical placement process.