Evaluation Team Report on the Accreditation Review of the Doctor of Nursing Practice Program and Post-Graduate APRN Certificate Program at Creighton University

Commission on Collegiate Nursing Education
On-Site Evaluation: March 30- April 1, 2016
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Table of Contents

Introduction ..........................................................................................................................1

Meeting of CCNE Standards ...............................................................................................3

Standard I. Program Quality:
Mission and Governance ..................................................................................................4

Standard II. Program Quality:
Institutional Commitment and Resources .........................................................................8

Standard III. Program Quality:
Curriculum and Teaching-Learning Practices ..................................................................15

Standard IV. Program Effectiveness:
Assessment and Achievement of Program Outcomes .......................................................23
Introduction

This report presents the findings of the evaluation team from the Commission on Collegiate Nursing Education (CCNE), the accrediting body responsible for the evaluation of baccalaureate and graduate nursing programs, regarding the Doctor of Nursing Practice (DNP) and the post-graduate APRN certificate program at Creighton University and their compliance with CCNE’s standards for accreditation. The DNP program was initially accredited in 2011 and is being reviewed for continuing accreditation. The post-graduate APRN certificate program is being reviewed for initial accreditation.

Located on a 130-acre campus in Omaha, Nebraska, Creighton University (CU) is one of 28 Jesuit colleges and universities in the United States. Founded in 1878, and operated by the Catholic order of the Society of Jesus, CU now has a student population of 8,236 students, 4,171 of whom are graduate and professional students. CU is private, comprehensive, co-educational, and not-for-profit; it is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools, and its Carnegie classification is Master's Colleges & Universities: Larger Programs. Nine schools and colleges make up CU: the Graduate School, College of Arts and Sciences, Heider College of Business Administration, College of Professional Studies, College of Nursing (CON), and Schools of Dentistry, Law, Medicine, and Pharmacy and Health Professions.

According to its website, CU “exists for students and learning;” and the spirit and values that drive CU include “faith in God, dedication to academic excellence, innovative research and community engagement, and commitment to making a difference locally, nationally, and globally.” According to the graduate catalog, the “university has been consistently ranked a top Midwest regional university by U.S. News and World Report.” Consistent with the Jesuit tradition of service, for 2013-2014, “students at Creighton contributed more than one million hours of community service” (www.Creighton.edu).

The CU CON has two campus locations, one in Omaha and one in Hastings, Nebraska, 150 miles west of Omaha. When on campus for required activities, the DNP and post-graduate APRN certificate students attend the Omaha campus. Nursing education at CU began in 1928 when CU entered into an affiliation with a hospital-based training program; this ended in 1955 when a department of nursing was established within the College of Arts and Sciences. The first degree was awarded in 1958. The CON was established in 1971; the name changed to a School of Nursing in 1978, but became a CON again in 2013 to conform to CU statutes. From 1964 to 2001, the CON was accredited by the National League for Nursing (NLN), and the graduate program was accredited by the NLN from 1985 to 2001. In 2001, the CON undergraduate and graduate programs were accredited by CCNE. The Baccalaureate of Science in Nursing (BSN), Master of Science in Nursing (MSN), and DNP programs were last accredited by CCNE in 2011. The undergraduate nursing program includes traditional and accelerated pre-licensure pathways. Currently, the clinical system administration (CSA) and the clinical nurse leader (CNL) are the only continuing tracks at the MSN level. All APRN tracks were transitioned to the DNP level; the last admission to the MSN APRN tracks was in August 2014. The DNP program of study offers specialty tracks in CSA, APRN, and
advanced public health and global health nursing. Admission to the advanced public health and global health nursing track is suspended. Population foci for the nurse practitioner (NP) APRN tracks include family (FNP), adult-gerontology primary care (AGPCNP), adult-gerontology acute care (AGACNP), certified pediatric acute care (CPNP-AC), and neonatal (NNP). Post-graduate APRN certificates are offered in the following nurse practitioner tracks: FNP, AGACNP, CPNP-AC, and NNP.

The team was afforded full cooperation in its efforts to assess the programs and to confirm the self-study document. The team would like to take this opportunity to thank the program for its hospitality and consideration during the on-site evaluation.

In accordance with CCNE procedures, as part of the review, the team confirmed that the program afforded the opportunity for constituents to submit third-party comments directly to CCNE. No letters were received.
Meeting of CCNE Standards

While visiting the campus in Omaha, Nebraska, the evaluation team had an opportunity to interview college and university officials; program faculty, students, and alumni; and community representatives. The team reviewed information in the self-study document and in the resource room as well as other materials provided at its request. In addition, the team also observed classroom and clinical activities. The following assessments were made regarding compliance with the CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs by the DNP program and the post-graduate APRN certificate program at the institution.
Standard I
Program Quality: Mission and Governance

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

This standard is met for the Doctor of Nursing Practice program.
This standard is met for the post-graduate APRN certificate program.

I-A. The mission, goals, and expected program outcomes are:
- congruent with those of the parent institution; and
- consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program’s mission statement, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. A mission statement may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Student outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:
- The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];
- The Essentials of Master’s Education in Nursing (AACN, 2011);
- The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and
- Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2012].

A program may select additional standards and guidelines.

A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.

An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
The mission, goals, and expected student outcomes are printed in the CU graduate catalog as well as in the handbooks for DNP and post-graduate APRN certificate students. In addition, the expected outcomes are available on the programs’ websites. The congruency between the institutional mission and goals and those of the CON are illustrated in Table 1A-1 of the self-study document. In conversation with the team, the president
confirmed that the mission and goals of the CON are consistent with those of CU, and that the CON, with its long standing history of service, is reflective of Jesuit values and is an integral part of the mission of CU.


I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:
- professional nursing standards and guidelines; and
- the needs and expectations of the community of interest.

*Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement.*

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*Rationale:*

Through a review of committee meeting minutes and the CON evaluation plan, the team confirmed that the mission, goals, and expected outcomes are reviewed periodically. Conversations with employers, alumni, and students confirmed that their needs and expectations are taken into account during the review process. For example, employers confirmed that the post-graduate APRN certificates in AGACNP and CPNP-AC were initiated to help the clinical agencies meet the NONPF 2013 recommendation that nurse practitioners’ educational preparation match the population that they serve.

I-C. Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.

*Elaboration: The nursing unit identifies expectations for faculty, whether in teaching, scholarship, service, practice, or other areas. Expected faculty outcomes are congruent with those of the parent institution.*
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Rationale:
Through a review of the CU faculty handbook, materials in the self-study document, and discussions with faculty, and the graduate dean, the team confirmed that expected faculty outcomes are written, communicated to faculty, and congruent with institutional expectations.

I-D. Faculty and students participate in program governance.

*Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.*

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Rationale:
Through interviews with the dean, faculty, and provost and a review of faculty curricula vitae, the team confirmed that faculty are engaged in governance at the CON and CU levels. The CON bylaws define the role of faculty and students in program governance. The team’s review of faculty meeting minutes and interview with a student confirmed that DNP students are also involved in college governance. In discussions with other DNP students, they were unaware of opportunities to participate in governance, but they felt that their concerns and voices are heard.

I-E. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

*Elaboration: References to the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate. ¹ ²*

If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:

“The (baccalaureate degree in nursing/master's degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791.”

“The (baccalaureate degree in nursing/master's degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education (http://www.aacn.nche.edu/ccne-accreditation).”
Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).


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Rationale:

Through a review of the publications available as well as information about CU and the CON, DNP program, and post-graduate APRN certificate program online, the team confirmed that the materials are congruent and accurate regarding program offerings, academic calendar, recruitment and admission policies, and degree requirements. In interviews with the team, representatives from University Relations and University Communication and Marketing confirmed that information is received from the CON and print and online drafts of publications are returned to the CON to ensure the accuracy of the information.

I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are:

- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program’s mission, goals, and expected student outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.

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Rationale:

Overall, the academic policies of the graduate nursing program are congruent with those of other graduate programs at CU and support the mission, goals, and expected student outcomes. However, there are a few differences in academic policies between the DNP and post-graduate APRN certificate programs and the Graduate School. These differences are listed in Table 1F-1 in the self study document and support the expected student outcomes. The post-graduate APRN certificates are awarded by the Graduate School, but the DNP is awarded by the CON; this is consistent with other clinical doctorates awarded at CU. Academic policies are published and accessible through the graduate catalog as well as the DNP and post-graduate APRN certificate student handbooks. The team’s review of the CON evaluation plan confirmed that the academic policies are reviewed regularly.
Standard II
Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes.

This standard is met for the Doctor of Nursing Practice program.
This standard is met for the post-graduate APRN certificate program.

II-A. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.

Elaboration: The budget enables achievement of the program’s mission, goals, and expected outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the program’s mission, goals, and expected outcomes.

A defined process is used for regular review of the adequacy of the program’s fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.

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Rationale:
Fiscal and physical resources are sufficient for program operation and fulfillment of the mission, goals, and expected student and faculty outcomes. The CON occupies two floors of a shared building with the School of Medicine. Theater arranged classrooms are wired for distance teaching and learning. Laboratory space is available with various levels of simulation capabilities for teaching and demonstration in the CON, hospital, library, and School of Medicine. Full-time faculty have well-lit, fully supplied offices in the CON area with a recently remodeled dean’s suite, including offices for the associate deans and a well-lit conference room with seating for 12-14 people. Other conference and suite areas are available for meetings in the building housing the CON and in the medical library on campus for use by the faculty and students.

The revenue and budget of the CON is based primarily on the tuition and fees with 2%-3% of the revenue coming from grants, gifts, and endowment income. With input from staff and faculty, the CON dean and assistant dean for administration and finance plan the yearly budget with projections toward future budgets. They then work with the finance director and associate provost for academic finance to finalize the budget before submission to the CU budget committee. This committee then develops the CU budget with input from all administrators, including the CON dean. The final budget is approved by the CU Board of Trustees. In interviews with the team, faculty provided examples of the budget process and how their requests for additional faculty, equipment, or supplies have been satisfied through the CON budget.
According to information published by the 2013 College and University Professional Association for Human Resources (CUPA-HR), CON faculty compensation ranked well above the market median. In an interview with the team, the assistant dean for finance confirmed that all CON faculty received an increase in compensation through the work of the CU compensation committee and that the CON plans to maintain nursing faculty compensation at a level that attracts and maintains full- and part-time specialty faculty.

According to the CON evaluation plan, the program’s fiscal and physical resources are reviewed regularly, and the team reviewed the survey summaries of these reviews. The recent reviews are also located in Appendix II of the self-study document.

II-B. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.

Elaboration: Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected program outcomes. There is a defined process for regular review of the adequacy of the program’s academic support services. Review of academic support services occurs and improvements are made as appropriate.

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Rationale:  

There is a wealth of support services available to DNP and post-graduate APRN certificate students. The medical library has multiple seating areas, cubicles, conference rooms with up-to-date electronic equipment, adequate electrical outlets for computers, and a coffee bar. Reference librarians are available most of the time during library hours and on weekends for on-campus and distance graduate students. As part of the library’s learning resource center, medical models, three-dimensional pictures of medical models, educational videos, medical teaching posters, and laptop computers or tablets are available for check out. The librarian liaison with the CON assists post-graduate APRN certificate and DNP students by offering instructional classes on the library’s electronic reference systems, answering questions online and in person, and obtaining online references for projects and papers through the medical indexes. The library also offers the CON the opportunity to digitize DNP projects. The CON has a representative on the library’s advisory committee.

CU also offers technology support to deliver web-based classes; classes are offered on BlueLine, a Canvas-based system. Information technology (IT) personnel are available to support student and faculty needs with a 24/7 hotline sponsored by the CU Center for Academic Innovation. In interviews, students confirmed that IT support is adequate, and one faculty member confirmed that IT support staff are available during all classroom lecture periods. A web-based testing program is also used by the CON, and WebEx is used for conferences.
Additional support services include a ‘success coach,’ CON chaplain, advising, financial literacy, and financial aid. In interviews with the team, representatives from Enrollment Management and Admissions stated that support systems are in place so that “students could be successful.” They reiterated that CU exits for “the students and learning.” Interviews with students confirmed that support services meet their needs; journal access is adequate, and librarians are available for assistance in person and online. The CON evaluation plan identifies the regular review of the program’s academic services, and the team reviewed the surveys used for this review and a completed review.

II-C. The chief nurse administrator:

- is a registered nurse (RN);
- holds a graduate degree in nursing;
- holds a doctoral degree if the nursing unit offers a graduate program in nursing;
- is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes;
- is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale and a plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).

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Rationale:
The dean of the CON is qualified for her position with a master’s degree in nursing as a clinical nurse specialist in adult health and a Doctor of Philosophy (PhD) in curriculum and instruction in higher education. Prior to her current position, she served in several administrative positions at other universities. She also served as captain in the U.S. Army Reserve Nurse Corps 82nd Field Hospital.

As an experienced grant writer, she has been awarded funds of various amounts for more than 30 years. She has served on state and regional nursing organizations and national committees and task forces. She has published in numerous national and international journals, presented research throughout the country, and serves as a reviewer for a research journal. The dean has earned numerous awards throughout her professional career and is a fellow of the American Academy of Nursing. During a meeting with the president, he stated that all the health science colleges, including the CON, are a “strong and integral part of the overall mission of CU” and “all are collaborative partners.” In conversations with the team, the provost, graduate dean, faculty, and students confirmed that the CON dean is well respected on campus, and she has been called “visionary,” “very promising,” and a “strong leader” and has added some “new energy to the CON.”
II-D. Faculty are:
- sufficient in number to accomplish the mission, goals, and expected program outcomes;
- academically prepared for the areas in which they teach; and
- experientially prepared for the areas in which they teach.

Elaboration: The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The overall faculty (whether full-time or part-time) is sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a rationale for the use of any faculty who do not have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
A total of 12.69 full-time equivalencies (FTEs) are allocated in the graduate program. Twenty-seven full-time faculty work in the graduate program or in both the graduate and undergraduate programs in their specialties. All full-time faculty have either a PhD, Doctor of Education (EdD), or DNP. Of the 27 full-time faculty who work in the graduate program, 22 have a national certification. According to faculty, if additional expertise is needed in the graduate program, the CON will employ special faculty who are part-time employees (less than a 50% workload) and experts in the specialty areas offered in the CON. For example, in a meeting with the team, a full-time pediatric faculty member stated that she requested more support for instruction for the NNP area; consequently, through the faculty hiring process, additional specialty faculty were hired. Currently, full-time faculty are supported with 30 specialty faculty; 13 have either a PhD or DNP. The remaining specialty faculty have a master’s degree and certification in a specialty area. All specialty faculty are under full-time faculty who serve as coordinators within the specialty areas in the graduate curriculum.

During a meeting with the team, faculty confirmed that the faculty:student ratio is 1:6, which is lower than the state requirement of 1:10. The experienced full-time faculty reported that, when faculty are new, the ratio may be modified to include fewer students until the new faculty learn about managing a teaching load.

As part of the DNP curriculum, students must complete a faculty guided scholarly project. Each DNP student is assigned to a committee of three to four faculty. Currently, 93 students are assigned to a committee. In a meeting with the team, faculty expressed concern about the workload required for each project. In a meeting...
with the team, associate and assistant deans, program chairs, and curriculum coordinators shared ideas they are considering to decrease the workload such as having one DNP student continue or build upon a previous student’s project, working with the associate dean for research, and considering the faculty’s research and clinical specialty when assigning students to a project committee.

According to the dean and associate deans, neither CU nor the CON has a workload formula; this is something CU is working on, and the CON will be part of this development. According to the CON associate deans, without a workload formula, the work is divided as evenly as possible among faculty in all areas. They reported that the system is currently working with good communication, but a workload formula is anticipated.

II-E. Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.

Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are:
- clearly defined;
- congruent with the mission, goals, and expected student outcomes; and
- congruent with relevant professional nursing standards and guidelines.

Preceptors have the expertise to support student achievement of expected outcomes. Preceptor performance expectations are clearly communicated to preceptors and are reviewed periodically. The program ensures preceptor performance meets expectations.

| Compliance Concern? | DNP: | No |
| Post-graduate APRN certificate: | No |

Rationale:
More than 300 preceptors from various states, many of whom are CU CON graduates, have worked with CON DNP and post-graduate APRN certificate students. Arrangements for each preceptor’s agreement and orientation are completed by the CON preceptor coordinator who also confirms that the preceptor meets the criteria necessary for the role. Through a review of completed preceptor clinical practicum agreements, the team confirmed that the CON ensures that preceptors are qualified academically and experientially. The preceptor coordinator also facilitates contracts from each preceptor’s clinical facility.

The team also reviewed an orientation packet provided to the preceptors. Student objectives and clinical evaluation guidelines are provided in the packet as well as the CON agreement for signatures, preceptor role, and evaluation forms for the student and preceptor. The role of the preceptor is clearly defined, and each preceptor has a specialized background, which meets the criteria for the clinical course in which the student is enrolled.

II-F. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.
Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected faculty outcomes. For example:
- Faculty have opportunities for ongoing development in the scholarship of teaching.
- If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.
- If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.
- If service is an expected faculty outcome, expected service is clearly defined and supported.

Compliance Concern?

DNP: No
Post-graduate APRN certificate: No

Rationale:

Full-time faculty support begins upon employment at CU with a weekly faculty orientation workshop conducted by the faculty development coordinator and her supporting work group. According to the development coordinator, the workshop also is offered in the evening to specialty faculty who are paid to attend. The orientation begins with roles and responsibilities of a CON faculty member and teaching with technology, including online teaching support. The goals, mission, objectives, strategic plan, academic and student policies, and legal issues in higher education related to the CON are addressed. Organization of the clinical day, active teaching in the classroom, and assessment of student writing also are provided to new faculty. Furthermore, these classes include scholarship and research opportunities with expectations, service and practice opportunities, the promotion and tenure process, and research department and grant opportunities.

Full-time faculty who are certified advance practice nurses also maintain clinical requirements for recertification by working in the clinical areas of expertise during the usual hours of the work week. For example, the team had the opportunity to visit with a nurse practitioner who is meeting her clinical requirements by seeing patients in a free urgent care clinic. She works four hours per week and also supervises a nurse practitioner student in a clinical rotation under another faculty member. Another full-time faculty also uses the same free urgent care clinic to meet her clinical hours but on another day of the week. She too supervised a student.

As reported in the self-study document and in a meeting with faculty, financial support is provided by the CON for faculty who are invited to give professional presentations. All faculty reported that they may receive up to $1,500 every year to further their own education through conferences or courses. Release time is provided to faculty who are completing a PhD or DNP. Currently, six faculty are enrolled in doctoral programs.

During a meeting with the team, faculty reported that their workloads with students interfere with their abilities to participate in scholarly activities. The graduate dean supported indicated that faculty in the CON should conduct more research, but understood the student demands, and takes that into account. Faculty agreed that the newly appointed associate dean for research, a seasoned grant writer and researcher, will increase the faculty’s opportunities for scholarly activities. The associate dean for research stated that she will
be available to faculty to increase scholarly endeavors with more “vision and efficiency” and that she and the CON data manager plan to work closely with CU’s research and grants administration services.
Standard III  
Program Quality: Curriculum and Teaching-Learning Practices

The curriculum is developed in accordance with the program’s mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

This standard is met for the Doctor of Nursing Practice program.

This standard is met for the post-graduate APRN certificate program.

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program’s mission and goals, and with the roles for which the program is preparing its graduates.

Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.

Compliance Concern? DNP: No  
Post-graduate APRN certificate: No

Rationale:
It is clear that the curriculum has been developed, implemented, and revised to reflect clear statements of expected student outcomes, which are referred to as ‘program objectives.’ The congruence between program objectives and the program mission and goals is demonstrated in Appendix 1A-2 of the self-study document and also in course objective mapping provided in the virtual resource room, although these documents are not available to students. The team confirmed documentation of the congruence between course objectives and program goals in only two syllabi: NUR 693 and MHE 607. Faculty stated that course assignments are linked to course objectives in each syllabus, but this was not consistently documented in the syllabi reviewed by the team. Team interviews with students confirmed that they know to locate expected outcomes in the handbooks, but the students were not able to articulate how the expected outcomes relate to the program mission and goals. While the DNP curricula are developed from the DNP program mission, goals, and objectives, the post-graduate APRN curricula are developed from the MSN program mission, goals, and objectives because these students have already earned a master’s degree and are earning a new certification, but not a degree.
Curricula are appropriate to the roles for which students are being prepared. For example, clinical experiences are tailored to the specific population for NP tracks.

III-B. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

- Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008).
- Master’s program curricula incorporate professional standards and guidelines as appropriate.
  a. All master’s degree programs incorporate The Essentials of Master’s Education in Nursing (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
b. All master’s degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

- Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.
- DNP program curricula incorporate professional standards and guidelines as appropriate.
  a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
  b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

Elaboration: Each degree/certificate program incorporates professional nursing standards and guidelines relevant to that program, area, role, population focus, or specialty. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

APRN education programs (degree and certificate) (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:
- Advanced physiology/pathophysiology, including general principles that apply across the lifespan;
- Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and
- Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master’s DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.

*Master’s programs that have a direct care focus but are not APRN education programs* (e.g., nursing education and Clinical Nurse Leader), incorporate graduate level content addressing the APRN core. They are not required to offer this content as three separate courses.

**Compliance Concern?**

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<td>Post-graduate APRN certificate:</td>
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**Rationale:**
The DNP program incorporates the *Doctoral Essentials* and *NTF Criteria*. This is documented in Appendix 1A-5 of the self-study document. A worksheet to demonstrate compliance with the *NTF Criteria* was provided in Appendix IIIB-4 of the self-study document. Through a review of all DNP courses, the team confirmed that all of the Essentials have been included with regard to content and expected student outcomes. A table illustrating how the Essentials are incorporated is located in Appendix 1A-5 of the self-study document. The post-master’s DNP track does not prepare students in a new specialty. The BSN to DNP track prepares students as NPs in the following specialties: FNP, AGPCNP, AGACNP, NNP, and CPNP-AC. Separate courses in advanced health assessment, pathophysiology, and advanced pharmacology are included for APRN roles. The BSN to DNP track also includes a CSA track.
The post-graduate APRN certificate program is designed for students with a master’s degree who already hold an advanced practice certification and prepares graduates to practice as nurse practitioners in the following specialties: FNP, AGACNP, NNP, and CPNP-AC. The curricula incorporate the Master’s Essentials and the NTF Criteria. This is documented in Appendix 1A-5 of the self-study document and in the NFT Criteria worksheet (self-study document, Appendix IIIA-4). The team’s review of courses and expected learning outcomes confirmed congruence with the criteria. Separate courses in advanced health assessment, pathophysiology, and advanced pharmacology are included.

In addition to the Essentials and the NTF Criteria, track-specific professional nursing standards and guidelines are included in the curriculum for the DNP and post-graduate APRN certificate programs as appropriate. These include the Adult-Gerontology Acute Care Nurse Practitioner Competencies, Population-focused Nurse Practitioner Competencies, Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs, and the Nurse Executive Competencies. Congruence between the curriculum and professional nursing standards and guidelines was illustrated in course mapping and program and competency mapping by track in the virtual resource room.

Curriculum changes have been made to reflect professional nursing standards and guidelines. For example, the course objectives in NUR 695 and NUR 696 were revised to better match NP core competencies. In addition, the MSN NP tracks has admitted the last cohort as the program will now transition to the DNP level in response to AACN’s recommendation for the DNP as the entry point to advanced practice.

III-C. The curriculum is logically structured to achieve expected student outcomes.

- Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities.
- Master’s curricula build on a foundation comparable to baccalaureate level nursing knowledge.
- DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student.
- Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.

Elaboration: Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced course work.

Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.
DNP programs, whether post-baccalaureate or post-master’s, demonstrate how students acquire doctoral-level competencies delineated in *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.

Compliance Concern?

DNP: No
Post-graduate APRN certificate: No

Rationale:
The post-master’s DNP track builds upon MSN coursework as foundational to DNP education. As stated in the self-study document, the post-master’s DNP track builds on the knowledge of master’s-level nurses. The track describes the foundation as the master’s level, which provides support for courses in the DNP program. The BSN to DNP track builds upon the baccalaureate degree, which is evident in the core curriculum. It is clear that the final scholarly initiative builds on the content of the DNP curriculum. Level of achievement is measured by GPA, coursework, and evidence of creative scholarly work. Successful completion of DNP competencies are demonstrated by: evidence of application of *DNP Essentials* in their courses and practice hours; development and implementation of the scholarly project; and scholarly presentations. The program has analyzed the courses in relation to course objectives, *Doctoral Essentials*, and program outcomes in TaskStream. In a meeting with the team, students reported that they feel well prepared for the program.

The post-graduate APRN certificate program also builds on the undergraduate- and master’s-level competencies of the students. Students have completed a BSN and MSN from an accredited institution prior to entering the program. A gap analysis is completed to ensure that students have had the foundational coursework required. Illustrations are located in Appendix IIIB-7 of the self-study document.

Documentation of the leveling of curricula for the DNP and post-graduate APRN certificate programs is located in Appendix IA-3 as well as in curriculum models. An example of leveling and building upon prior work is that an undergraduate statistics course is a prerequisite for NUR 693 Statistical and Data Analysis for Evidence-based Practice.

III-D. Teaching-learning practices and environments support the achievement of expected student outcomes.

*Elaboration:* Teaching-learning practices and environments (classroom, clinical, laboratory, simulation, distance education) support achievement of expected individual student outcomes identified in course, unit, and/or level objectives.

Compliance Concern?

DNP: No
Post-graduate APRN certificate: No

Rationale:
For the DNP and post-graduate APRN programs, teaching-learning practices have been developed to “create an effective learning environment for all students by using a variety of teaching methods to address diverse learning styles as well as accommodate both large and small class sizes” (self-study document, page 55).
Examples of this include online and WebEx discussion, written assignments, case studies, examinations, and projects. Web-based delivery is an integral part of the teaching-learning processes. The learning management system, BlueLine (Canvas), is well received by faculty and students and is very user friendly. In some courses, such as NUR 756, flipped classroom techniques are employed. Inter-professional education is present between nursing students and pharmacy, medical, and social work students in the Porto Clinic. Simulation has also been incorporated into the clinical practicum courses. Digital patients are used in advanced health assessment. Students go to campus intermittently for activities such as laboratory week, during which they learn various procedures, participate in simulation, and test their skills in a standardized patient competency evaluation. The team’s observation of faculty-student interaction in blended classrooms with students present in person as well as online and the completely online courses confirmed that these techniques are effective and facilitate achievement of program goals and outcomes.

III-E. The curriculum includes planned clinical practice experiences that:
  ▪ enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
  ▪ are evaluated by faculty.

Elaboration: To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the degree/certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
There are 1,200 supervised practicum hours in the BSN to DNP track, 1,000 of which must be direct patient care with a clinical preceptor in the appropriate population. The other 200 hours may be professional service, community service, DNP scholarly project work, and simulation. Students in the BSN to DNP CSA track complete 1,125 clinical hours. Clinical hours for post-graduate APRN certificate students were not addressed in this key element in the self-study document, but team interviews with the program chair and a review of curriculum models confirmed that there are 525 hours for the AGACNP track, 600-675 hours for the FNP track, 600 hours for the CPNP-AC track, and 675 hours for the NNP track. These students may be given credit for some clinical hours from their previous certification based upon the gap analysis displayed in Appendix IIIB-7 of the self-study document.

Students find their own preceptors with oversight from the CON clinical placement coordinator. This is an individualized process based upon the specific needs of each student and their population focus. There is also a faculty clinical facilitator who guides each student to ensure an experience that will meet course objectives and approves the site before the student may begin the practicum. This process is located in Appendix IIE-1 of
the self-study document. During the semester, each preceptor provides feedback to the respective student and clinical faculty regarding progress and opportunities for improvement. The clinical faculty makes site visits and conduct WebEx meetings and/or phone calls to the preceptor. Although the preceptor provides input, only the clinical faculty may assign grades. Team interviews with faculty, students, and preceptors confirmed this process. Documents related to evaluation, site visits, and clinical agreements are found in Appendix IIE of the self-study document.

III-F. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

Elaboration: The curriculum and teaching-learning practices (e.g., use of distance technology, didactic activities, and simulation) are appropriate to the student population (e.g., adult learners, second language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.

Compliance Concern? DNP: No Post-graduate APRN certificate: No

Rationale:
The community of interest is defined by the CON as students, faculty, administrators, staff, CU’s academic and non-academic units and departments, employers, clinical agency sites, faculty practice sites, alumni, the CON Alumni Advisory Board, regulatory groups, regional and specialized accreditation bodies, prospective students and their preparatory institutions, Hastings College, the Jesuit Conference of Nursing Programs, the Nebraska Assembly of Deans and Directors, and healthcare consumers (self-study document, page 14).

In meetings with the team, current DNP and post-graduate APRN certificate students shared examples of the response and support of the CON faculty. Students appreciate that courses are offered online with intermittent campus visits so they can continue their employment. Students confirmed that the variety of teaching methods facilitates their learning and achievement of expected outcomes. Curriculum models are designed for distance learners. The community of interest also has input through Educational Benchmarking, Inc. (EBI) exit surveys, alumni surveys, and employer surveys.

An example of a change made considering the needs of the community of interest occurred because of site visits. During these visits, faculty have the opportunity to view the sites and the interaction between students and preceptors. Based on these visits and the evaluations students complete for preceptors, some sites have been deemed inappropriate for the first 150-300 hours of practicum.

Another example of a change that was made in response to the community of interest is the development of a psychiatric mental health across the lifespan track self-study document, Appendix 1A-6. This specialty is needed in the community and in the military--so much that the military is giving a bonus for NPs with this specialty. This track is to begin in the fall of 2016.
In meeting with various communities of interest members, they all stated that they had input into CON program development and felt that their involvement is valuable to the CON. One clinical partner even provides scholarships for their employees who wish to enter the NNP track because there is such a great need for this specialty.

III-G. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

*Elaboration:* Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students’ clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

**Compliance Concern?**

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**Rationale:**

Through a review of course syllabi, the team confirmed that student performance is evaluated. Examples of student performance were reviewed in the resource room; these included students’ discussion board postings, projects, and student papers. Examples of evaluation forms across programs were also present in the resource room. CU grading policies are adhered to in the CON; the policies are outlined in the handbooks for MSN/post-graduate APRN certificate and DNP programs.

Along with an overview of the CON, all students are informed of grading procedures and other policies in the beginning of programs during the orientation, and they are displayed in the student handbooks. Each course has the stated objectives for the program and for the course included in the course syllabus. The objectives are approved as part of the course development process and also serve as the basis for evaluation. Students are evaluated through a variety of methods: rubrics, written papers, class participation, presentations (in person and virtual), group projects, case study analyses, course examinations, competency checks, simulation, and standardized patient evaluation competencies. DNP level of achievement is measured by grade point average, coursework, and evidence of creative scholarly work. Successful acquisition of DNP competencies is demonstrated by application of *Doctoral Essentials* in students’ courses and practice hours, development and implementation of the scholarly project, and scholarly presentations. Students document their practice hours in their clinical courses in Typhon. Faculty who are responsible for the clinically based courses evaluate the students’ clinical performance.

**III-H. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.**
Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
The team confirmed that the curriculum and teaching-learning practices are regularly evaluated and revised. This is accomplished through administrative oversight, monthly curriculum committee meetings, which include student members, student course evaluations, faculty evaluations, TaskStream data, and the end-of-course summary evaluation tool. Examples of these documents are present in Appendix IIIF of the self-study document. Furthermore, the dean has held focus groups with students to assist in the evaluation of the curriculum and teaching-learning practices. The CON evaluation plan states that the curriculum and teaching-learning practices should be evaluated annually.

In addition, clinical sites and preceptors are evaluated each semester. Sites and preceptors that do not positively affect student learning are not used during subsequent semesters. The team’s review of course evaluations, clinical evaluations, and meeting minutes in the resource room confirmed this process.

An example of a teaching-learning process that occurred due to placement of advanced health assessment online was the introduction of virtual patients into the course. This has been well received by faculty and students and is reflected in course evaluations.

Another example of a curricular change occurred when the student member on the curriculum committee brought forth the concern from classmates that two years was not long enough to complete the post-graduate APRN certificate program, as life events could interfere with success. The committee has just recently recommended that the timeframe for completion be increased to four years. This proposal is awaiting approval.
Standard IV
Program Effectiveness: Assessment and Achievement of Program Outcomes

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

This standard is met for the Doctor of Nursing Practice program.
This standard is met for the post-graduate APRN certificate program.

IV-A. A systematic process is used to determine program effectiveness.

*Elaboration: The program uses a systematic process to obtain relevant data to determine program effectiveness. The process:*
- is written, ongoing, and exists to determine achievement of program outcomes;
- is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; and other program outcomes);
- identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;
- includes timelines for collection, review of expected and actual outcomes, and analysis; and
- is periodically reviewed and revised as appropriate.

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*Rationale:*

A CON evaluation plan based on CCNE’s standards for accreditation is in place and being implemented. This was confirmed through the team’s review of meeting minutes. In addition, a review of the CON evaluation plan with evidence and comments is in the process of being developed online by an associate dean and the CON data manager. Although this is not yet complete, a review of the current content was confirmed. When completed, this online evaluation plan will better enable trending.

In addition, the University Assessment Committee (UAC) conducted an internal review of the CON to determine program effectiveness as part of the CU evaluation process.

IV-B. Program completion rates demonstrate program effectiveness.

*Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master’s, and DNP) and post-graduate APRN certificate program:*
- The completion rate for each of the three most recent calendar years is provided.
- The program specifies the entry point and defines the time period to completion.
- The program describes the formula it uses to calculate the completion rate.
- The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.
A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.

This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.

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**Rationale:**
The program definition of time to completion gives BSN to DNP students eight calendar years from the date of credit for the first graduate course. Post-master’s DNP students have four calendar years from the date of credit for the first graduate course. These definitions are found in the CON evaluation plan. Extensions may be granted for circumstances beyond students’ control.

There were 251 BSN to DNP students enrolled from the inception of the program in January 2012 through the fall of 2015. In December of 2015, 195 of those students remained, which is currently a retention rate of 85%. A table in Appendix IV-1 of the self-study document describes the reasons students left the program. Because the students have eight calendar years to complete, it is too soon to determine the completion rate of any cohort. In May of 2016, 16 BSN to DNP students are expected to graduate.

There were 21 post-master’s DNP students in the program from January 2012 through December 2015. Nine students graduated, seven are still enrolled, and three are expected to graduate in May. There is a 76% retention rate. A table in Appendix IV-2 of the self-study document describes the reasons students left this program.

Post-graduate APRN certificate students have two years from enrollment in the first course in the CON to complete. This definition is found in the CON evaluation plan. Since 2012 there have been 20 students enrolled in the program. Fifteen are currently enrolled, and five have graduated. The average time to complete is 14.6 months with a range of 11-23 months. Thus, there is currently a 100% completion rate for this program.

**IV-C. Licensure and certification pass rates demonstrate program effectiveness.**

*Elaboration: The pre-licensure program demonstrates achievement of required program outcomes regarding licensure.*

- The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years.
- The NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year. However, if the NCLEX-RN® pass rate for any campus/site and track is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.
A campus/site or track with an NCLEX-RN® pass rate of less than 80% for first-time takers for the most recent calendar year provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, data relative to specific campuses/sites or tracks, and data on repeat takers.

The graduate program demonstrates achievement of required program outcomes regarding certification. Certification results are obtained and reported in the aggregate for those graduates taking each examination, even when national certification is not required to practice in a particular state.

- Data are provided regarding the number of graduates and the number of graduates taking each certification examination.
- The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.
- The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.

A program with a pass rate of less than 80% for any certification examination for the most recent calendar year provides a written explanation/analysis for the variance and a plan to meet the 80% certification pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, and data on repeat takers.

This key element is not applicable to a new degree or certificate program that does not yet have individuals who have taken licensure or certification examinations.

Compliance Concern?  
DNP: No  
Post-graduate APRN certificate: No

Rationale:

The pass rates for certification for the NP graduates is documented on page 6 in the self-study document for years 2013 to 2015. Certifying organization and population foci are also documented. One hundred percent of the 39 students who took a national certification focus area test for the first time achieved a passing score. In addition, within the self-study document, the CON reported results from 2012 through 2015, an additional year. One hundred percent of BSN to DNP graduates passed the certificate examinations. The CON passed its own expectation with a 90% pass rate for the BSN to DNP graduates and post-graduate APRN certificate program completers, thus the CON has met its expectations.

IV-D. Employment rates demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.

- The employment rate is collected separately for each degree program (baccalaureate, master’s, and DNP) and post-graduate APRN certificate program.
- Data are collected within 12 months of program completion. For example, employment data may be collected at the time of program completion or at any time within 12 months of program completion.
The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.

Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance. This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.

Compliance Concern?

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Rationale:

According to the CON evaluation plan, 80% or more of DNP graduates will be employed in advanced nursing positions within twelve months of graduation. The CON reported that 100% of the post-graduate APRN certificate program students and the post-master’s DNP students are employed upon entry into the program. When meeting with the employers, the team confirmed that a number of local hospital-based nurses in specialty areas have been offered scholarships to get their post-graduate APRN certificates or a DNP in their practice areas. The three year EBI trended data indicate that 79.6% of the BSN to DNP graduates were employed during the years 2011 through 2014. This meets the employment rate expected by CCNE, although it is slightly below the program’s goal. The staff and faculty who use EBI data reported that EBI employment data are reported by academic year, so employment status may be under reported. In addition, often graduates of the program do not report employment status.

IV-E. Program outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure and certification pass rates (Key Element IV-C), and employment rates (Key Element IV-D); and those related to faculty (Key Element IV-F).

Program outcomes are defined by the program and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the degree and certificate programs offered and may include (but are not limited to) student learning outcomes; student and alumni achievement; and student, alumni, and employer satisfaction data.

Analysis of the data demonstrates that, in the aggregate, the program is achieving its outcomes. Any program with outcomes lower than expected provides a written explanation/analysis for the variance.

Compliance Concern?

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Rationale:

In addition to program completion, certification, and employment outcomes, the program has also chosen alumni, student, and employer satisfaction and manuscripts and publications of DNP students as outcomes to demonstrate program effectiveness. To measure student satisfaction, the DNP exit assessment is distributed to all graduating DNP students, and a mean of 5.0-5.5 was determined to be the benchmark for each objective subscale. Trended data indicated that this benchmark was met (self-study document, Appendix IVE-1). Alumni surveys are distributed one year after graduation to determine alumni satisfaction with the program. A mean of 5-5.5 was set for this benchmark. Trended data indicated that overall, the benchmarks were met and that
alumni are satisfied with the program (self-study document, Appendix IVE-2). The team’s review of committee meeting minutes confirmed that subscales that did not meet the benchmark were addressed. Employee satisfaction data are problematic. According to an associate dean, alumni must respond to their surveys with the employer name, and then the employer is sent the employer satisfaction survey; this requires two strong response rates to acquire the desired data. However, although response rates are low, the employers that did respond had responses above the 5.0-5.5 benchmark. In addition, employers are sending their employees to CU CON for a post-graduate APRN certificate to achieve certification in their areas of population-focused practice. If satisfaction were low, the employers would not be offering scholarships for this endeavor.

Fifty-five manuscripts were completed prior to graduation of DNP students for academic years 2012-2015. Of these, 19 have been published in peer reviewed journals. A list of student publications is included in the self-study document Appendix IVE-3, and the team had an opportunity to review some of these publications.

The UAC also conducted an internal review of the CON to determine program effectiveness as part of the CU evaluation process. The report of this review was available to the team in the resource room. The review indicated that the program is effective and cited its growth as an opportunity and challenge. As further evidence of CON effectiveness, the UAC recommended the next review be done in seven years.

IV-F. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:
- are identified for the faculty as a group;
- incorporate expected levels of achievement;
- reflect expectations of faculty in their roles and evaluation of faculty performance;
- are consistent with and contribute to achievement of the program’s mission and goals; and
- are congruent with institution and program expectations.

Actual faculty outcomes are presented in the aggregate for the faculty as a group, analyzed, and compared to expected outcomes.

Compliance Concern? DNP: Yes
Post-graduate APRN certificate: Yes

Rationale:
Faculty are involved in teaching, scholarship, service, and practice according to the self-study document and a sampling of faculty curricula vitae. In summary, the graduate faculty are rated highly by the students according to evaluations, and faculty have been recognized for teaching excellence. Some faculty have published in peer reviewed journals and served on editorial boards. Presentations have been made on state, regional, national, and international levels. Some research funds have been obtained, and awards have been received. All faculty serve on CON committees.
Upon further review, the team examined the written expected aggregate outcomes for the faculty in the CON evaluation plan (self-study document, Appendix IA-4, page 17). The expected outcomes include individual and aggregate faculty outcomes. As stated above, the individual faculty outcomes are reported in the self-study document. In addition, the expectation that 100% of the faculty participate in CON, CU, professional, and/or community service is displayed in several charts. The expected aggregate outcome that 75% of the tenured faculty participate in scholarship activities was not provided in the self-study document or in the resource room. In addition, aggregate data were not located summarizing student evaluation of teaching effectiveness at scores of greater than or equal to four. Consequently, without aggregate data, the team was unable to determine if the faculty met the outcome.

IV-G. The program defines and reviews formal complaints according to established policies.

Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program’s definition of formal complaints includes, at a minimum, student complaints. The program’s definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
CU and the CON have clearly defined what constitutes a formal complaint in the new university-wide formal complaint policy (2014). These processes are well documented in the various student handbooks. Team interviews with faculty and students confirmed their knowledge of this policy. There have been no formal complaints for 2012, 2013, 2014, or 2015.

IV-H. Data analysis is used to foster ongoing program improvement.

Elaboration: The program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement.

- Data regarding actual outcomes are compared to expected outcomes.
- Discrepancies between actual and expected outcomes inform areas for improvement.
- Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
The team’s review of committee meeting minutes and materials in the virtual resource room confirmed that data are collected and analyzed and that these analyses are used to foster program improvement. When meeting with the team, faculty provided the following examples of changes made as a result of analyzing data:
(a) EBI data from graduates indicated that they scored lower on Ignatian values than desired. In response,
Ignatian values were intentionally added to assignments, and the EBI scores measurably improved, and (b) EBI scores on technology were lower than desired, although the benchmark was being met. In response, a technology assignment was added to two nursing courses, NUR 686 and NUR 857, and scores were again reviewed after this change. Committee meeting minutes and team discussions with faculty confirmed that faculty were involved in this improvement process.