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CCNE-ACCREDITATION

May 19, 2014

Debra K. Bailey, PhD, MS, RN, FNP
Director
Department of Health Sciences
Colorado Mesa University
1100 North Avenue
Grand Junction, CO 81501

Dear Dr. Bailey:

The Commission on Collegiate Nursing Education's (CCNE) Board of Commissioners acted at its meeting on April 22-25, 2014, to grant accreditation to the master's degree program in nursing and the Doctor of Nursing Practice (DNP) program at Colorado Mesa University for 5 years, extending to June 30, 2019. These accreditation actions are effective as of October 21, 2013, which is the first day of the programs' recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the fall of 2018.

At its meeting, the Board determined that the programs met all four accreditation standards. The Board additionally determined that there are no compliance concerns for the master's program with respect to the key elements. However, there is a compliance concern for the DNP program with respect to Key Element II-E.

As is required for all accredited programs, a Continuous Improvement Progress Report (CIPR) must be submitted at the mid-point of the accreditation term.

The master's program must submit a CIPR addressing the program's continued compliance with all accreditation standards.

The DNP program must submit a CIPR addressing the program's continued compliance with all accreditation standards and focusing, in particular, on the following compliance concern:

Demonstrate that, when used by the program, preceptors, 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 (Key Element II-E). Specifically, the program must demonstrate that preceptors have the expertise to support student achievement of expected learning outcomes.

The deadline for submitting the progress report to CCNE is December 1, 2016. The Report Review Committee, and then the Board of Commissioners, will review the progress report. For more information about CIPRs, please refer to the CCNE procedures.

Please note that the aforementioned CIPR needs to address the CCNE standards that are in effect at the time of submission. In the reminder letter sent approximately five months prior to the CIPR due date, CCNE will inform the program of the specific standards to be used and will provide guidance for the preparation of the report.

A copy of the accreditation report that was sent to you earlier, along with your response to it, is being transmitted to the institution's chief executive officer as the Commission's official report to Colorado Mesa University. We hope that both the results of the self-study process and the accreditation report will be useful to the continued

growth and development of the nursing programs. Certificates of accreditation are enclosed.

If an institution elects to make public disclosure of a program's CCNE accreditation status, the institution must disclose that status accurately. Either of the following statements may be used for disclosure of the accreditation status to the public:

The (baccalaureate/master's/DNP program) 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/master's/DNP program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accreditation>).

For more information on CCNE's disclosure policy, as well as information on use of the CCNE accreditation seal, please visit <http://www.aacn.nche.edu/ccne-accreditation/seal-policy/baccalaureate-graduate>.

As a reminder, programs are expected to continue to comply with the current CCNE standards and procedures throughout the period of accreditation. These documents are available at <http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate>. This includes advising CCNE in the event of any substantive change in the nursing programs. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are discussed further in the CCNE procedures.

We appreciate the many courtesies and the helpfulness extended to the CCNE evaluation team in the fall of 2013. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing programs.

Sincerely,



Judith F. Karshmer, PhD, PMHCNS-BC
Chair, Board of Commissioners

cc: President Tim Foster
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team

CERTIFICATE OF ACCREDITATION

In accordance with its accreditation standards and procedures
COMMISSION ON COLLEGIATE NURSING EDUCATION
has accredited

**Master's Degree Program in Nursing
Colorado Mesa University**


EXECUTIVE DIRECTOR

October 21, 2013
EFFECTIVE DATE OF ACCREDITATION



ONE DUPONT CIRCLE NW
SUITE 530
WASHINGTON DC 20036

THIS CERTIFICATE IS VALID FOR THE DURATION OF THE PERIOD OF ACCREDITATION

CERTIFICATE OF ACCREDITATION

In accordance with its accreditation standards and procedures
COMMISSION ON COLLEGIATE NURSING EDUCATION
has accredited

Doctor of Nursing Practice Program
Colorado Mesa University


EXECUTIVE DIRECTOR

October 21, 2013
EFFECTIVE DATE OF ACCREDITATION



THIS CERTIFICATE IS VALID FOR THE DURATION OF THE PERIOD OF ACCREDITATION



Commission on
Collegiate Nursing
Education

Serving the
Public Interest
Through Quality
Accreditation

August 17, 2012

Debra Bailey, MS, RN, FNP
Director
Department of Health Sciences
Colorado Mesa University
1100 North Avenue
Grand Junction, Colorado 81501

Dear Ms. Bailey:

The Executive Committee of the Commission on Collegiate Nursing Education (CCNE) acted on February 14, 2012, to approve the substantive change notification submitted on September 1, 2011 by the master's and Doctor of Nursing Practice (DNP) degree programs at Colorado Mesa University. The Executive Committee reviewed and approved the substantive change notification regarding implementation of a master's degree nursing program and post-baccalaureate DNP program in August 2011.

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Please note that programs are expected to continue to comply with the CCNE standards and procedures throughout the period of accreditation. This includes advising CCNE in the event of any substantive change in the nursing programs or of any major organizational changes that may affect the programs' administration, scope, or quality. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are discussed further on pages 22-23 in the CCNE *Procedures for Accreditation of Baccalaureate and Graduate Degree Nursing Programs* available at <http://www.aacn.nche.edu/ccne-accreditation/Procedures.pdf>.

As a reminder, a substantive change notification is required if the program has a change in status with the state board of nursing or other accrediting or approval entity, including cases in which the program is placed on warning, probation, or other equivalent status by any regulatory body or recognized accrediting agency.

Thank you for providing CCNE with the substantive change notification. Please do not hesitate to contact Crystal Pool, CCNE Assistant Director, at (202) 887-6791 x245 or cpool@aacn.nche.edu, if you have questions or need assistance.

Sincerely,

A handwritten signature in black ink, reading "Linda M. Caldwell". The signature is written in a cursive, flowing style.

Linda M. Caldwell, DNSc, ANP-BC
Chair, CCNE Board of Commissioners



**Department of Health Sciences
Grand Junction, CO**

**Master's of Science in Nursing (MSN) and
Doctor of Nursing Practice (DNP)
Self-Study Report**

**Submitted to:
Commission on Collegiate Nursing Education
October 21-23, 2013**

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ABBREVIATIONS AND ACRONYMS

AACN – American Association of Colleges of Nursing
APN – Advanced Practice Nurse
ASG – Associated Student Government
BOT – Board of Trustees
CCHE – Colorado Commission on Higher Education
CCNE- Commission on Collegiate Nursing
CEC – Clinical Education Center
CMU – Colorado Mesa University
CPPM - Curriculum Policies and Procedures Manual
CSBON – Colorado State Board of Nursing
DH – Department Head
DHS – Department of Health Sciences
D2L – Desire2Learn
EAS – Educational Access Services
Essentials – AACN BSN, MSN, and DNP Essentials
ESOs – Expected Student Outcomes; AKA Program Outcomes
EFOs – Expected Faculty Outcomes
EISLOs – Expected Individual Student Learning Outcomes; AKA Course Objectives
FTES – Full time equivalent student
GAB – Graduate Advisory Board
GJ – Grand Junction
Handbook – Graduate Student Nursing Handbook
HLC- Higher Learning Commission
IT – Information Technology
MC – Maverick Center
MAVZone – Computerized communication system
SEP – Systematic Evaluation Plan
TPC – Tenure and Promotion Committee
VPAA – Vice President of Academic Affairs

INTRODUCTION

The State of Colorado and Mesa County

Colorado (CO) is the nation's eighth largest state, with a land mass of more than 103,000 square miles. According to the 2010 Census, the population of CO was 5,187,582 (ranking 22nd in the nation for population), with an average population of 48 people per square mile (compared with a national average of 87 people per square mile). The majority of the population resides in the eastern counties, primarily Metro Denver. Mesa County is in the western portion of state and is the fourth most extensive and the eleventh most populous of CO's 64 counties. Approximately 147,000 people reside in an area that is 3,341 square miles (<http://www.gjep.org/Data-Demographics.aspx>).

Need for Graduate Nurse Education

Given the rural character of the state there is a need for graduate nursing education in western CO. The uneven distribution of the health care workforce across the state has significant implications for access to health care services. Without an adequate health care sector in CO's rural counties, it will be difficult to maintain the other elements of a viable economy in these regions, let alone attract new residents and employers. As the largest single occupation within the health care delivery system, Colorado's 61,000 nurses (RNs, LPNs and Advanced Practice Nurses) are a critical element defining the capacity and nature of health care delivery practices in the state (Colorado State Board of Nursing, CSBON, 2010). According to forecasts, it is anticipated that western states will experience the greatest RN shortages (389 RN jobs per 100,000; *American Journal of Medical Quality*, 2012).

CO ranks 33rd in the nation for the number of nurses per 100,000 residents (874 per 100,000; Health Resources and Services Administration (HRSA), 2013). The nursing and primary care provider shortage has far-reaching effects, particularly in rural communities such as Mesa County (<http://www.colorado.gov/cs/Satellite/CDPHE-PSD/CBON/1251618793013>). Further, Mesa County is designated, by HRSA, as a Health Professional Shortage Area – specifically for medical, dental, and mental health services (<http://datawarehouse.hrsa.gov/hpsadetail.aspx>). This suggests that a significant increase in opportunities for advanced practice nurses, especially nurse practitioners, is emerging to help meet the primary care needs of CO residents.

An additional challenge facing CO will be how to expand the state's capacity to educate BSN-degree nurses, given the growing shortage of nursing faculty. CO's nursing schools graduate 1,900 nurses annually, an amount which will be reduced due to faculty and clinical placement shortages. Assuming these issues are resolved, health care employers will still have to recruit at least 1,000 new nurses from the national workforce market each year (Colorado Center for Nursing Excellence, 2013).

Colorado Mesa University (CMU)

CMU is a comprehensive public university whose purpose is to promote the acquisition of skills as well as the discovery and application of knowledge. Students are encouraged to develop the intellectual, ethical, and aesthetic sensibilities enabling an individual to pursue a rewarding career and assume a responsible and productive role in society. CMU has been designated by the state legislature as a regional education provider with the responsibility of meeting the educational needs for 14 western slope counties (*MSC Progress Report August, 2010, p. 1-3*; the progress report will be available in resource room). The role and mission of the institution was reenacted in 2010 by the Colorado General Assembly (Colorado Revised Statutes 23-53-101) and amended in 2011 when Mesa State College was renamed CMU (*CMU Catalog, 2013-2014, p. 7*). Currently the institution offers 60 majors; student-to-faculty ratio is 22:1.

The institution has a performance contract with the Colorado Commission on Higher Education (CCHE) articulating a commitment to the state's four goals for higher education as documented in the commission's master plan which can be accessed online and will be available in the resource room ([http://highered.colorado.gov/Publications/General/StrategicPlanning/MasterPlan2012/Master Plan_Final.pdf](http://highered.colorado.gov/Publications/General/StrategicPlanning/MasterPlan2012/MasterPlan_Final.pdf)):

1. Ensure widespread access to public colleges and universities with particular focus on the participation and success of underserved students.
2. Improve academic competencies and provide essential learning experiences.
3. Provide for the efficient and effective stewardship of resources.
4. Be a primary partner in educating a workforce that contributes to the economic development and growth of CO.

CMU seeks to liberate persons from their narrow interests and prejudices, help them observe reality precisely, judge opinions and events critically, think logically, and communicate in an effective manner (*CMU Catalog, 2013-14, p.8*). The catalog can be accessed online and will be available in resource room (http://www.coloradomesa.edu/shared/catalog/CMU_Catalog_1314.pdf).

Campuses

Main: CMU's main campus is located in Grand Junction (GJ), CO and encompasses 78 acres. GJ, a city of over 46,000, serves as the cultural, educational, and commercial center for this region. Nestled between mountains and high-desert canyons, the area is home to some of the best outdoor recreation in the country and enjoys approximately 300 days of sunshine a year. The university offers programs of value in the areas of civic and cultural life, research, and recreation. The institution plays an active and a constructive role in improving the quality of human life and the environment. Educational services are extended to anyone regardless of age, race, color, national origin, religion, gender, disability, veteran status, or sexual orientation. Currently CMU offers programs leading to awards in four levels:

technical certificates, associate degrees, baccalaureate degrees, and at the graduate level, the master's and doctoral degree.

Western Colorado Community College (WCCC) – Tilman M. Bishop Campus: In 2005, WCCC, a two-year, open admission institution, was created as an integral component of CMU. Implicit in the WCCC's two-year role and mission is the expectation of offering programs and services supporting those less prepared for postsecondary education. Meeting this diversity of needs necessitates delivering programs using a combination of site-based and distance-delivery modes. Programs at the Bishop Campus serve the technical education needs of both university and area high school students, as well as continuing and community education needs of industry and individuals.

Montrose: CMU's Montrose Campus, located at the base of the San Juan Mountains, provides access to a variety of associate and bachelor degree programs in a scenic, smaller community campus setting. The Montrose Campus offers courses leading to the completion of selected associate of art (AA) degrees; bachelor of art (BA) degree completion tracks; general education classes, and selected upper-division and graduate-level classes.

Industrial Energy Training Center: The Center is located on the South Campus and houses staff offices, training areas, and classrooms for the electric line-worker program.

Organizational Structure

CMU is comprised of 13 academic departments: Art; Biological Sciences; Business; Computer Science, Mathematics, and Statistics; Health Sciences (DHS); Kinesiology; Languages, Literature, and Mass Communication; Mechanical Engineering/Technology; Music; Physical and Environmental Sciences; Social and Behavioral Sciences; Teacher Education; and Theatre. The Master's of Science in Nursing (MSN) and Doctor of Nursing Practice (DNP) are two of eleven programs, representing various health disciplines, in the DHS. A campus-wide organizational chart is provided in Appendix 1. A DHS organizational chart is provided in Appendix 2.

Strategic Planning: Across the campus, staff remain involved in strategic planning with investments in student recruitment, which, when coupled with program and campus enhancements, have resulted in increased student enrollment (*Strategic Plan*, 2010; <http://www.coloradomesa.edu/president/documents/StrategicPlan01-27-11.PDF>; the plan will be available in the resource room).

Enrollment: CMU has an enrollment of more than 9,000 students with almost 12 percent of the student body coming from outside CO. The student population is 54 percent female, 46 percent male, and 20 percent from traditionally underrepresented groups. The vast majority of students (73%) is traditional-aged students and enrolled in full-time study. Many students attend classes while also working and caring for families, and CMU is proud to offer evening, online, and distance education classes allowing non-traditional and working students the opportunity to further their educational attainment and

advance in their professions. Enrollment data for spring 2010 to spring 2013 can be found online at http://www.coloradomesa.edu/ir/documents/Census_Spring13_Total.pdf and http://www.coloradomesa.edu/ir/documents/CDS2011_2012.pdf. Current enrollment data (campus-wide and graduate nursing programs) will be available in the resource room.

Accreditation Status/Carnegie Classification: Beginning in 1957, CMU has been continually accredited by the Higher Learning Commission (HLC and received full accreditation at the last site visit ((2003-2004). **HLC will be conducting a site visit in November 2013;** self-study materials will be made accessible in the resource room.

The Carnegie Classification for CMU is:

- Undergraduate Instructional Program: Bal/SGC: Balanced arts & sciences/professions, some graduate coexistence
- Graduate Instructional Program: Postbac-Prof/Ed: Postbaccalaureate professional (education dominant)

Department of Health Sciences (DHS)

CMU and the DHS are proud of the faculty in the graduate nursing programs who dedicate time, energy, and talents to our students. CMU's administration is supportive of the accreditation process for both the MSN and DNP programs.

Nursing Education and CMU

Mesa County and GJ in particular, has been recognized at a national level for having a cost-effective integrated healthcare system that promotes excellent patient outcomes (<http://newamerica.net/files/GrandJunctionCOHealthCommunityWorks.pdf>). This system is characterized by a vision of mutual self-interest that promotes and maintains a high-performance health care system. The Dartmouth Atlas of Health Care rates GJ as having one of the most efficient medical communities in the nation (<http://www.dartmouthatlas.org/data/region/profile.aspx?loc=151>). In 2006, average Medicare spending per capita was \$5,900, about thirty percent lower than the national average of \$8,300 and only one-third that of high-cost areas such as McAllen, Texas. GJ also rates high on measures of medical quality: it has extremely low readmission rates to hospitals and among the very lowest number of average days spent in the hospital by people at the end of their lives.

This vision provides the opportunity for graduate nursing students to learn, grow, and be mentored by key leaders in our system of care. Numerous opportunities exist for the student to assist in further developing the community's healthcare system through student research and culminating projects.

Moss School of Nursing & Career Ladder

It should be noted that in September 2012 CMU received funding from a philanthropic couple who have long supported the institution; the Moss School of Nursing was established in their honor.

The mission of CMU's nursing faculty (as a whole) is to provide a unique opportunity to offer nursing education at the baccalaureate (BSN; RN-to-BSN) and community college level (Practical Nursing and LPN-to-AAS degrees). The addition of graduate nursing education program allows a nurse to progress through all levels of nursing education and clinical practice. The department's unique role and mission makes this one of the few universities in the country able to offer a complete nursing educational career ladder.

Graduate Nursing Education

In fall 2009 the DHS proposed to expand the nursing education career ladder to include opportunities for graduate nursing education. Current junior and senior BSN students, as well as health care agency personnel, were queried regarding interest/support for graduate nursing education. In March 2010 a formal proposal was presented to the Graduate Council, Board of Trustees (BOT), and the CCHE. In February 2011 the HLC completed a focused visit. Their report included the following statements:

Mesa State College has clearly demonstrated its commitment to offer the Master of Science in Nursing and Doctor of Nursing Practice Programs. There is evidence of significant campus efforts underway to assure that a culture of graduate education exists on the campus that is primarily one of undergraduate program offerings.

The team recommends that the Master of Science in Nursing Program be approved effective fall 2011 with a *Monitoring Report* on the two areas to be submitted no later than August, 2011. Admission of students into the Doctor of Nursing Practice for fall 2012 is contingent upon approval of the *Monitoring Report*.

Note: The *Monitoring Report* was submitted and approved as requested; all planning and approval documents will be available in the resource room. The reviewers strongly encouraged the faculty to clearly delineate content addressing both the program stated goals and the expected product of the experience at the master's level.

Based upon this recommendation, the faculty modified the existing Advanced Nursing Practice Cognate and added a second cognate in Nursing Education. It is believed that these two cognates include the foundational coursework to address the identified needs for entry level nurse educators and advanced practice nurses. Most recently, the DHS has partnered with the Department of Business in creating an MBA/MSN cognate (Certificate in Health Information Systems) preparing graduates for information technology roles in nursing administration and health care leadership.

Rationale for Program Development: With the aging of the nursing faculty workforce, there is a need to increase the pool of master's and doctoral prepared nurses who serve as faculty in nursing throughout our region. In addition, development of a DNP can help alleviate the shortage of primary care providers who, under new legislative reform, can improve access to health care in both urban and rural

settings. Presently, no educational institution in western CO is offering graduate nursing education programs. Nurses who desire graduate education must attend programs offered by schools on the eastern slope of CO (University of Colorado at Denver, University of Colorado at Colorado Springs, University of Northern Colorado, Regis University), online programs (University of Phoenix, Walden University), or out-of-state programs. While some of the state schools offer online education opportunities, all require some time “on-campus,” which requires students to travel through the mountains to attend sessions in the Denver Metro area. Travel costs, housing and living expenses, and inclement weather create barriers to accessing graduate education from these programs.

Completing courses at CMU affords a graduate nursing student the opportunity to study and engage in clinical practice in both urban and rural settings. GJ provides multiple advanced clinical opportunities including the Level II Trauma Center at St. Mary's Hospital, Advanced Cancer Pavilion, Hospice of Western Colorado, St. Mary's Family Practice Center, Veteran's Administration Medical Center, Community Hospital, Primary Care Partners, Marillac Clinic, and Grand Rivers Health. In addition, many small communities in our region offer students clinical opportunities to practice in rural settings including Critical Access Hospitals, migrant health clinics, and community health centers. A complete listing of affiliated clinical and community agencies will be available in the resource room.

Program Overview

Each graduate nursing program is delivered using a hybrid format, providing flexibility for students to remain in their current work positions and home communities using online course delivery methods. Opportunities are provided each semester for personal interaction with faculty and peers in focused intensive sessions. Acceptance to the graduate programs occurs as follows: Fall cohort – April 1; Spring cohort - November 1; and Summer cohort – April 1). Students may choose to complete three courses (9-credit hours) as a non-degree seeking student; deadlines for this designation are as follows: Fall – August 1; Spring – December 1; and Summer – May 1.

An initial cohort of 16 students applied to the MSN program in fall 2010 (as non-degree seeking, NDS). In spring 2011 15 students enrolled in MSN courses. In spring 2011 four students applied to the DNP; the first student to enroll in DNP courses did so in fall 2011. As of spring 2013 there are 14 MSN students (four NDS; 10 degree-seeking); there are three degree seeking-students enrolled in the DNP program. Three students anticipate graduating from the MSN program in fall 2013. A summary of enrollment and completion data is presented in Appendix 3; up-to-date data (as of fall 2013) will be available in the resource room.

MSN: The **36-credit hour** MSN program is designed for students already possessing a baccalaureate degree in nursing. Graduates **function as advance practice nurses** and are **prepared to pursue new and innovative roles** that result from health care reform and changes in an evolving and global health care system. Emphasis is placed on providing students with the advanced theoretical knowledge and

practice skills needed to undertake clinical leadership in a variety of health care settings. Evidence-based practice, outcomes management, clinical research, and clinical decision-making are highlighted.

The program includes:

- 18-credit hours of **core knowledge** including theoretical foundations (NURS 500), nursing research methods (NURS 500), health information systems (NURS 502), organizational leadership (NURS 503), health policy (NURS 504), and quality improvement (NURS 505).
- 9-credit hours of **advanced practice core** including pharmacology for advance nurse practitioners (NURS 526), pathophysiologic concepts (NURS 525), and health assessment for advance nurse practitioners (NURS 527); each of these courses have integrated clinical component requirements
- 3-credit hours **Capstone (NURS 575) or Thesis (NURS 580)**; faculty will be submitting curricular modification forms to the Graduate Curriculum Committee fall 2013 to delete the Thesis option – the rationale is to have all students complete a Capstone project that incorporates clinical experiences. The modification forms will be available for review in the resource room.
- **Oral Comprehensive Exam**

Students select between two cognates:

- 6-credit hours of **advanced practice cognate** including chronic illness (NURS 530), health promotion and disease prevention (NURS 535)
- OR**
- 6-credit hours of **nursing education cognate** including teaching strategies (NURS 540) and curriculum design/evaluation (NURS 545)

Note: A graduate of the MSN program must complete the prescribed course of study with a cumulative GPA of 3.0 or higher within four (4) years.

DNP: The **72-credit hour** DNP builds upon the generalist foundation acquired through a BSN or advanced generalist MSN. The program is designed for nurses wishing to assume the role of a Family Nurse Practitioner (**FNP**). The curriculum enables the graduate to conduct complex diagnostic and treatment modalities, utilize sophisticated informatics and decision-making technology, and assimilate in-depth knowledge of biophysical, psychosocial, behavioral and clinical sciences. Graduates focus on **providing care to populations and communities with an emphasis on improving quality and access to diverse populations**. In addition, graduates can choose to prepare for educator positions **to address the critical nursing faculty shortage**.

The program includes:

- 27-credit hours of **core knowledge** including theory, research, health information systems, leadership, health policy, quality improvement, statistics (NURS 625), epidemiology (NURS 626), and evidence-based practice (NURS 700).
- 36-credit hours of **advanced nursing practice cognate** including pharmacology, pathophysiology, health assessment, chronic illness management, health promotion and disease prevention, FNP issues (NURS 600), primary care of the child/adolescent (NURS 601) with practicum (NURS 610), primary care of the adult (NURS 602) with practicum (NURS 620), primary care of the elderly (NURS 603) with practicum (NURS 620), rural health care practicum (NURS 640), FNP preceptorship (NURS 650), and transition into advanced nursing practice (NURS 660).
- 3-credit hours of elective course work – maybe taken in another discipline if deemed applicable
- 6-credit hours **Capstone – NURS 750 and NURS 760**
- **Oral Comprehensive Exam**

Note: The program requires a minimum of 1000 hours of immersion in clinical practice to build and assimilate knowledge for advanced practice at a high level of complexity. These experiences provide the context for the DNP Capstone Project. A graduate of the DNP program must complete the prescribed course of study with a cumulative GPA of 3.0 or higher within six (6) years.

Purpose and Design of the Self-Study

The following self-study is the result of a comprehensive review, conducted by the faculty, of the MSN and DNP programs throughout academic years 2011-2013. The report is designed to elucidate to the reader how each program complies with each standard as described in the American Association of Colleges of Nursing *Essentials*. Evidence of compliance is provided in the discussion of each key element and in supplemental documents. These consist of the appendices, university documents, as well as resources on hand for the site visitor's review. At the end of each standard is a summary of what the faculty believe are each program's strengths and challenges, as well as plans to address identified challenges.

STANDARD I
PROGRAM QUALITY: MISSION AND GOVERNANCE

STANDARD I
PROGRAM QUALITY: MISSION AND GOVERNANCE

The mission, goals, and expected aggregate student and faculty 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.

I-A. The mission, goals, and expected student 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 student outcomes are written and accessible to current and prospective students. 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 programs exist. Expected student outcomes are clear and may be expressed as competencies, objectives, benchmarks, or other language congruent with institutional and program norms.

The program identifies the professional nursing standards and guidelines it uses, including those required by CCNE and any additional program-selected guidelines. A program preparing students for specialty certification incorporates professional standards and guidelines appropriate to the specialty area. A program may select additional standards and guidelines (e.g., state regulatory requirements), as appropriate. Compliance with required and program-selected professional nursing standards and guidelines is clearly evident in the program.

Program Response:

Each program's mission statement, goals, and expected student outcomes (ESOs; identified as Program Outcomes) are written and accessible to current and prospective students.

The institution's role is to serve as a general baccalaureate and graduate institution with moderately selective admission standards. CMU offers liberal arts and sciences, professional and technical degree programs, and a limited number of graduate programs. The nursing faculty within the DHS has developed a career ladder. The initial rung in the ladder is an LPN program which lays the foundation for advanced curriculums. Graduate nursing courses represent higher rungs in the career ladder. The mission, goals, and ESOs of each graduate nursing program are congruent with those of CMU. These statements are included in program information sheets and are accessible to current and prospective students on the institution's (<http://future.coloradomesa.edu/academics/graduate>) and the DHS's websites (<http://www.coloradomesa.edu/healthsciences/index.html>).

Values and Vision: The values and vision identified by the faculty and students in the DHS programs are aligned with those of CMU. This relationship is depicted in Appendix I-A-1.

Each program has a specific mission statement and goals; the program goals are clearly differentiated as master's and doctoral level.

MSN: Faculty recognize that graduate's with a MSN degree will function as advance practice nurses and will be prepared to pursue new and innovative roles resulting from health care reform and changes in an evolving and global health care system. Emphasis is placed on providing students with the advanced theoretical knowledge and practice skills needed to undertake clinical leadership in a variety of health care settings. Students are prepared to assume accountability for patient outcomes, elevate care, and promote health through assimilation and application of research-based information. Evidence-based practice, outcomes management, clinical research, and clinical decision-making are highlighted in each course. The Capstone experience enables students to demonstrate mastery of ESOs and provides evidence of competency achievement.

Graduates of the program may pursue direct care practice roles in a variety of settings; others may choose indirect care roles or areas of practice focusing on an aggregate, systems, or an organizational focus. Components of their roles are expert clinical practice, assessment of outcomes, research, teaching, collaboration, and consultation within health care systems. Examples of such roles include nurse educator and nurse administrator. Implementation of a particular role may emphasize some role attributes more than others and reflect the advance practice nurse's area of expertise.

Applicants are offered admission to the MSN program on the basis of intellectual capacity, clinical and academic performance, maturity, clarity of goals, and other qualities appropriate to graduate study in nursing. Not all of these qualities are measured in absolute terms, and the decision to make an offer of admission is based on a balanced appraisal of the total application record.

DNP: Faculty recognize that the DNP builds upon the generalist foundation acquired through a BSN or advance generalist MSN. Professional standards and guidelines provide structure, meaning, and continuity for the sequencing of courses. With the increasing scope of clinical scholarship in nursing and the growth of scientific knowledge in the discipline, doctoral level education is required for independent practice. The DNP program prepares nurses to function at the highest level of expertise, evaluating research-based evidence for useful application in advanced clinical practice or administration. The curriculum includes content enabling the graduate to conduct complex diagnostic and treatment modalities, utilize sophisticated informatics and decision-making technology, and assimilate in-depth knowledge of biophysical, psychosocial, behavioral and clinical sciences. The Capstone experience enables students to demonstrate mastery of ESOs and provides evidence of competency achievement.

Graduates of the DNP program will focus on providing care to diverse populations and communities with an emphasis on improving quality and access to services. Graduates will employ abilities and skills to advocate for reasonable, rational, and data-driven health regulations, standards, and evidence-based practices; sustain collaborative and strategic relationships; promote innovative, effective health-care programs; and form partnerships with diverse groups to address health disparities. In

addition, graduates, through additional coursework, can choose to prepare for faculty positions to address the critical nursing faculty shortage.

Potential students for this program are committed to a career focused on the direct or indirect delivery of high quality nursing care and the improvement in outcomes of care. The primary areas of emphasis in this program are the advanced practice of nursing, utilizing best evidence in the delivery of nursing practice, and leadership in complex healthcare systems.

Each program's mission, goals, and ESOs are congruent with those of CMU and are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Each program's mission and goals have been cross-mapped to demonstrate congruency with those of CMU, the DHS, and the BSN program (Appendix I-A-2); the BSN elements are included in the cross-mapping as the MSN and DNP curriculums build upon that foundation. For example, a shared value for the creation of learning communities can be noted within the university's mission and the DHS's mission. This BSN mission statement emphasizes the *importance of engaging in lifelong learning*. The MSN mission statement highlights the *need for critical thinking skills and continued scholarship*. The DNP mission statement stresses the *importance of producing clinical scholarship*. Each program's mission and goals are available to prospective and current students in information sheets that are available on the DHS website <http://www.coloradomesa.edu/healthsciences/index.html>).

Each program identifies the professional nursing standards and guidelines it uses, including those required by CCNE and program-selected guidelines. Compliance with required and program-selected professional nursing standards and guidelines is clearly evident in each program.

Professional Standards and Guidelines: ESOs are congruent with relevant professional nursing standards and guidelines for the preparation of nursing professionals. These documents guide curricular development and provide a base for ESOs and Expected Individual Student Learning Outcomes (EISLOs) that are formulated as course objectives. Faculty determined congruency with these standards and guidelines through a series of rigorous evaluative steps aimed at continuous program quality improvement. A copy of each standard and guideline will be available in the resource room and include:

- The rules and regulations of the Colorado State Board of Nursing (CSBON) stipulate the legal requirements for advanced nursing practice; the requirements can be found online (<http://cdn.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-Disposition&blobheadername2=Content-Type&blobheadervalue1=inline%3B+filename%3D%22Colorado+Revised+Statutes+for+Nurses%2C+effective+July+1%2C+2011.pdf%22&blobheadervalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251847640996&ssbinary=true>)
- AACN - *The essentials of master's education for advanced practice nursing* (2011); *Consensus model for APRN regulation: Licensure, accreditation, certification, and education*

(2008); *The essentials of baccalaureate education for professional nursing practice* (2008); *The essentials of doctoral education for advanced nursing practice* (2006).

(<http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/overview>)

NOTE: courses in both programs were developed to create opportunities for students to integrate AACN's *Essentials*. Each publication provides the necessary curricular elements and framework, regardless of focus or intended practice setting. Further, the *Essentials* support the outcomes expected of graduates from each program.

- ANA – *Nursing administration: Scope and standards of practice* (2010).
(http://library.brcn.edu/upload/docs/BRCN/Library/ANA/eBk_SL%20Nursing%20Scope%20Standards%20e%202010.pdf)
- CCNE – *Standards for accreditation of baccalaureate and graduate degree nursing programs* (2009). (<http://www.aacn.nche.edu/ccne-accreditation/standards09.pdf>)
- NLN – *Nurse educator: competencies: Creating an evidence-based practice for nurse educators* (2007) (<http://www.nln.org/profdev/corecompetencies.pdf>)
- Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*.
(http://books.nap.edu/openbook.php?record_id=12956)
- NONPF - *Nurse practitioner core competencies* (2012;
<http://www.nonpf.org/associations/10789/files/NPCoreCompetenciesFinal2012.pdf>);
Population –focused nurse practitioner competencies (2013;
<http://www.nonpf.org/associations/10789/files/PopulationFocusNPComps2013.pdf>); *Adult-gerontology acute care nurse practitioner competencies* (2012;
<http://www.nonpf.org/associations/10789/files/Adult-GeroACCompsFinal2012.pdf>);
Practice doctorate nurse practitioner entry-level competencies (2006;
<http://www.nonpf.org/associations/10789/files/DNP%20NP%20competenciesApril2006.pdf>);
- NTF - *Criteria for evaluation of nurse practitioner program* (2012)
(<http://www.nonpf.org/associations/10789/files/NTFEvalCriteria2012Final.pdf>)
- QSEN - *Quality and safety education for advanced nursing practice* (2012;
<http://www.aacn.nche.edu/faculty/qsen/competencies.pdf>)
- Lumina Foundation. (2012). *The degree qualifications profile*
(<http://www.luminafoundation.org/>)

Congruency: The administration and faculty at CMU have identified learning outcomes for students completing graduate studies; these expectations are available to current and prospective students online (<http://www.coloradomesa.edu/academics/documents/GraduatePoliciesProcedures.pdf>). The

goals and ESOs of each graduate nursing program are in congruence with those of the institution; further they build upon those of the BSN program.

Congruency among the CMU, DHS, program ESOs, and NONPF *Competencies* are illustrated in Appendix I-A-3. Faculty recognize that the NONPF *Competencies* must be addressed in the MSN courses (500 level) as this curriculum provides a base for doctoral course work (600 and 700 level).

Appendix I-A-4 and I-A-5 illustrates the congruency of each program's ESOs with the corresponding AACN's *Essentials*

Additionally, faculty recognize that nurses with graduate degrees must have the knowledge and tools needed to deliver high quality, safe, effective, and patient-centered care. In keeping with the Institute of Medicine's report on the *Future of Nursing* (2011), graduate nurses will be the future leaders in practice, administration, education, and research. Due to healthcare reform, changes in the delivery of care, and the number of persons wishing to access care the need for highly educated nurses will expand. Thus, graduate QSEN KSAs are incorporated into both curriculums. Appendix I-A-6 provides examples of how this content is integrated (as EISLOs) into MSN course work; Appendix I-A-7 provides examples of how this content (as EISLOs) is integrated into DNP course work. Additional supporting evidence will be available in the resource room

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. The program afforded the community of interest the opportunity to submit third-party comments to CCNE, in accordance with accreditation procedures.

Program Response:

There is a defined process for periodic review and revision of program mission, goals, and ESOs. The review process has been implemented and resultant action reflects professional nursing standards and guidelines.

Systematic Evaluation Plan: Faculty use a Systematic Evaluation Plan (SEP; Appendix I-B-1) as a guide for the periodic review and revision of each program's mission, goals, and ESOs. Data (formal and informal; direct and indirect) from a variety of sources both internal and external to the DHS are examined and considered on an ongoing basis. This process provides the input needed for reviewing and/or revising the mission, goals, and ESOs.

Faculty use the CMU Graduate Program Common Matrix as an additional resource for program evaluation; the matrix maybe found in Appendix I-B-2 and online at <http://www.coloradomesa.edu/academics/documents/GraduatePoliciesProcedures.pdf>.

CMU's *Student Learning Assessment Handbook* (2011) proposes that the responsibility for assessment of student learning is an integral part of faculty duties. Assessment of student learning should be viewed as a continuous cycle of improvement. Program review is on a six-year rotation for assessment. The following are assumptions for student learning assessment at CMU:

1. Assessment should be designed to improve student learning.
2. All faculty should be actively involved.
3. Assessment should be embedded in regular course and program activities where possible.

The *Assessment Handbook* will be in the resource room; it may be located online at <http://www.coloradomesa.edu/assessment/documents/StudentLearningAssessmentHandbook.pdf>

Nursing faculty review each element (as stipulated in the SEP, Common Matrix, and *Assessment Handbook*) and subsequent revisions to assess if they are reflective of and congruent with contemporary practice, professional nursing standards, and guidelines. For example, graduates will be asked to complete an Alumni Survey (MSN, Appendix I-B-3; DNP, Appendix I-B-4) six-months, one-year, and three-years post-graduation; faculty have established a Benchmark for this data-collection tool indicating that '90% of students will choose extremely well (10) or moderately well (5) on satisfaction questions'. End of Program Surveys (Appendix I-B-5 and I-B-6) will be administered at the completion of the student's final semester of course work and Employer Surveys (Appendix I-B-7; Appendix I-B-8) will be reviewed annually to assess satisfaction; a Benchmark of '90% satisfaction' has been established. The SEP and corresponding documents will be available in the resource room.

The community of interest is defined by the faculty. The needs and expectations of the community of interest are reflected in each program's mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement. The program afforded the community of interest the opportunity to submit third-party comments to CCNE, in accordance with accreditation procedures.

Communities of Interest: Faculty define the 'community of interest' in a manner consistent with that of CCNE in terms of groups and individuals who have an interest in the mission, goals, and expected outcomes of the programs and are comprised of internal and external stakeholders. The needs, requests, and expectations of the community of interest are considered as faculty pursue the continuing advancement and improvement of the graduate curriculums. The community of interest includes both internal constituencies (current students, faculty, staff and appointed personnel, and the university as a whole) and external constituencies (potential alumni; prospective students; health care community including leaders, employers, preceptors; other collaborators in nursing administration, education and research; the community/public; and the Graduate Advisory Board (GAB) which meets biannually. A listing of current board members will be available in the resource room.

As outlined in the SEP, systematic formal mechanisms are in place for ongoing communication with the community of interest in order to ensure the mission, goals, and ESOs are responsive to the needs and interests of the community. These elements for each program were most recently reviewed and approved by the faculty May 2013 to ensure they were congruent with CMU and professional standards and guidelines. As discussed above, surveys from various community of interest groups (e.g. students; alumni; employers) will be reviewed annually to assess satisfaction; a Benchmark of '90% satisfaction (from each group) has been established'; available evaluative data will be available in the resource room.

Professional and Societal Trends: DHS faculty respond to professional and societal trends as well as regional and local needs. For example, one faculty serves as a nurse practitioner at STRIVE, a local organization that supports people from birth through senior citizens with a full continuum of services customized to meet individual needs and assist each person in living as independently as possible. Another faculty works with children and adolescents diagnosed with diabetes. Faculty remains cognizant of national trends and publications by reviewing publications from various professional bodies, including AACN, CCNE, and NONPF. For example, communications from the AACN *Instructional Leadership Network* are shared, by the department head (DH), with faculty.

As the MSN and DNP curriculums were being developed faculty considered the needs of current BSN students, faculty, advance practice nurses, clinical agencies, and residents of the surrounding communities. For example, the Nurse Education Cognate (NURS 525, Pathophysiologic concepts; NURS 525, Pharmacology for ANP; NURS 527 Health Assessment for ANP; NURS 540 Teaching Strategies for Nurse Educator; and NURS 545, Curriculum Design and Evaluation) is designed to prepare nurses to become excellent nurse educators so that they may pursue careers in patient education, staff nurse education, pre-licensure nursing education programs in either community-colleges or higher-degree programs. Additionally, input from our external community of interest led to the development of NURS 640 (Clinical Practicum – Rural Health Care). This course provides nurses with the education necessary to face the unique challenges and meet the specific demands of rural environments. Students gain the skills necessary to meet the complex and challenging demands of rural practice. It is hoped that they will help to re-shape and revitalize the future of primary care in rural settings. Finally, the development of the post-master's DNP program is an example of the faculty's response to professional and national trends coupled with the interest and requests from the local community of APNs.

Third Party Comments: The various communities of interest were informed of the opportunity to provide third party comments to CCNE. Information on the dates of the upcoming site visit and the method of providing input to CCNE was shared through newspaper advertisements, GAB meetings, email announcements, and other electronic postings. Announcement of the dates of the on-site visit was advertised in local newspapers, highlighted on the CMU and DHS websites and shared with members of several communities of interest. All interested persons were invited to meet with the CCNE visitors at an

established time during the on-campus site visit (evidence of these actions will be provided in the resource room).

I-C. Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.

Elaboration: Expected faculty outcomes are clearly identified by the nursing unit, are written, and are communicated to the faculty. Expected faculty outcomes are congruent with those of the parent institution.

Program Response:

Expected faculty outcomes (EFOs) are clearly identified by the DHS and faculty; they are written, and are communicated to the faculty.

EFOs (Appendix I-C-1) are congruent with CMU and with each program's mission, goals and ESOs. The DHS follows the evaluation process as outlined in the *CMU Faculty Handbook* (<http://www.coloradomesa.edu/hr/documents/CMU-PPEH-AllSections.pdf>.) Full-time faculty are responsible for academic advising, program review, curriculum revision and updates, clinical practice, scholarly activity, service, student career advising, selection of textbooks, student assessment, evaluation, mentoring students, participate in graduate faculty and GAB meetings, and other responsibilities assigned by the DH. Evaluation processes and faculty outcome data is further discussed in Standards II and IV. Faculty evaluation documentation forms and data will be available in the resource room.

Appointment: the process of position announcement, screening, interviewing, appointment recommendation, and hiring adheres to CMU's Affirmative Action Plan, which is in file in the Office of Human Resources and anti-discrimination policies. Tenure-track vacancies are advertised nationally to assure that the best possible candidates are recruited. Non-tenure track positions may be filled without advertising beyond the local community. Following the interview process it is the responsibility of the VPAA to make a recommendation to the president. Only the president may make a formal offer of employment to a candidate. The offer is conditional on trustee approval of the proposed appointment.

The basic structure for academic faculty is instructor, assistant professor, associate professor, and professor. The minimal educational and experiential qualifications for faculty normally are as follows:

1. *Instructor:* master's degree (or other appropriate degree for discipline) plus demonstrated competence; these faculty do not hold academic rank and teach 12 or more course credit hours per semester.
2. *Assistant Professor:* master's degree plus prior teaching experience or earned post-graduate degree recognized as terminal degree for the discipline.
3. *Associate Professor:* earned doctorate plus five years teaching experience or other post-doctoral experience in the field of specialization.
4. *Professor:* earned doctorate plus ten years teaching experience or other appropriate post-doctoral experience in the field of specialization.

Note: Individuals interested in a position in either the MSN or DNP program must have a Ph.D. or a D.N.P. Individuals (full- or part-time) facilitating a DNP clinical course must have national certification as a nurse practitioner.

Promotion: By May 1 the DH notifies all faculty who are or will become eligible for promotion during that academic year of their eligibility to apply for promotion in the academic rank. Those individuals who meet the minimum requirements, and who wish to be considered for promotion, are responsible for gathering evidence of their qualifications, including all annual and comprehensive evaluations for the prior five years and submitting these materials to the DH by October 1. The DH conducts a poll of all full-time department faculty at the academic rank or higher sought by the applicant. The poll recommends approval/denial regarding the applicant's request. The DH submits the results of this poll to the campus-wide Tenure and Promotion Committee (TPC) along with the applicant's documentation and the DH's recommendation. The TPC's forwards this information along with their recommendation and comments to the VPAA, who, in turn forwards a recommendation to the president. Promotions are awarded or denied by the CMU president by January 31st. An applicant may request reconsideration of an adverse promotion decision by the president; an applicant may withdraw the promotion request at any time prior to the decision by the president.

Tenure: An award of tenure is a privilege that must be earned by faculty on the basis of their past performance during any tenure-track period. Tenure is not acquired automatically by length of service. Each department has a pre-tenure/promotion committee who advises and assists applicants during the application process. Applications for tenure are then reviewed by the TPC and are granted/acquired by an affirmative vote of the BOT based on a favorable recommendation from the president. Once tenured, faculty may be involuntarily terminated from the faculty only for cause or due to a reduction in force in accordance with the *CMU Professional Personnel Employment Handbook* (p. VI-12). The tenure-track period is, under annual assignments, up to seven years; faculty who are not awarded tenure by the end of their seventh assignment are not eligible for additional tenure-track assignments.

Annual Performance Evaluation: All CMU faculty complete an annual evaluation for reappointment, tenure, promotion, and post-tenure review (*CMU Professional Personnel Employment Handbook*, Section VI). The primary purpose of the process is to assist faculty in individual growth and to improve their contributions to the university. Annual Performance Reviews and Comprehensive Evaluations are the two types of formal evaluations used at CMU; informal evaluations may not be used in place of formal evaluations but may be given in addition to formal evaluations at the discretion of the DH and VPAA.

EFOs are congruent with those of CMU and the DHS.

Faculty Roles: The emphasis at CMU is on the role of being an educator (<http://www.coloradomesa.edu/academics/documents/NewtoCMUResourceGuide.pdf>). The

teaching role of the faculty is to prepare professional advanced practice nurses, nurse scientists, and educators to lead nursing and health care delivery to diverse populations through the integration of education, research, practice, and service.

- The **teaching role** of faculty is critical to accomplishment of ESOs, student/alumni satisfaction with the program, and employer satisfaction with graduates.
- The **practice role** allows faculty to make direct contributions to patient care (e.g. Primary Care Partners, Behavioral Health and Wellness), remain up-to-date clinically, and maintain advanced practice certification and licensure.
- Faculty **service** includes serving as peer-reviewers for professional journals and academic publications, and providing leadership in professional organizations (e.g. Colorado Nurses Association, Sigma-Theta-Tau – Nu Kappa Chapter). All faculty incorporate research findings into clinical practice and teaching methodologies as evidence by course objectives
- **Scholarship** is an expectation of all DHS faculty. Several institution-wide faculty development opportunities are offered by CMU and local/regional health care providers to facilitate faculty professional growth. For example, Academic Affairs offers guidance for faculty to enhance their teaching effectiveness

<http://www.coloradomesa.edu/mavzone/faculty/mentor/Transcripts.pdf>.

Evaluation Process: General evaluation criteria and their relative weights used in the evaluation process for DHS faculty are as follows:

- a. **Teaching effectiveness** – range of 60-75%
- b. **Advising** – minimum of 5%
- c. **Scholarly Activity** – minimum of 5 %; and
- d. **Service** – minimum of 5%.

Each faculty, with the approval of the DH, establishes an individual percentage distribution as part of the plan. Differences in academic disciplines and faculty activities (among departments) are reflected in the departmental guidelines for the General Evaluation Criteria. Specific evaluation criteria derived from the basic employment and professional responsibilities is established by the DH, with faculty consultation, and with approval of the VPAA. The VPAA is responsible for establishing consistent academic standards across the campus. Performance ratings include *Excellent, Highly Proficient, Proficient, and Below Standard*. Tenured faculty have a comprehensive evaluation at least every five years with Annual Performance Reviews in each of the interim years; those applying for a promotion in academic rank have a Comprehensive Evaluation. Tenure-track faculty have a Comprehensive Evaluation each year. All other full-time faculty are generally reviewed annually, normally on teaching effectiveness alone. DHs are encouraged to review part-time faculty on an annual basis on teaching effectiveness.

After considering all relevant information, the DH assesses the individual's performance against the Comprehensive Development Plan in the General Evaluation Criteria areas. In addition, the Comprehensive Evaluation also considers, if applicable, the faculty's Annual Performance Reviews and any other information the DH deems relevant. The DH forwards a recommendation to the VPAA who reviews the materials and includes comments if appropriate. Any comments added by the VPAA are provided to the faculty who has an opportunity to respond in writing. After receiving the faculty's comments, if any, the VPAA issues a final Performance Rating. Faculty may appeal the VPAA's final evaluation to the president by giving written notice (basis for appeal and requested relief) within seven calendar days. The president's determination of the appeal is final.

Expected Faculty Outcomes (EFOs): The EFOs, in relation to teaching, service, scholarship, and clinical practice, are congruent with the DHS mission, program missions, goals, and established ESOs. Additionally, they are consistent with institutional expectations for appointment, promotion, and tenure. Outcomes are clarified upon hire and reviewed annually. The criteria and process for faculty evaluation at each academic rank; promotion from one academic rank to the next academic rank; and the expectations for tenure (once approved for the DHS) are found in Section VI of the *CMU Professional Personnel Employment Handbook* which may be found online at <http://www.coloradomesa.edu/hr/documents/CMU-PPEH-AllSections.pdf>. Newly hired faculty are mentored by senior faculty (Appendix I-C-2). Additionally CMU provides faculty development opportunities periodically throughout the academic year (<http://www.coloradomesa.edu/eso/educators.html>).

EFO Benchmarks: Faculty have developed Benchmarks for each of the evaluative criteria; these are stipulated in the SEP (Appendix I-B-1).

- 80% of faculty will receive a rating of highly proficient or above at the completion of each evaluative period
- 80% of the faculty will achieve a composite ranking score of 4.0 on each semester's student course and/or clinical evaluations.
- 90% of the faculty will complete a minimum of two scholarly activities each year.
- 100% of the faculty will demonstrate ongoing progress in their scholarly activities.
- 30% of the faculty will publish an article/chapter or give a scholarly/professional presentation annually.
- 50% of the faculty will hold doctorates.
- 100% of the faculty will actively participate in university, department, program, or community activities.
- 90% of the faculty will be involved in clinical practice on a regular basis.
- 100% of the faculty will actively participate in university, department, or program advising activities.

NOTE: available raw and aggregate data for the EFOs will be available in the resource room.

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.

Program Response:

Roles of the faculty and students in the governance of each program are clearly defined and promote participation.

Faculty and students participate in program governance. The organizational and governance structure of CMU and the DHS is illustrated in Appendices 1 and 2.

Faculty roles are specified in *The CMU Professional Personnel Employment Handbook* (<http://www.coloradomesa.edu/hr/documents/PPEH-CMUJanuary2012.pdf>), the *CMU Resource Guide for New Faculty* (http://www.coloradomesa.edu/academics/documents/NewtoCMUResourceGuide_FT.pdf), BOT Policy Manual (<http://www.coloradomesa.edu/trustees/documents/manual.pdf>), and the *DHS Policy Manual*. Student governance is described in the Associated Student Government Constitution (<http://www.coloradomesa.edu/studentlife/documents/ASGConstitutionrev.2011.pdf>). Hard copies of these documents will be made available for review in the resource room.

Board-of-Trustees (BOT): With adoption of House Bill 1093, CMU formulated a new governing board effective July 1, 2003. The BOT includes nine voting and two non-voting members. The voting members are appointed by the governor, confirmed by the State Senate and serve staggered terms. The CMU faculty and student body each elect one non-voting member to serve two- and one-year terms, respectively. The board meets regularly throughout the year. The university president is appointed by and reports to the BOT and is responsible for day-to-day management of the institution and its employees. The Colorado Commission on Higher Education (CCHE) is the policy and coordinating board for the state's higher education system including CMU.

Note: a law signed into effect by the governor in May 2012 allows CMU to have 13 trustees instead of the current 11.

Campus-Wide: The Faculty Senate is the formal campus-wide body of CMU faculty governance. The DHS is seen as a full participant in university governance. Standing committees are set by and report to the Senate; these include: Academic Policies Committee; Assessment Committee; Curriculum Committees (Graduate, Undergraduate, and WCCC); Distance Learning and Technology Committee; Distinguished Faculty Award Committee; Faculty Salary and Benefits Committee; Library Committee; and Sabbatical Leave Committee. A description of each committee's purpose and function is found online (<http://www.coloradomesa.edu/facsenate/documents/FacultySenateStandingCommitteePolicyandProceduresUpdated12.8.11.pdf>). Membership to the senate and the various standing committees includes elected representatives from each academic department. A table displaying the list of faculty participation on CMU committees for the past three academic years will be available for review in the resource room.

Associated Student Government (ASG): Student representatives are appointed by the ASG and serve for the academic year. Administrative officers serve at the pleasure of the president and are

non-voting ex officio members on standing committees. Meetings are conducted in open forum; all interested parties are welcome to attend. Committees must meet at least once each semester of the academic year unless otherwise specified. The president and VPAA can formulate additional committees. For example, the VPAA initiated a planning process for the upcoming HLC accreditation site visit; several DHS faculty are participating in this process.

Graduate Culture Committee: The Graduate Culture Committee (consisting of DHs from departments with graduate programs and various administrative personnel are meeting monthly to develop and promote a campus-wide graduate culture. Part of this committee's charge is to enhance the possibilities for online students to become more involved in student governance and take advantage of campus resources. Minutes from these meetings will be available in the resource room.

DHS: Program directors meet with the DH several times each term. All faculty in the DHS meet at least one-time per year; this typically occurs at the beginning of the fall semester prior to the start of classes. Each program director conducts faculty meetings throughout the term; student representatives are invited to attend these meetings and share concerns/comments from their peers. Minutes of all meetings will be available in the resource room.

Graduate Programs: Faculty and student roles in the governance of the graduate nursing programs are clearly specified in the *Graduate Nursing Student Handbook (Handbook)* that will be available for review in the resource room. They generally enable their meaningful participation in governance processes. Faculty teaching graduate courses function and meet as a committee-of-the-whole. Current students in either program are aware that faculty meet each Tuesday morning and are invited to attend these meetings.

Student Participation in Graduate Nursing Program Governance: Multiple formal and informal opportunities are provided for student input and participation in program governance. MavZone is an internal restricted access CMU website for active students, faculty, and staff. Not unlike other nursing schools, the CMU students have difficulty attending meetings. Distance from campus and job/family expectations appear to affect graduate student participation in faculty meetings and it continues to be minimal at best. Faculty will increasingly be utilizing social media to elicit student comments and/or feedback. As of fall 2013 minutes (without student related issues) and documents discussed during the meeting will be made available via e-mail to them for their review and input. Additionally, beginning fall 2013 students will be invited to participate (by phone) during the first thirty minutes of each faculty meeting. Also, faculty will determine if a link delineating campus-wide student governance opportunities can be incorporated into the D2L course shells or the DHS website.

I-E. Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, transfer of credit policies, grading policies, degree completion requirements, tuition, and fees are accurate.

Elaboration: A process is used to notify constituents about changes in documents and publications. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.

Program Response:

Documents and publications for each program are accurate including program offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, transfer of credit policies, grading policies, degree completion requirements, tuition, and fees.

The mission, goals, and ESOs are reflected in the *Handbook* and recruitment materials which are updated annually or when revisions are approved. The current *CMU Catalog* (2013-2014) provides students with the current academic calendar, tuition, fees, transfer of credit policies, and general admissions policies and procedures and can be found on the institution's website (http://www.coloradomesa.edu/shared/catalog/CMU_Catalog_1314.pdf). The Program's of Study (<http://www.coloradomesa.edu/academics/documents/ProgramsofStudyGuide.pdf>) provides a concise overview of institutional offerings. The *Curriculum Policies and Procedures Manual* (<http://www.coloradomesa.edu/academics/documents/CurriculumPoliciesandProceduresManualupdatedApril182013.pdf>) includes policies related to graduate offerings. Students may find information regarding financial aid on the CMU website (http://www.coloradomesa.edu/future/payingforcollege/types_financial_aid.php). Students are advised that CMU reserves the right to adjust any and all charges, including tuition, fees, and room and board, at any time deemed necessary by the BOT. Documents and publications are developed and reviewed for changes and accuracy by faculty, program directors, DHs, admissions, registrar, and academic affairs.

Note: In May 2012 the governor signed a bill moving CMU from a moderately selective' to a 'selective' institution; this establishes new parameters for CMU admission standards. Beginning in summer 2013 CMU will admit students with an admissions index score of 92 or higher, up from the current standard of 85. An admissions index score is a number based on an applicant's ACT or SAT score, class rank, and high school grade point average. CMU applicants with an index score below 92 but above 80 can enroll on a provisional basis and will have to follow a set of guidelines in order to earn non-provisional status. Students with an index score of 80 or less can gain admission to Western Colorado Community College.

Graduate Nursing Student Handbook: Current program policies for graduate nursing courses are found in the *Handbook*. Faculty explain that all students are responsible for complying with the rules, regulations, policies, and procedures contained in the publication as well as those in other official CMU publications and announcements. Students are instructed to download a copy of the *Handbook* at the beginning of the academic year. As of fall 2013 they must sign and return a statement (which is then placed in the student's file) indicating they have received the publication and agree to comply with the policies as outlined in the *Handbook*.

Current students, prospective applicants, and faculty are advised that the most current information regarding the graduate nursing programs can be located on the DHS website. This includes details related to program offerings, expected outcomes, and admission policies, accreditation/approval status, degree plan, transfer credit policies, grading policies, and degree completion requirements. Policies that may apply only to a specific course may be found in the course syllabus. All graduate nursing students have a MavZone e-mail address that they are required to check on a regular basis. Any changes in policies or procedures between publications of the *CMU Catalog* and *Handbook* are e-mailed to the students at the same time they are updated on the DHS website.

Certification Examination: Students are instructed to access information regarding the FNP Certification Process using the following websites <http://www.nursecredentialing.org/FamilyNP>; <http://www.nursecredentialing.org/Certification.aspx>; <http://www.aanpcert.org/ptistore/control/index>.

Licensing: Students understand that CO requires nurse practitioners to 1. have an RN license; 2. have a graduate degree in area of specialization; 3. have successfully completed a nationally accredited education program for preparation as an advanced practice nurse or a passing score on a certification examination of a nationally recognized accrediting agency; 4. maintain national certification with a nationally recognized accrediting agency. Students are instructed to retrieve information from the CSBON website regarding licensure (<http://www.sos.state.co.us/CCR/Welcome.do>). Pertinent materials from the board will be available in the resource room.

I-F. Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.

Elaboration: Nursing faculty are involved in the development, review, and revision of academic program policies. Differences between the nursing program policies and those of the parent institution are identified and are in support of achievement of the program's mission, goals, and expected student outcomes. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. There is a defined process by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.

Program Response:

Academic policies of CMU, DHS, and the graduate nursing programs are congruent. These policies support achievement of the mission, goals, and each program's ESOs.

A review and comparison of the each program's policies confirm they are congruent with and provide support for the mission, goals, and ESOs of CMU and the DHS.

Policies are written and communicated to relevant constituencies.

A primary source for those wishing to review academic policies is the *CMU Catalog*. This document is published annually and can be found on the university website (<http://www.coloradomesa.edu/academics/policies.html>). Current students are also reminded to review their *Handbook* relative to program specific policies.

The policies are fair, equitable, published, reviewed, and revised as necessary to foster improvement for each program.

The majority of academic policies and student expectations for both programs are the same as those of CMU and the DHS. This includes processes related to:

- filing a grievance (http://www.coloradomesa.edu/shared/documents/academic_policies_guide.pdf)
- claiming a disability (<http://www.coloradomesa.edu/eas/index.html>)
- claims of harassment (http://www.coloradomesa.edu/shared/documents/academic_policies_guide.pdf)
- academic integrity (http://www.coloradomesa.edu/academics/policies/academic_integrity.html)
- right to privacy (<http://www.coloradomesa.edu/businessoffice/documents/FERPA.pdf>)
- student conduct (http://www.coloradomesa.edu/shared/documents/academic_policies_guide.pdf)

Policies are implemented consistently. There is a defined process by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.

Personnel in admissions, academic affairs, financial aid, educational access services, and the registrar work collaboratively with the faculty to develop, revise, and routinely review CMU and program policies pertaining to student recruitment, admission, and progression with the goal of fostering quality improvement. The goal is to work in a collaborative manner to monitor adherence to established policies and recommend change when necessary. This practice ensures consistency in policy implementation, timeliness in policy revision when needed, and fair and equitable treatment for all students. The program director, DH, administrative assistant, and the Office of Student Affairs is responsible for updating and disseminating policies through orientation programs, the university/DHS website, and other electronic means.

DHS and graduate nursing program's policies are reviewed annually (as stipulated in the SEP). Students are able to review program-specific policies on the DHS and program websites; additionally they are instructed to review the online version of the *Handbook*. When new program policies are developed, they are distributed to students through e-mail notifications or in writing, and are incorporated into the handbook. The current program *Handbook* is posted on the DHS website (<http://www.coloradomesa.edu/healthsciences/degrees.html>).

Differences between nursing program policies and those of CMU and the DHS are identified and are in support of achievement of each program's mission, goals, and ESOs.

Faculty believe that when policies of the DHS or graduate nursing program's differ from those of CMU, these differences are justifiable and exemplify a high standard for the profession. An example of a more rigorous standard than CMU policy is related to admission and progression technical standards requirements. Patient safety is of paramount concern. Safety concerns (e.g. regarding student English skills and concerns of potential risks to student and patient safety) are occasionally raised by clinical personnel or faculty. Consequently all students who are observed to be unsafe in a clinical or simulation environment by qualified nursing or other health care personnel, are identified and reported to the program director and may be removed from the clinical setting. Other examples of specific admission requirements for enrollment to either the MSN or DNP program include health immunization requirements for clinical practice, cardio-pulmonary resuscitation certification, current and unencumbered nursing license, confidentiality, dress code, grading system, proof of liability insurance, and re-admission. Each policy is clarified in the *Handbook* and are on the DHS website.

I-G. There are established policies by which the nursing unit defines and reviews formal complaints.

Elaboration: The program's definition of a formal complaint and the procedure for filing a complaint are communicated to relevant constituencies. The program follows its established policies/procedures for formal complaints.

Program Response:

There are established policies by which the DHS and nursing faculty define and review formal complaints. These policies are communicated to relevant constituencies. Faculty follow the established policies/procedures for formal complaints.

Students in either graduate nursing program are made aware of the process/policy related to filing a formal complaint (Appendix I-G-1). Academic standards and policies are included in the *CMU Catalog* and *Student and Academic Policies Guide* (published on the institution's website) and the *Handbook* (published on the DHS website). The DHS and graduate nursing programs follow the formal complaint process as outlined in the *CMU Catalog* (http://www.coloradomesa.edu/academics/documents/StudentComplaintPolicy_Final.pdf) and in the *Student and Academic Policies Guide* (<http://www.coloradomesa.edu/academics/documents/SectionIX-GrievancePolicy.pdf>). A flow-chart depicting the process is provided (for students and faculty) online (<http://www.coloradomesa.edu/hr/documents/Policy-GrievanceRule8-8FlowChart.pdf>).

Faculty make decisions that are consistent with CMU policies regarding consequences; after meeting with the faculty a student can appeal the decision directly to the program director and DH. A final decision is made by the VPAA. To date there has been one formal grievance related to grading processes; the grievance was not upheld.

Note: As of fall 2013 when an individual is accepted into either program (as a degree-seeking or non-degree seeking student) they are instructed to review the academic policies in these publications and acknowledge that they have done so in writing.

Faculty: Contract renewal for faculty take into consideration any summary action and feedback brought through the complaint process and formal student evaluations. If complaints are validated then a remediation plan is put in place. Faculty, rights, responsibilities, and appeal procedures are adhered to as described in the *CMU Professional Personnel Employment Handbook*. A grievance policy is outlined in Section IX and Disciplinary Procedures are explained in Section X.

SUMMARY OF ASSESSMENT – MISSION AND GOVERNANCE

Strengths:

1. There is congruence between CMU, DHS, and each program's mission, goals, and ESOs. The mission, goals, and ESOs of the MSN and DNP programs reflect professional nursing standards and guidelines. A campus-wide strategic planning and comprehensive review process was begun fall 2011 in preparation for the upcoming (Fall 2013) accreditation site visit by the HLC.
2. There is active involvement by the communities of interest in developing the mission, goals, and ESOs for each program. Current students, faculty, and community partners provide input and are actively involved in continuous quality improvement.
3. There are clearly written EFOs in the areas of teaching, scholarship, service, and advising that are congruent with CMU, program goals, and expected outcomes. The EFOs are communicated to faculty and include a faculty practice component.
4. Academic policies of the DHS and graduate nursing programs are congruent with those of CMU and are implemented consistently. CMU and DHS websites provide current and accurate information on program offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree completion requirements, tuition, fees, and academic policies.
5. The SEP provides a concise process for periodically reviewing and revising, as appropriate, the mission, goals, and expected outcomes (of each program) with professional nursing standards and guidelines and needs and expectations of the community of interest.

Opportunities for Improvement:

1. Faculty need to implement additional methods of securing input from current students and community representatives as each curriculum is refined and further developed.

2. Continue to ensure that information is updated in a timely manner on the CMU and DHS websites by collaborating with technical support personnel.
3. Actively promote each program throughout the community, state, and region.

Plans for Ongoing Improvement:

1. Invite students to participate in faculty meetings using phone conference.
2. Develop a monthly newsletter to distribute to the various communities of interest.
3. Continue to refine program publications and policies so they are reflective of current professional standards and guidelines and input from each identified community of interest. Identify processes necessary to change items/information on the DHS website.

STANDARD II
PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

STANDARD II

PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

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

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 student and faculty 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 student and faculty outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process 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.

Program Response:

The budget enables achievement of each program's mission, goals, and ESOs, and the EFOs. The budget also supports the development, implementation, and evaluation of each program.

A variety of fiscal and physical resources is available and sufficient to fulfill each program's mission, goals, ESOs, and the EFOs. Adequacy of resources is reviewed annually (as stipulated in the SEP) and modified as needed and as monies become available. The DH has the authority to move funds across budget categories and between budget items within the categories; this provides the faculty with the necessary flexibility to manage their resources.

Campus Budget

The CCHE is the policy and coordinating board for the state's higher education system (<http://highered.colorado.gov/CCHE/Commissioners.html>). Commissioners are appointed by the governor and confirmed by the Colorado State Senate. The CCHE's mission is to provide access to high-quality, affordable education for all CO residents that is student-centered, quality driven, and performance-based. The commission is committed to providing the quality cost-effective education in an effective manner.

CCHE grants full authority and responsibility for the control and governance of the university to the institution's BOT (<http://www.coloradomesa.edu/trustees/index.html>). The BOT is appointed by the governor and confirmed by the state senate. The trustees serve as the policy-making board for the university. This includes such areas as finance, resources, academic programs, personnel policies, curriculum, admissions, and role and mission. To assist in the meeting of their responsibilities, the

trustees delegate to the university president the authority to interpret and administer policies in all areas of operations and, as such, the president is responsible to the BOT. The president, as chief executive officer, has general authority and responsibility for the institution and for keeping the board informed regarding the university in a timely and appropriate manner.

The BOT expects the president to be responsible for communicating with the legislature, the CCHE, and other state agencies on a regular basis. Other modes of input to the board come from the student and faculty trustees, each elected by their constituents. Faculty input is a vital component of informed decision-making at CMU. The BOT recognizes the faculty senate as a formal, direct, two-way communication link between the board and the faculty; the president of the senate has an opportunity to address the BOT at each public session.

Income for the CMU budget comes from the institution's general fund and student fees (http://www.coloradomesa.edu:/president/documents/2013_Impact_Study.pdf). Funding from the general fund is based on full time equivalent students (FTES). The president allocates funds to the office of academic affairs, who then distributes the funds among department heads. The DH allocates monies to each program based on fiscal projections of the program's needs. This budget may be further augmented by special initiative funds and grant dollars. Annual budget materials will be available for review in the resource room.

Compensation of faculty and administrative personnel support recruitment and retention of qualified individuals.

Salary ranges are included in the annual budget review and are evaluated in depth every three years. Salaries compare to other institutions of similar size and status and generally support recruitment and retention of qualified faculty and staff (<http://www.evaluatinginnovationsinnursing.org/nufaqs-nurse-faculty-data-query/>). Nursing faculty have benefitted from salary increases that were specifically designed to improve recruitment and retention of younger faculty and part-time, adjunct faculty to facilitate clinical rotations. The increases in salaries ranged from 2% for the more seasoned, higher ranking professors to 18% for newly hired adjunct faculty. In addition, all CMU faculty have received annual cost of living raises ranging from 2.5-3.7% for academic years 2007-2012. Documents relative to faculty salaries will be available in the resource room.

Physical space is sufficient and configured in ways that enable each program to achieve its mission, goals, ESOs, and the EFOs.

Available physical resources include, but are not limited to the: Tomlinson Library, renovated and expanded classroom and office space in the Maverick Center (MC), and the Clinical Education Center (CEC) with standard check-off materials, simulation equipment, supportive human resources personnel, and fiscal support (<http://www.coloradomesa.edu/healthsciences/atl.html>).

The DHS moved into the MC which was renovated and expanded in the summer of 2009. The facility includes faculty offices, several conference rooms, and five dedicated classrooms accommodating between 30-50 students.

Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the mission, goals, and ESOs and the EFOs.

Faculty offices are equipped with a desk, chair, filing cabinet, bookcase, telephone, and a computer. All classrooms in the MC are “smart” classrooms with networked computers, document readers, video projector, TV/VCR, and video-taping capabilities. The CEC includes three skills labs with five to six beds in each, one skills lab designed as a home-based location, and a two-bed high fidelity critical care simulation suite. All labs are “smart” labs with video demonstration links and computerized documentation system. Graduate students come to campus infrequently and, as such, classroom and lab availability has not been an issue.

Course Delivery/Management: Courses are delivered using a web-based distance education format. The online platform utilized for course delivery is Desire2Learn (D2L). This course management system provides a variety of features including communication (synchronous and asynchronous discussion, chat), content delivery (e.g. personal note taking, presentation mode), class room management (e.g. breakout rooms, quiz management), and archive abilities. Support is provided (Monday – Friday, 8AM to 5PM and weekends using email) by D2L personnel and instructional technology staff; currently support. Administration is attempting to enhance support availability.

Coordination of Clinical Placements: Faculty who are facilitating clinical practicum courses (pediatric, adult, elderly, rural) assist students in developing an individualized clinical plan to meet their personal goals, objectives, ESOs, and EISLOs. Students work with clinical preceptors (approved by the faculty) who provide input and feedback regarding student performance; course faculty assign final course grades. For example, an adult clinical practicum (NURS 620) enables students to perfect their clinical skills, link policy making with clinical systems, translate research into practice, and/or serve as change agents for health care.

Faculty have established contracts with a variety of agencies to provide graduate nursing students with optimal learning experiences. These agencies include, for example, regional hospitals, community clinics and agencies, and physician offices. Students can request that CMU establish a contract with additional facilities and are aware that this can be a lengthy process. A complete list of affiliated clinical placements will be available in the resource room.

There is a defined process for regular review of the adequacy of both program's fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.

CMU is a state supported institution which receives funding through the state legislature. Fiscal and physical resources for the graduate nursing programs are allocated and managed as a component of

the DHS; the process is stipulated in the SEP. Faculty identify items needed for instructional purposes and submit these requests to the program director and/or DH. The DH then presents funding requests to the university administration.

Budgetary review occurs annually at CMU and employs direct input from DHs, the VPAA, the president, the BOT, and the CCHE. The DHS is a rapidly expanding department; thus, monies has been increasingly forthcoming as evidenced by sufficient supplies and adequate support services (currently including two full-time administrative assistants). Administration is aware that securing additional faculty prepared to teach a graduate nursing course is a competitive process, especially in terms of annual salary.

Grant Procurement Support: The Office of Sponsored Programs has provided significant support in the writing of and procurement of several recent, large grants allowing for expansion of the CMU's nursing programs (<https://www.coloradomesa.edu/sponsoredprograms/index.html>). The process for grant writing and procurement is that the DH composes the initial draft of the grant, including the inclusion of pertinent details. The Office of Sponsored Programs provides editing, compilation, and oversight grant writing services. Table 2.A.1 provides a summary of external grant funding received for the graduate nursing programs.

Table 2.A.1 Grand Procurement Support

Academic Year	Colorado Health Foundation Grant	St. Mary Hospital Grant	Rocky Mountain Health Grant	Hilltop Grant
2015-2016*		\$80,000	\$80,000	\$20,000
2014-2015*		\$80,000	\$80,000	\$20,000
2013-2014*	\$135,810.00	\$80,000	\$80,000	\$20,000
2012-2013	\$126,952.00	\$80,000	\$80,000	\$20,000
2011-2012	\$208,731.00	\$80,000	\$80,000	\$20,000

Note: amounts for academic years 2013-2016 may be decreased from initial allocations. Updated materials will be available in the resource room.

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 student and faculty 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.

Program Response:

Academic support services are adequate for students and faculty to meet program requirements and to achieve each program's mission, goals, ESOs, and the EFOs.

Campus-Wide: Academic support services are available and sufficient to meet the needs of each program as they continue to expand; there is a defined process for regular review of the adequacy of the programs' fiscal and physical resources as stipulated in the SEP (Appendix I-B-1). The DH, with input from faculty, prepares a budget and insures its proper allocation in order to meet program requirements and insure fulfillment of each program's mission, goals, and ESOs. Surveys are used, e.g., end-of-semester for current students and exit for graduating students. Quality improvement initiatives are initiated and implemented as monies or personnel become available.

Other academic support services include (but are not limited to) the following:

Admissions Office: The Admissions Office serves as the initial point of contact for prospective students and their families (<https://www.coloradomesa.edu/admissions/index.html>). Among the staff's responsibility is the recruitment of students and the processing of admissions applications and petitions for changes to residency classification for tuition purposes. Activities of CMU's student ambassadors are also coordinated through this office.

Academic Advising and Career Services: All students have access to the services provided by this department including: testing support, tutoring, writing support, educational access, career assessment, career advising, employment preparedness workshops, internship information, and academic advising (<http://www.coloradomesa.edu/advising/index.html>). In addition, CMU maintains an Early Alert Service to assist in identifying students in need of additional support and advising. This intervention has contributed significantly to improving CMU's retention efforts.

Program Advising: The program director and faculty provide ongoing advisement (Appendix II-B-1). Faculty strive to inform potential students of the preparation necessary for completion of master's and doctoral level course work. The program director reviews the individual's application to determine if it is complete. Two faculty then review the application essay and personal letters of reference. Faculty evaluate each applicant's completed file at the weekly faculty meeting and a determination regarding acceptance is made at that time.

Campus Recreation Services: Students, staff, administration, and faculty have access to the health facilities located in the MC. Facilities and opportunities include use of the indoor swimming pool, weight training equipment, aerobic equipment and classes, yoga and Pilates classes, personal trainers, and access to a wide variety of physical education classes. In addition students, staff, administration, and faculty are encouraged to participate in community wide health promotion endeavors. Faculty and staff also have access to a health risk appraisal service on an annual basis called "My Health IQ" which includes health testing, feedback reports, progress monitoring, and health education.

Educational Access Services: Support services for students with documented disabilities are available through Educational Access Services (EAS, <http://www.coloradomesa.edu/EAS/>). Several services are available: volunteer note takers, testing accommodations, and textbooks in alternate formats.

Prospective and current students are encouraged to contact the EAS Coordinator to discuss accommodations.

Financial Aid and Planning: The Financial Aid Office works with students to meet educational expenses through various monetary resources (<http://www.coloradomesa.edu/finaid/index.html>). Depending on a student's qualifications, aid is available in the form of scholarships and grants that do not need to be repaid. Additionally, students can apply for loans on a need or non-need basis, as well as work-study employment. If students need assistance with payment arrangements, financial planning, and financial management they may contact the Student Financial Counselor.

Health Center: Student health services are available on an outpatient basis to all registered students, regardless of the number of credit hours carried, at a minimal financial cost. Outpatient health services include: first aid, dispensing of simple medications, assessment and referral to specialty physicians and dentists, providing counsel for personal health problems, simple physical examinations, and limited laboratory testing. Services are provided Monday through Friday by a full-time RN, a part-time physician, and a practitioner. For emergency illness or accidents occurring after the center's hours, or on weekends, students can access the Med-X Urgent Care Clinic. Immediate emergency help is obtained by dialing 911.

- **Alcohol/Drug Education:** Group classes are offered consisting of understanding the effects of binge drinking, drinking and driving, and the use of marijuana, methamphetamine, club drugs (GHB, ecstasy), and tobacco.
- **Behavioral Clinical Services:** Students dealing with personal problems affecting their academic life are encouraged to seek professional counseling services through this agency.

Information Technology: CMU's Information Technology (IT) department provides support to the faculty, staff, and students (<http://www.coloradomesa.edu/it/index.html>). The purpose of IT is to enhance the teaching and learning process that has become the hallmark of the institution's role and mission. IT provides support and operation for the administrative computing system, as well as for all academic systems and software. The department maintains and operates all telephone and telecommunication needs, and operates the classroom audiovisual and distance learning operations of the institution.

This service is an essential part of the institution's operational capability, requiring an increasingly larger part of the institution's limited resources. The IT department supports D2L; Document Imaging – a project to provide storage, indexing, management, and retrieval of the voluminous quantity of paper documents in the Enrollment Management Department; and technology operations maintenance – a life cycle project to provide replacement of IT equipment and components on a four-year basis.

- **Banner:** Banner modules allow for enhancement of student services through a single campus-wide solution of integrated databases; efficient dissemination of accurate and consistent

information to the faculty, staff, and students; uniform application of university policies and procedures, and support for administrative requirements by the technical support team.

- **MAVzone:** Students may access MAVzone, a computerized communication system. A student signs in to the site and accesses the following information and services: campus announcements, campus web services (i.e. Admissions, Financial Aid, Housing, program sheets, registration worksheet, tuition and fees schedule), register for classes, check email, join groups. Students have personalized access to their information and may communicate with faculty, staff, and other students. Once a student has logged into MAVzone there is an online course search system allowing them to access an up-to-date list of courses and view the number of seats available in a particular class. Prospective students may also use the online search system to assess course availability.

- **Novell GroupWise:** This is the campus-wide communications tool. In addition to email it provides shared calendaring, contact management, integrated web page viewing, and Really Simple Syndication (RSS) feeds used when publishing frequently updated works. GroupWise allows for one or more customized home screens that can include recent items from inboxes, newsfeeds, as well as a browser window (highlighting upcoming calendar events or current tasks). Additional screen tabs provide details of email, calendar, contacts, tasks, and newsfeeds.

- **D2L:** CMU uses D2L as the course management system (<http://coloradomesa.edu/online/help.html>). This network-based software allows faculty and students to better communicate and enhance course work, and to more efficiently deal with the structural necessities of enrollment and grading, affording more time for other activities. By using D2L, faculty have an easy way to communicate with students, provide online assignments, facilitate learning through discussion and chat rooms, make use of the various resources available on the web, and provide regular student feedback through usage of D2L's online grades. As CMU expands the use of online course delivery it will be important to enhance the availability (for students and faculty) of support personnel.

Library Services: The Lowell Heiny Library was dedicated in 1986 and in 1988 named for outgoing president John U. Tomlinson to honor his commitment to improved library services at the institution. Tomlinson Library's mission is to support the information, instructional, and research needs of the CMU community; provide services to meet those needs; serve as a resource for the citizens of western CO; and share its resources with others. It is equipped with state-of-the-art computer technology and is considered one of the finest small institutional libraries in the state. The library contains over 300,000 items, including books, periodicals, maps, newspapers, audio- and visual-media, a large government documents collection, and a world class geology library. Library services are readily available to students, faculty, and staff to support the information, instructional, and research needs of the university community.

More than 70 online databases are available for faculty and student use through the library's website. Graduate nursing students have access to numerous databases to support health care based learning assignments (see Appendix II-B-2). Also available electronically are other general academic

databases such as Academic Search Premier, Omni File Select, Lexis-Nexis, EBSCO HostWeb, and Business Source Premier. When materials are unavailable locally, the Interlibrary Loan Department and Prospector Program is used to obtain needed materials from other libraries. Additionally, faculty can request materials for the library to purchase that will enhance student learning. A DHS faculty serves on the Library Committee who over-see and evaluates the inventory of available resources. New resource acquisition is updated on an annual basis. Library reference staff has been instrumental in orienting nursing students to the use of the library, conducting effective database searches, and accessing interlibrary loan materials. Library and informational resources are available at <http://www.coloradomesa.edu/cmulibrary/about.html>.

Additional department resources purchased specifically for the graduate nursing programs include: reference books, clinical logs, software licenses, and statistical packages. A number of publications have been added to library holdings. For example, Nagelkerk, J. (2005). *Starting your practice: A survival guide for NPs*; Lubkin, I.M. & Larsen, P.D. (2007). *Chronic illness: Impact and intervention*; and Earp, J.A.L., French, E.A., & Gilkey, M.B. (2008). *Patient advocacy for healthcare quality: Strategies for achieving patient centered care*. Faculty has spoken with campus administration of the benefits of having access to Adobe Connect. A list of additional resources purchased for use by graduate students and faculty will be available in the resource room.

Moss Performing Arts Center: The Moss Performing Arts Center provides music, dance and theatre students with the facilities needed to let their creativity shine. The Center, which recently underwent a \$5.1 million renovation and expansion, is home to the 600-seat William S. Robinson Theatre, a 300-seat recital hall, the Walter Walker Reception Area, an experimental theatre, a design studio, numerous music practice rooms, smart technology classrooms, faculty offices and much more. Additional renovations to the structure, adding dance studios and expanding practice area for theatre performances, were recently completed. Moss is the home to the Theatre and Music Departments which offer a variety of entertainment for the campus and local community throughout the year.

Registrar's Office: The Registrar's Office provides a variety of services that include registering students into classes, maintaining academic records, and certifying degree requirements for graduation (<http://www.coloradomesa.edu/registrar/>). The office is responsible for processing applications for readmission to the university, as well as forms to add/drop a class, holds on registration, change of address, non-release of directory information protected by federal law, and enrollment verification for loan or insurance purposes. The office also prepares transcripts and evaluates transcripts from other institutions to determine the number of credits that will apply toward a particular degree.

Testing Center: The center's services include, but are not limited to, examinations required for admission to graduate and professional schools, examinations for proficiency and certification in nursing and teaching, and the credit by examination program

(<https://www.coloradomesa.edu/testing/index.html>). Assessment of academic skills in English and mathematics are provided for current and potential students. Faculty teaching in either the MSN or DNP program may require students to use the testing center to complete proctored examinations. Distant students are made aware of this requirement and are responsible for securing similar arrangements.

Tutorial Services: The Tutorial Learning Center (TLC) provides free tutoring for a variety of courses and subjects, including writing (<http://www.coloradomesa.edu/tutoring/index.html>). Qualified peer tutors, recommended by faculty, are trained to help students with their academic endeavors. The primary goals of peer tutors are to create opportunities for student success. To date, students in either the MSN or DNP programs meet with course faculty to review questions regarding course content. This process will have to be evaluated to adequately accommodate those students living in distance communities throughout CO or in other states.

DHS Administrative and Professional Staff: The department is supported by two full-time administrative assistants and several work study/student assistants. The administrative assistants are responsible for the clerical operation of all DHS programs. Acting independently, they provide a central source of information and referral for faculty, students, staff, and community members regarding the programs, departmental policies, and procedures. They make certain personnel, budget, and curriculum items are submitted to the appropriate campus department. Additionally, they are responsible for professional correspondence and support of department administration and faculty related to departmental issues. They handle the clerical portion of the admission processes for the students each semester and maintain student records related to clinical requirements (e.g. immunizations, CPR certification).

There is a defined process for regular review of the adequacy of the each program's academic support services. Review of academic support services occurs and improvements are made as appropriate.

The SEP (Appendix I-B-1) provides a guide for regular review of the adequacy of each program's academic support services. Services are evaluated by students each semester using a campus-wide process. Evaluations are completed anonymously online (D2L course shell) at the end of each semester. The evaluations are then summarized by the institutional research analyst. Initially, faculty review the summarized data for their specific courses; then faculty identify areas of concern during weekly faculty meetings. Overall, students have indicated satisfaction with support resources; it should be noted that they have expressed a need for additional assistance accessing and using the D2L platform. This concern has been shared with D2L staff and campus administration. Adequacy of support services will be further discussed in Standard III and IV; evaluative data will be available for review in the resource room.

II-C. The chief nurse administrator:

- is a registered nurse (RN);
- holds a graduate degree in nursing;

- is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes;
- is vested with the administrative authority to accomplish the mission, goals, and expected student and faculty outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected student and faculty outcomes.

Elaboration: The chief nurse administrator has budgetary, decision-making, and evaluation authority that 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 student and faculty 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 if the chief nurse administrator does not hold a graduate degree in nursing.

Program Response:

The DH has budgetary, decision-making, and evaluation authority that is comparable to that of other CMU DHs. She consults, as appropriate, with faculty and other communities of interest, to make decisions to accomplish each program's mission, goals, ESOs, and the EFOs.

Debra Bailey PhD, FNP, RN, CDE became the DH August 1, 2012. Dr. Bailey has sixteen years of teaching experience at the CMU in the associate, baccalaureate, and graduate programs. She has 32 years of experience in the field of nursing with twenty-five years as an advanced practice nurse (APN). She has held a nursing license in CO since 1980 and South Dakota from 1984-1986. Dr. Bailey earned a MS from the University of Colorado, with a focus area of study in Community Health in 1993 and postmasters FNP in 1998; she completed her doctorate in 2013 from the University of Colorado.

The DH is perceived by the communities of interest to be an effective leader of the DHS and graduate nursing programs.

Dr. Bailey's professional experience includes advanced nursing practice and education. After graduating with her RN she served as a staff nurse in neuro-trauma, orthopedics, pediatrics, and neonatal ICU for St. Mary's Hospital, GJ, CO. She became a neonatal nurse practitioner (NNP) earning a certification from South Dakota State University and practiced as an NNP for 11 years at St. Mary's Hospital. Dr. Bailey has experience as a school nurse, a diabetes resource nurse, and a sexual assault nurse examiner for Mesa County.

Prior to becoming the DH of DHS she was a tenured, associate professor of nursing at this same institution. Her teaching experience includes topic specialization in public health, home health, health promotion, pediatrics, health assessment, pharmacology, chronic disease management, diabetes and leadership. Her major accomplishments include initiating diabetes resource visits for kids at CMU, night out for kids with diabetes, and securing preceptor sites for the nurse practitioner students in the community. Dr. Bailey maintains current membership in ANA, CNA, STT, IAFN, and national certification as a FNP. A current curriculum vita for Dr. Bailey will be available in the resource room.

II-D. Faculty members are:

- sufficient in number to accomplish the mission, goals, and expected student and faculty 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 mix of full-time and part-time faculty is appropriate to achieve the mission, goals, and expected student and faculty 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 have lead faculty who are nationally certified in that specialty.

Program Response:

The mix of full-time and part-time faculty is appropriate to achieve each program's mission, goals, ESOs, and the EFOs. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the DNS and program provides its formula for calculating FTEs to CCNE; one FTE is equal to 12 credits per semester teaching load for faculty on a tenure track

(<http://www.coloradomesa.edu/academics/documents/Glossary.pdf>).

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.

Currently there are four full-time faculty (not including the DH) teaching graduate level nursing courses; they also may facilitate a course in the BSN program on an as-needed basis. All full time, tenured, and tenure-track faculty teaching graduate courses are doctoral prepared and are licensed to practice nursing in the state of CO. In addition, several part-time faculty are certified in specialty areas (e.g. Mental Health) or are advanced practice nurse practitioners (e.g. Pediatric, Midwife). Currently a doctoral prepared pharmacist teaches NURS 526 (Pharmacology); a doctoral prepared statistics professor teaches NURS 625 (Statistics for Health Science).

Campus administration is aware of the need and challenges related to meeting the *Criteria for Evaluation of Nurse Practitioner Programs* [National Task Force on Quality Nurse Practitioner Education (NTF), 2008] criteria related to educational requirements for faculty teaching in graduate nursing programs. As enrollment increases in the DNP program there will be a need for additional (full- and part-

time) nurse practitioner faculty. An updated list of faculty (with academic preparation and continuing education activities) and current curriculum vitae will be available in the resource room.

Faculty teaching in practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise is maintained through clinical practice and other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements. Advanced practice nursing tracks have lead faculty who are nationally certified in that specialty.

Clinically prepared faculty is able to teach in their areas of specialization. Both graduate curriculums are provided in a distance education format by faculty who are prepared at the doctorate level and who maintain advance practice certification. The MSN program is administered by a doctoral prepared faculty with 25% administrative assignment. The DNP program is administered by the DH who maintains her FNP; she may assume a teaching role as needed

The faculty, as a whole, remains concerned about the ongoing availability of graduate nursing instructors. As is the case with programs of nursing nationwide, the limited pool of doctoral prepared faculty and qualified applicants remain a critical recruitment issue. DNP prepared faculty are especially difficult to recruit. It is fortunate that recent searches were successfully completed with the hiring of two individuals. Faculty continue in their efforts to secure adjunct faculty (as needed) to facilitate course offerings.

Faculty Practice: CMU supports faculty teaching in the graduate nursing programs working outside of the University to maintain clinical nursing expertise. Support of the faculty practice process exists in accordance with the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012). These criteria require the institution to support currency in clinical practice.

It is expected that faculty will maintain a clinical practice in their specific areas of specialization. This enables the individual to sustain or enhance expertise through activities related to nursing practice. Additionally this process fosters a collaborative relationship between the university and individuals in the service settings/agencies; increases opportunities for collaboration between education and service (e.g. application of research findings); participation in research projects, and sharing clinical knowledge. As stipulated in the Faculty Practice Policy faculty receives one credit release per theory course for faculty practice (Appendix II-D.1). For example, Dr. Bailey functions as a FNP in a local family practice; Dr. Forrest functions as a licensed professional counselor (requires advanced certification) in a psychiatric practice; Dr. Jones is a Certified Nurse Midwife who maintains a practice in Montrose, CO., and Dr. Marshall is a Pediatric Nurse Practitioner in a community-based-setting.

Faculty Evaluation: Faculty are evaluated on an annual basis including input from the faculty, program director, DH, and the VPAA (as described in Key Element I-C). Individuals develop a performance plan (for the upcoming academic year) each spring semester. The plan is reviewed and approved by the program director, DH, and VPAA. Faculty evaluations and performance plans are based

on scholarly activities, teaching performance, service, and student advising. For example, faculty may engage in service for the university, department, program, professional organization, and their community. Service is required for tenure and promotion, and expectations are outlined in individual faculty plans determined annually with program directors and the DH. Faculty has established measurable Benchmarks related to faculty evaluations (Appendix I-C-1). For example, '90% of full-time faculty will receive a rating of Highly Proficient or above on their annual review'. Aggregate data related to faculty evaluations will be further discussed in Standard IV and available for review in the resource room.

Advising: During the academic year several faculty provide advising to students seeking admission into the graduate nursing programs; during the summer advising is available with an appointment. Upon admission to the graduate nursing program, each student meets with one of the faculty to establish a course completion plan. Faculty maintain a minimum of five office hours per week (either on campus or in the D2L course shell) and tend to adopt an open door policy for additional times students have any learning needs. In addition, faculty and students frequently use the campus wide email network for enhanced and readily available communication.

II-E. When used by the program, preceptors, 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 learning outcomes. Preceptor performance expectations are clearly communicated to preceptors.

Program Response:

The roles of preceptors with respect to teaching, supervision, and student evaluation are clearly defined; congruent with each program's mission, goals, and ESOs; they are congruent with relevant professional nursing standards and guidelines.

As an extension of the faculty, preceptors are primarily used in the practicum courses (NURS 610 - Child/Adolescent; 620 – Adult; 630 – Elderly; 640 – Rural Health Care; 650 – FNP Preceptorship); preceptors may work with MSN students on an as needed basis. Each preceptor submits a biographical data sheet to the course faculty prior to working with students in the clinical setting (Appendix II-E-1). Faculty recognize that a clinical experience with a preceptor provides the student an excellent opportunity to develop and participate in learning activities with an expert in a one-to-one relationship in the professional role. Preceptors advocate and foster personal and professional growth of the student while serving as a supporter, role model, and resource person working in a health related setting. Preceptors offer students unique, real-world opportunities to interact with healthcare leaders and experts, advance their knowledge, practice new skills, and achieve competencies as defined in the program of study.

Preceptor Roles: Expectations of preceptor's performance are clearly communicated prior to the individual making a commitment to students. In respect to their expertise in specialized disciplines, preceptors are educationally and experientially prepared and possess the attributes necessary to teach, supervise, and evaluate student progress as they work with students in clinical settings. Preceptors and faculty complete a formal evaluation of the student's performance (Appendix II-E-2). Additionally, students complete an evaluation of the preceptor and the agency (Appendix II-E-3). Faculty is developing a *MSN-DNP Preceptor Handbook* that will clearly delineate the various aspects of the preceptor role; a copy will be available for review in the resource room.

Preceptors have the expertise to support student achievement of ESOs.

Individuals who serve as preceptors for graduate students must meet the following qualifications:

1. Formal education and professional experience as required for the professional role and practice area; preferably an earned graduate degree or certification in a specialty area of practice.
2. State licensure as required for the professional role and practice area.
3. Clinical practice expertise derived from practical and theoretical preparation for individuals in clinical practice roles.
4. Administrative or management expertise derived from practical and theoretical preparation for individuals in administrative or public health positions.
5. Commitment to assist students to develop unique aspects of a particular role and meet defined learning objectives as established by the program of study

Preceptor performance expectations are clearly communicated to preceptors.

The educational process is a collaborative endeavor that involves the preceptors (in the community), the student, and the faculty. Each has a very specific role to advance the student's knowledge and skill in a specialty area of practice. Appendix II-E-4 presents the specific collaborative roles for the preceptor, the student, and the faculty to ensure a successful and high quality clinical experience for the student.

Students select, with the input of their NURS 610 (Child/Adolescent), NURS 620 (Adult), NURS 630 (Elderly), and NURS 640 (Rural) faculty, a preceptor for their clinical experience. The preceptor must be an expert in the area in which the DNP student wishes to develop expertise. There are a limited number of nurses prepared at the DNP level who can serve as the clinical preceptor for DNP students. Therefore, the clinical preceptor will not necessarily be a DNP-prepared advanced practice nurse. Examples of persons who might fill the position of clinical preceptor include an advanced practice nurse or other professional with a doctoral degree; an advanced practice nurse with considerable experience and recognition as an expert in a particular clinical field; a MD with specialized training and experience; a nurse with a high level administrative position as the Director, Vice President, President, or CEO within a

health care organization; a doctoral prepared nurse educator; a nurse with an advanced business or other degree, etc. The clinical preceptor must hold a position in the organization where he/she can facilitate the student's access to clinical services, organizational information, decision makers, and other personnel in order to meet the student's clinical experience objectives.

When possible and practical, the student is encouraged to select a clinical preceptor outside of their current work setting. An exception may be in large organizations, for example, where the student would be placed for the clinical application course with a clinical preceptor outside the department or unit where he/she is employed. The line between current employment and clinical application hours and project(s) must be clear to the organization, the preceptor, the nursing faculty, and the student.

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 student outcomes. For example:

- *Faculty have opportunities for ongoing development in pedagogy.*
- *If research is an expected faculty outcome, the institution provides resources to support faculty research.*
- *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 which require it.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*

Program Response:

CMU and the DHS provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with each program's mission, goals, and the EFOs.

Teaching is the most important role of faculty at CMU. The *Professional Personnel Employment Handbook*, serving as the faculty handbook, specifies a normal teaching load for full-time faculty of 24 semester hours per academic year (http://www.coloradomesa.edu/hr/prof_handbk.html). This is usually divided equally between fall and spring semesters to equal 12 hours per semester.

In addition faculty are expected to: prepare for classes; evaluate student performance; participate in professional, community-based, campus, or program activities; advise students; complete scholarly activities; and other professional activities. Full-time faculty are expected to devote at least 40 hours per week during the academic year to meet their teaching, advising, scholarship, and service obligations.

Formal evaluation of faculty performance occurs annually and is based on four elements: teaching effectiveness, student advising, scholarly activity, and service (Key Element I-C). Faculty are participate in each area as outlined in their annual professional plan. Clinical practice is reflected in the four elements (teaching, advising, scholarship, and service) of the performance evaluation.

Professional Development: Monies are made available to faculty at both the university and departmental level; this includes grant dollars and department funds. CMU funds are available via proposal submission through the Academic Affairs office. Full-time and adjunct (.8) faculty are eligible to apply, with selection criteria based on potential professional benefits to both the individual and to CMU. In addition, faculty may request \$600.00 from the DHS budget through the DH. These funds are distributed based on the potential benefit of the activity to further develop the faculty and to the department as a whole. Professional development funds may be used for professional projects, professional travel, or for tuition reimbursement. A summary report detailing the use of professional development monies will be available for review in the resource room.

Faculty are able to attend campus-wide presentations that support faculty development. Recent offerings focused on advancing computer technology skills to enhance teaching-learning practices (e.g. distance teaching platforms (D2L), plagiarism detection software (Turnitin). These classes are advertised through the campus email and are offered at a variety of times.

Advising: Students are admitted into the MSN and DNP programs each semester. The application process is described in detail in Appendix II-B-1. Class sizes average between 3-12 students per course, allowing faculty an opportunity to provide individualized academic support, attention, and advising. Faculty allocate and spend considerable time each week providing out-of-classroom support for students through advising, tutoring, career counseling, and mentoring activities. Faculty is aware that as enrollment numbers increase additional supportive methods will be needed.

Service: Faculty are encouraged and supported in participating in a variety of professional organizations and community activities including serving on advisory boards, facilitating local and regional health fairs, speaking at nursing and multidisciplinary conferences and conventions, and being actively involved in a wide variety of professional organizations. The graduate nursing faculty is active in membership, leadership, and support of both Sigma Theta Tau International and Nu Kappa (local chapter); additionally faculty are active in the Colorado Nurse's Association. A summary of recent professional activities will be available for review in the resource room.

New Faculty Orientation: There is a university based orientation program offered each fall (prior to the beginning of the academic year) for new faculty. Each new faculty is provided an opportunity to be exposed to campus and academic resources, meet key individuals, learn communication strategies prevalent within the university, and become oriented to the physical layout of the campus. Materials are also provided online to assist faculty in meeting their assigned duties (<http://www.coloradomesa.edu/academics/documents/LecturerResourceGuide.pdf>).

Additionally, DHS faculty are developing a formal mentoring program to assist new hires in becoming proficient in their role (see Appendix I-C-2). The DHS supports the attendance of new faculty at a variety of educational opportunities for novice nurse educators. For example, a recently hired faculty received monies to attend a professional conference in her specialty area (pediatrics).

Summary of Assessment – Institutional Commitment and Resources

Strengths:

1. Institutional commitment and resources at the University and DHS levels, including but not limited to:
 - a. Accomplished faculty in the areas of teaching, scholarship, advising, and service;
 - b. Support services (e.g. admissions, advising, career services);
 - c. Flexibility in allocation and utilization of resources;
 - d. Rich clinical and educational resources available for practicum experiences.
2. Various methods are in place to document student progression and to advise students as needed
3. EFOs are evaluated each semester using a variety of data-collection methods
4. Strong clinical relationships and qualified preceptors who assist the faculty and students to achieve program goals and expected outcomes

Opportunities for Improvement:

1. Secure additional clinical/practicum experiences.
2. Enhance diversity of clinical preceptors.
3. Secure additional full-time and adjunct faculty with specialty certifications – this will likely entail adjusting faculty salaries.
4. Promote both graduate programs throughout the region and state.
5. Increase funds for faculty development.

Plans for Ongoing Improvement:

1. Continue to recruit students and faculty.
2. Increase student and faculty diversity.
3. Continue to advertise widely for qualified faculty to meet instructional needs.
4. Seek additional grant monies and university funding to enhance program resources and faculty development opportunities.

STANDARD III

PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES

STANDARD III

PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES

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

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected individual student learning outcomes that are congruent with the program's mission, goals, and expected aggregate student outcomes.

Elaboration: Curricular objectives (course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected individual student learning outcomes. Expected individual student learning outcomes contribute to achievement of the mission, goals, and expected aggregate student outcomes.

Program Response:

The curriculum for the MSN and the DNP programs are developed, implemented, and revised to reflect clear statements of expected individual student learning outcomes (EISLOs) that are congruent with each program's mission, goals, and expected aggregate student outcomes (Benchmarks). The impetus for beginning consideration for developing graduate nursing programs at CMU came from early discussions by AACN regarding proposed changes in educational requirements for advance practice nurses. Recognizing that faculty are responsible for preparing nurses to meet the dynamic health care needs of an increasingly diverse society, each curriculum was developed in a manner that is philosophically consistent with those of the faculty and their view of nursing as a professional discipline. Each curriculum is outcome-focused, competency-based, integrates appropriate professional standards, and has distinctly stated goals articulating the expectations of graduates.

Course objectives, for each program, are expressed as Expected Individual Student Learning Outcomes (EISLOs); they provide clear statements to students of what is expected to meet course requirements.

Benchmarks (as stipulated in the SEP) contribute to achievement of the mission, goals, and ESOs, and EISLOs.

Curriculum Development: CMU's *Curriculum Policies and Procedures Manual (CPPM)* provides a process for creation of new programs. The manual is available on the institution's website <http://www.coloradomesa.edu/academics/documents/CurriculumPoliciesandProceduresManualupdatedApril182013.pdf>. Based on the curricular framework outlined in the *CPPM* and using professional standards and guidelines (e.g. *DNP NP Toolkit - NONPF*, 2013; *Sample Curriculum Templates for DNP NP Education – NONPF*; *Criteria for Evaluation of NP Programs*, NTF, 2012) faculty delineated MSN and DNP plans of study to facilitate the attainment of expected individual aggregate student outcomes (Benchmarks). Example plans of study for each program can be found in Appendix III-A-1 and III-A-2.

DNP applicants with prior certification or advanced nursing degrees must meet with faculty to complete a Clinical Practicum Hour Sheet (Appendix III-A-3); this process is used to evaluate and provide documentation regarding specific course work that must be completed to obtain the DNP degree.

When developing each of the graduate curriculums faculty formulated ESOs that are aligned with the program's mission and goals and with the corresponding AACN *Essential*. These relationships are depicted in Appendix III-A-4 and III-A-5.

EISLOS contribute to achievement of each program's mission, goals, and expected aggregate student outcomes (benchmarks).

Expected aggregate student outcomes are expressed as Benchmarks and are incorporated in the SEP (Appendix I-B-1). The SEP stipulates how each outcome is evaluated and establishes a time frame to complete the review process.

Each curriculum is designed to facilitate achievement of ESOs as well as aggregate student learning outcomes (Benchmarks); curricular elements are supported by professional standards and guidelines as identified in Standard I: Element I-A. ESOs are mission driven and are considerate of the needs of the health care consumer for safe, quality, and humanistic care. EISLOs and expected aggregate student outcomes (Benchmarks) derive from each program's mission statement, goals, and ESOs (Tables I-A-2 and I-A-3).

Courses are structured to help students develop mastery and application of advanced practice knowledge, skills, and abilities. Consistent with an outcome-focused, competency-based curriculum essential knowledge (content), competencies (skills), and experiences (practice) are identified and provided in a manner for students to meet and master the program outcomes (ESO) and EISLOs (course objectives). These relationships are articulated in curricular maps that clarify how each course contributes to ESOs; these maps will be available for review in the resource room.

MSN: Given that the mission of the MSN program is to prepare nurses to ***provide expert leadership*** in the delivery of healthcare services and programs, students are expected to ***evaluate quality improvement and safety initiatives, accountability and communication*** to improve patient outcomes. The student's ability to achieve this outcome is evaluated in numerous courses – one being NURS 505 (Quality Improvement). Students complete a 'Patient Safety Initiative Paper' requiring them to summarize a body of research related to a selected patient safety initiative, assess the effectiveness of the initiative in achieving its goals, identify barriers to implementation, and discuss strategies to improve the success of this initiative. The paper is evaluated using a grading rubric; the corresponding Benchmark stipulates that the 'Students achieve a grade of 90% or higher on the paper'.

Additional examples of the congruency among program goals, ESOs, EISLOs, and Benchmarks for the MSN curriculum include:

Table I-A-2

MSN Goal	MSN ESO	EISLO	Activity and Benchmark
Employ knowledge of health policy, nursing, and related sciences in the provision of cost-effective nursing care to diverse population.	Critique public policy which impacts professional nursing practice and health care delivery.	NURS 505 Quality Improvement: Describe common quality indicators specifically related to nursing and the nursing report card initiatives.	Institute for Health Care Open School - HI-QI 102 – The Model for Improvement: Students will achieve a score of 90% or better on application activity.
Utilize quality improvement science to evaluate clinical outcomes and ensure patient safety.	Engage in systematic critical inquiry as a basis for practice decisions for diverse patient populations.	NURS 530 Chronic Illness Identify the psychosocial aspects of chronic illness and disability, including the impact of culture and health disparities.	Reflective Paper – Impact of Chronic Illness: Students will achieve a score of 90% or higher on evaluation rubric.

DNP: The DNP mission specifies that graduates will ***translate scientific findings, evaluate programs and outcomes, produce clinical scholarship, and transform health care systems and policies***. An EISLO dictates that students will critique complex primary care clinical situations and health care systems to ***promote optimal outcomes through evidence-based practice***. The student's ability to achieve this outcome is evaluated in numerous courses – one being NURS 700 (Evidence-Based Practice). Students conduct a review of the literature for the purpose of transforming the “best evidence” into practice; critique at least three studies to support/substantiate an EBP project; and determine how an advanced practice nurse would utilize/implement the research in the practice area. The paper is evaluated using a grading rubric; the corresponding Benchmark stipulates that the ‘Students achieve a grade of 90% or higher on the paper’.

Additional examples of the congruency among program goals, ESOs, EISLOs, and Benchmarks for the DNP curriculum include:

Table I-A-3

DNP Goal	DNP ESO	EISLO	Activity and Benchmark
Integrate theory, practice, and research in advance nursing practice roles.	Integrate advanced knowledge of nursing theories, methods of inquiry, humanities, and sciences in the delivery of care to individuals, families, and communities.	NURS 600 FNP Issues: Explore the standards of practice of the advanced practice nurse in a clinical setting.	Deep Dive Presentation – Individual or Group – example topics include Scope of Practice; Prescriptive Authority: Students will achieve a score of 90% or better on presentation rubric.
Demonstrate competency in interdisciplinary communication, ethical analysis, and clinical reasoning in the management of patient care across all environments.	Advocate for social justice, equity, and ethical policies in health care.	NURS 601 Primary Care of the Child/Adolescent Apply concepts in health promotion, anticipatory guidance, interdisciplinary collaboration and client advocacy in the care of children and adolescents.	Comprehensive Progress Exam – to reinforce the concepts of the readings and prepare the student for the advanced practice didactic development: Students will achieve a score of 90% or higher on exam.

Evidence for outcome achievement at the student level is captured in each course and practicum experience. Faculty have begun including a course map in the course shell; the course map clarifies how each course assignment enables students to achieve ESOs and EISLOs. An example course map is included in Appendix III-A-6. Course maps and other materials used for development, implementation, and revision of the curriculum will be available for review in the resource room.

Culminating Experience: Students (in either program) must complete a culminating Capstone experience/project that provides them with an opportunity to produce a scholarly work demonstrating their ability to meet the program ESOs. This scholarly work focuses on application and/or inquiry of the knowledge related to a specific nursing question or problem. Students work with their Capstone committee to identify a relevant nursing related researchable problem, determine an appropriate methodology to study the problem, collect and analyze data, and present their findings (oral and written). Capstone, along with the student's performance in his/her course work, enables the faculty to evaluate achievement of individual student and aggregate achievement of ESOs.

Note: Expectations for successful completion of the Capstone are included in the course syllabus NURS 575 for MSN students and NURS 750/760 for DNP students. A brief overview of these expectations is included in Appendix III-A-7 (MSN) and Appendix III-A-8 (DNP).

As stipulated in the SEP a reader's panel, representing faculty from each discipline offering graduate course work, will review capstone/scholarly projects using a common rubric assessing the student's abilities in creative, analytical, and critical thinking. The corresponding Benchmark stipulates that 'students will meet score of 90% or higher on an evaluation rubric'.

MSN: The **36-credit hour** program is designed for students already possessing a baccalaureate degree in nursing. As individual nurse leaders they are prepared to provide and improve care to patients, families, and/or communities and to lead in educational and complex health care systems. It is anticipated that they will be practice as nurse educators and leaders with the critical thinking skills and knowledge necessary to promote the profession of nursing through guiding clinical practice, teaching, research, program development and implementation, and scholarship. Evidence-based practice, outcomes management, clinical research, and clinical decision-making are highlighted.

The program includes:

- 18-credit hours of **core knowledge** including theory (NURS 500), research (NURS 501), health information systems (NURS 502), leadership (NURS 503), health policy (NURS 504), and quality improvement (NURS 505).
- 9-credit hours of **advanced practice core** including pharmacology (NURS 526), pathophysiology (NURS 525), and health assessment (NURS 527).
- 3-credit hours **Capstone**.
- **Oral Comprehensive Exam**

Students select between two cognates:

- 6-credit hours of **advanced practice cognate** including chronic illness management (NURS 530), health promotion and disease prevention (NURS 535).

OR

- 6-credit hours of **nursing education cognate** – teaching strategies (NURS 540); curriculum design/evaluation (NURS 545).

ESOs are clearly stated in the *Handbook* and in individual course syllabi; course objectives (expected individual student learning outcomes; EISLOs), and learning activities are consistent with these ESOs. Appendix III-A-9 provides examples of this relationship.

Examples of student's application assignments will be available in the resource room. Course maps, depicting the manner in which the EISLOs (course objectives) and learning activities support the expected aggregate MSN ESOs, will also be available in the resource room.

DNP: The **72-credit hour** DNP builds upon the generalist foundation acquired through a BSN or advanced generalist MSN. The program is designed for nurses wishing to assume the role of a Family Nurse Practitioner (**FNP**). The curriculum enables the graduate to conduct complex diagnostic and treatment modalities, utilize sophisticated informatics and decision-making technology, and assimilate in-depth knowledge of biophysical, psychosocial, behavioral and clinical sciences. Graduates focus on providing care to populations and communities with an emphasis on improving quality and access to diverse populations. In addition, graduates can choose to prepare for educator positions to address the critical nursing faculty shortage. The curriculum is supported by professional standards and guidelines as identified in Standard I: Element I-A.

The program includes:

- 27-credit hours of **core knowledge** including theory, research, health information systems, leadership, health policy, quality improvement, statistics (NURS 625), epidemiology (NURS 626), evidence-based practice (NURS 700).
- 36-credit hours of **advanced nursing practice cognate** including pharmacology, pathophysiology, health assessment, chronic illness management, health promotion and disease prevention, FNP issues, primary care of the **child/adolescent** (theory with practicum – NURS 601/610), primary care of the **adult** (theory with practicum – NURS 602/620), primary care of the **elderly** (theory with practicum – NURS 603/630), rural health care (practicum – NURS 640), FNP preceptorship (NURS 650), transition into advanced nursing practice (NURS 660).
- 3-credit hours of elective coursework.
- 6-credit hours **Capstone** (NURS 750/760).
- **Oral Comprehensive Exam**

Course objectives (expected individual student learning outcomes - EISLOs) and learning activities support the ESOs of the program. Appendix III-A-10 provides examples of this relationship.

Examples of student's application assignments will be available in the resource room. Course maps, depicting the manner in which the EISLOs (course objectives) and learning activities support the expected aggregate DNP ESOs, will also be available in the resource room.

Consistency in Grading: Faculty developed a template to use (in both programs) when developing course syllabi; the template includes program ESOs, corresponding course objectives (EISLOs), course assignments, and the methods for evaluating individual student learning (e.g. grading rubrics) including a standardized grading scale:

90 – 100% = A; 80 - 89% = B; 70 - 79% = C; 60 - 69% = D; 50 - 59% = F

Consistency is also maintained with the use of explanations for achievement of letter grades:

An “A” grade is characterized by the following:

- Demonstrates accurate understanding of readings and issues. Draws out important implications. Uses supplemental resources
- Shows critical thinking skills with a demonstrated ability to do more than repeat text material. Defends opinions and judgments with appropriate resources.
- Participates actively. Adds to discussions with additional information, different perspectives and insights from relevant personal experience.
- Expresses ideas clearly.

A “B” grade is characterized as follows:

- Shows all the elements of “A” work, but with less accomplishment, proficiency, or analysis; relies to a lesser degree on materials outside the assigned readings.
- Can assert a critical position on the issues with a demonstrated ability to do more than repeat the text material.
- Offers limited defense or explanation of judgments and conclusions
- One or two submissions may be incomplete or lacking in insight

A “C” grade is characterized as follows:

- Shows an overall grasp of the material, but with little effort to include analysis of the readings in defending conclusions or judgments.
- Communication may be unclear and lacks in-depth analysis of issues or questions raised.
- Some submissions may be incomplete or lacking in insight.
- Does not always distinguish between own opinion and ideas grounded in the literature.

“D” or “F” grades are characterized as follows:

- Shows minimal grasp of the material with little or no analysis.
- Communication is unclear and/or lacks substance.
- Submissions are incomplete or absent.
- Information is infrequently to rarely ground in the literature.

The *Handbook* stipulates that students must achieve a minimum of an 80% to successfully complete a course; they must maintain a cumulative 3.0 average or will be placed on probationary status. Students are allowed to repeat a course one time; a maximum of two courses may be repeated.

Note: Faculty reserve the right to use discretion in terms of enforcing these policies; personal issues that may be interfering with an individual's ability to achieve a minimal grade or maintain a cumulative 3.0 grade-point average are evaluated during weekly faculty meetings. At that time an individualized learning plan is developed affording the student an opportunity to meet progression requirements.

III-B. Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, expected individual student learning outcomes, and expected aggregate student outcomes.

- **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 programs incorporate the Graduate Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program.
 - b. All master's-level advanced practice nursing programs incorporate the Advanced Practice Nursing Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996). In addition, nurse practitioner programs incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).
- 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 incorporate additional relevant professional standards and guidelines as identified by the program.
 - b. All DNP programs that prepare nurse practitioners also incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).

Elaboration: Each degree program and specialty area incorporates professional nursing standards and guidelines relevant to that program/area. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum. Advanced practice master's programs (Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) and DNP programs with a direct care focus incorporate separate graduate level courses in health/physical assessment, physiology/pathophysiology, and pharmacology. Additional content in these areas may be integrated as needed into specialty courses. Separate courses in physical assessment, physiology/pathophysiology, and pharmacology are not required by CCNE 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.

Program Response:

EISLOs (course objectives) are consistent with the roles for which each program is preparing its graduates. ESOs (program outcomes) are consistent with and incorporate professional nursing standards and guidelines as relevant to the particular program emphasis.

Students complete degree requirements through a combination of online coursework, on-campus and/or online focus sessions, course related practice experiences, and completion of a practice-oriented capstone project. Didactic practicum coursework is designed to provide a strong foundation for successful completion of the project or thesis requirement at the end of the program of study.

Each program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

Course Crosswalks: As part of the self-study process faculty utilized course crosswalks, for each program, to demonstrate inclusion of the AACN *Essentials* and other professional standards and guidelines. Crosswalks involved matching the appropriate *Essential* and *Competency* with the course description, course objectives (EISLOs), and teaching-learning strategies. An example of how this work was accomplished using NURS 500 (Theoretical Foundations) and NURS 650 (FNP Preceptorship) are illustrated in Appendix III-B-1 and Appendix III-B-2. Consistency between the course description,

EISLOs, ESOs, and roles for which the program is preparing its graduates (Standards and NONPF Competencies) is depicted in Appendix III-B-3 and Appendix III-B-4. Additionally, faculty are utilizing course maps to clarify how EISLOs articulate with the *Essentials* and learning activities; they will be available for review in the resource room. Any issues that surfaced through these processes have either been resolved or are in the process of resolution.

The MSN program curricula incorporates the Graduate Core Curriculum of The Essentials of Master's Education for Advanced Practice Nursing (AACN, 1996), the Advanced Practice Nursing Core Curriculum of The Essentials of Master's Education for Advanced Practice Nursing (AACN, 1996), the Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2008), The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), and additional relevant professional standards and guidelines as identified by the faculty.

MSN: The MSN curriculum, as a graduate-entry program, builds on a foundation of BSN knowledge and incorporates *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008), *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 2011), and additional relevant professional standards and guidelines as identified by the faculty. A clear curricular plan that includes 36 semester hours of coursework is in place that incorporates the essential core courses (Table III-B-1) as outlined in the *Essentials* (AACN, 2011):

Table III-B-1: AACN's Core MSN Essentials

- **research**, NURS 501
- **health care policy**, NURS 504
- **organization and financing of health care**, NURS 503, NURS 504, NURS 505
- **ethics**, NURS 501, NURS 505
- **professional role development**, NURS 503
- **theoretical foundations of nursing practice**, NURS 500
- **human diversity and social issues**; NURS 527, NURS 530
- **health promotion and disease prevention**, NURS 535
- **advanced health/physical assessment**, NURS 527
- **advanced physiology/pathophysiology**, NURS 525
- **advanced pharmacology**, NURS 526

The DNP program curricula incorporates The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006), the Advanced Practice Nursing Core Curriculum of The Essentials of Master's Education for Advanced Practice Nursing (AACN, 1996), the Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2008), and additional relevant professional standards and guidelines as identified by the faculty.

DNP: A clear curricular plan that includes 72 semester hours of coursework and 1000 practice hours is in place. Upon transcript evaluation, applicants to the DNP program who already have a MSN degree may be approved for a maximum of 500 clinical hours of transfer credit toward the DNP degree. It

will be necessary to complete additional practice hours to achieve the required post-baccalaureate hours for the DNP. A minimum of 36 credit hours and 500 documented clinical hours must be completed at CMU to complete the DNP degree. A faculty assisting with course delivery works with, designs, and facilitates individual practice experiences.

The program is congruent with the eight core essentials (AACN. 2011) – see Table III-B-2:

Table III-B-2: Core DNP Essentials (AACN, 2006):

- **scientific underpinnings for practice**, NURS 500, NURS 501, NURS 626 (Epidemiology)
- **organizational and systems leadership for quality improvement and systems thinking**, NURS 502, NURS 503, NURS 504, NURS 505
- **clinical scholarship and analytical methods for evidence-based practice**, NURS 501, NURS 625 (Statistics), NURS 700 (Evidence Based Practice)
- **information systems/technology and patient care technology for the improvement and transformation of health care**, NURS 502, NURS 505
- **health care policy for advocacy in health care**, NURS 504, NURS 505, NURS 600 (FNP Issues), NURS 650 (FNP Preceptorship), NURS 700 (Evidence Based Practice)
- **inter-professional collaboration for improving patient and population health outcomes**, NURS 502, NURS 503, NURS 505, NURS 600 (FNP Issues)
- **clinical prevention and population health for improving the nation's health**, NURS 530, NURS 535; NURS 626 (Epidemiology), NURS 700 (Evidence Based Practice)
- **advanced nursing practice**, NURS 600 (FNP Issues), NURS 601/610 (Child/Adolescent), NURS 602/620 (Adult), NURS 603/630 (Elderly), NURS 640 (Rural Health Care), NURS 650 (FNP Preceptorship), NURS 660 (Transition into Advanced Nursing Practice), NURS 700 (Evidence Based Practice), NURS 750/760 (Capstone/EBP)

Faculty support the definition of practice identified in the *DNP Essentials*, which describes advanced nursing practice as “any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy” (p. 2). Thus, the 1,000 post-baccalaureate clinical hour requirement is completed in a practice setting. Further, the hours should be part of a “supervised academic program” (p. 19). The program director completes an individual assessment of hours a post-master’s applicant enters with, and how many additional hours are required for the student to achieve the 1,000 clinical hour minimum upon degree completion. Clinical hours are completed within a 15-week semester with one semester hour of credit being equivalent to 45 clock hours of practicum experience. Table III-B-3 clarifies how the required clinical hours are distributed throughout the curriculum.

Table III-B-3: DNP Clinical Hour Requirement

MSN Program			DNP Program		
Clinical Course	# of credits	# of contact hours	Clinical Course	# of credits	# of contact hours
NURS 527	3	50	NURS 610	2	90
NURS 530	3	25	NURS 620	2	90
NURS 535	3	25	NURS 630	2	90
NURS 575	3	135	NURS 650	4	180
Total		235	NURS 750	3	135
			NURS 760	3	135
			Total		765

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

- The baccalaureate curriculum builds 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.

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.

Program Response:

Each curriculum is logically structured to achieve expected individual and aggregate student outcomes.

As an applied human science, each curriculum logically and deliberately builds upon a foundation from the liberal arts, sciences, humanities, and baccalaureate nursing education and serve as a foundation for informed advanced nursing practice. By design the student develops a deeply reflective understanding of the human experiences, critical reasoning skills, a professional value system, knowledge, skill, and competence in nursing, an awareness of self and others, sound communication skills, and cultivation of a desire for lifelong learning and engaged citizenry.

A suggested curricular plan is available for each program; these are posted in the *Handbook* and are used as a guide in developing an individualized curricular plan with prospective and current students. Each curriculum is structured in order to achieve ESOs and EISLOs, and aggregate student outcomes.

Note: While it should be noted that there is limited data available for analysis for either program, faculty have sought to validate their intentions through an evaluation of current students' success in the program, student feedback, and faculty assessment of aggregate student achievement of course objectives (Benchmarks) and program outcomes (ESOs).

MSN: The purpose of the MSN program is to provide an organized sequential plan of study that leads to preparation of an advanced practice nurse leader or nurse educator. Admission into the program requires that students have a baccalaureate degree from an accredited institution. In baccalaureate education, courses in the arts, humanities, and sciences provide a foundation for MSN course work. A liberal arts education promotes critical thinking, skills in written and oral communication, and a broad worldview, which together form a basis for the master's curriculum.

Preparation of Graduates: The program provides 36 semester credit-hours leading to a master's degree with an emphasis in advanced practice cognate or nursing educator cognate; the program must be completed in four years. The curriculum consists of three components: the core knowledge (18-credit hours), the advanced practice core (9 credit-hours), the specialization cognates (6 credit-hours), and Capstone (3 credit-hours). Course descriptions are described online at https://www.coloradomesa.edu/shared/catalog/CMU_Catalog_1213.pdf. Appendix III-B-3 includes a description for each course with linkages to the AACN MSN *Essentials* and the NONPF *Competencies*.

The curriculum is logically structured to assist the graduate to meet the ESOs (Key Element I-A) and builds upon baccalaureate-level competencies, using them as a foundation to meet the more

complex demands of advanced nursing practice and leadership as prescribed by the *Essentials*. Examples include: Nursing Research Methods (NURS 501) which builds upon the EBP content embedded in the baccalaureate curriculum; Pathophysiologic Concepts (NURS 525) which builds on the basic content introduced in a general education and/or baccalaureate nursing course in pathophysiology; Pharmacology for Advanced Nurse Practitioners (NURS 526) and Advanced Health Assessment (NURS 527) which builds on content introduced in baccalaureate nursing education. The program culminates in a capstone project that reflects the synthesis and application of knowledge gained throughout the curriculum. The MSN curriculum also provides a base for further study at the doctoral level.

DNP: The purpose of this practice-focused doctoral program is to prepare nursing leaders for the highest level of clinical nursing practice. The DNP curriculum builds on a baccalaureate (BSN-to-DNP) and Master's (MSN-to-DNP) foundation, depending on the level of entry of the student. Course descriptions are described online at

https://www.coloradomesa.edu/shared/catalog/CMU_Catalog_1213.pdf. Appendix III-B-4 includes a description for each course with linkages to the AACN DNP *Essentials* and the NONPF *Competencies*.

The curriculum was developed based on the following assumptions:

- Applicants would have achieved learning outcomes consistent with AACN's *Essentials of Master's Education for Advanced Practice Nursing*, (2011, 1996); *The Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012, 2008).
- The curriculum assumes generalist knowledge of nursing theory, outcomes research, health care policy, chronic illness, health promotion and disease prevention, pathophysiology, pharmacology, health assessment, organizational leadership, health information systems, and quality improvement. This premise dictates that entering students must have completed the master's level courses (500 level) or have completed prior graduate courses that led to advanced practice certification.

Preparation of Graduates: Graduates with this terminal clinical degree are prepared for roles in direct care or indirect, systems-focused care. Throughout the FNP-DNP program students develop the clinical, organizational, economic, and leadership skills to design and implement programs of care delivery which significantly impact health care outcomes. Further, this knowledge affords graduates the potential to transform health care delivery as articulated in the *Essentials*.

- Students gain foundational outcome competencies central to advanced nursing practice roles, preparation in specialty competencies and content, and practice experiences needed for specialty practice.
- Core courses focus on advanced evidence-based practice, organizational and systems leadership, clinical research and analytical methods for evidence-based practice, informatics and patient care technology for the transformation of health care, health care policy and finance, clinical prevention and population health, and inter-professional collaboration for improving patient and population health outcomes.

- This knowledge is then expanded upon through FNP specialty didactic and practicum coursework. Students evaluate evidence and utilize this evidence in clinical decision-making, leadership skills, implementing viable clinical innovations, and through applying research and theoretical understanding to plan and make change in practice. There is also emphasis on a population-perspective, assessment of populations, program evaluation, and use of data to make programmatic decisions. The program culminates in a capstone project that reflects the synthesis and application of knowledge gained throughout the curriculum.

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

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

Program Response:

Teaching-learning practices and environments support the achievement of EISLOs and aggregate student outcomes.

Faculty employ pedagogical and adult-focused models of learning, as appropriate, in order to better engage adult learners. Flexibility in completing course requirements, access to faculty, and online resources are an important component of each program.

Note: Initially, faculty established pre- and co-requisites for each course. While this plan is ideal it became readily apparent that a strict course schedule was not feasible. Faculty believe that a flexible course schedule prepares students adequately to meet ESOs and EISLOs. Formal curriculum revision forms will be submitted to the Graduate Curriculum Committee early fall 2013. Students are kept informed of course offerings as soon as possible so that they can plan accordingly.

As stipulated in the SEP teaching-learning practices and the curriculum are formally assessed at the end of each semester (e.g. online survey in each course shell) and annually (e.g. end of academic year review of evaluative data); additionally they are assessed in an informal manner as the semester progresses. Faculty have established a Benchmark specifying that '90% of the students enrolled in a course will express satisfaction with teaching-learning practices and environments'. For example, students in FNP Issues (NURS 600) and Primary Care of the Child/Adolescent (NURS 602) expressed an appreciation for faculty maintaining a positive attitude and flexibility with course assignment delivery dates.

Online learning: In the D2L learning environment faculty utilize discussion boards, online chats, web-conference sessions, intensive on-campus sessions (typically one weekend per term), and virtual office hours as strategies to support the achievement of student learning outcomes. D2L is accessible through the university website and is accessed by students and faculty from home or work computers, as well as from computers on campus. D2L allows students and faculty to communicate classroom needs,

exchange information, post course materials, and utilize power points or other presentation modalities. University library services are excellent and numerous electronic databases are readily available to students to assist with securing references for course assignments.

Guidance: Faculty provide continual guidance with students about their assignments through email communication, telephone, and in-person meetings. Faculty utilizes standardized grading rubrics for assessing weekly initial and peer postings (Appendix III-D-1 and III-D-2). With standardized criteria, faculty convey a consistent level of expectations and work with students to progressively improve their analytical skills.

Rationale for Assignments: Assignments include papers and presentations that are prepared and presented both individually and collaboratively. For example, in NURS 505 (Quality Assessment and Improvement in Health Care Settings), students design a quality improvement project related to one of the IOM's six dimension of health care quality. An additional project (design of a learning activity related to one of the graduate QSEN competencies) is completed as a small group project. Another example is from NURS 660 (Transitions into Advanced Nurse Practice). Students prepare a formal critique of different care delivery methods (e.g. school based clinics, federally qualified underserved clinics). Additionally students complete a collaborative assignment requiring them to explore the requirements for establishing a private practice as compared to working in an organizational setting (e.g. medical home).

Practicum Experiences: Practicum experiences offer opportunities for students to provide care for ethnically, culturally, and economically diverse populations. These include individuals living in rural environments with varied types and levels of health care needs. Community-based experiences are incorporated throughout the practicum experiences. Settings include schools, physician offices, public health clinics, home care agencies, and non-profit agencies. Preceptors who work with students are carefully selected so as to provide for a positive learning experience.

Course Revision: As courses are developed and offered, strengths and weakness are identified, shared, and deliberated upon at faculty meetings. Faculty desire to make corrections early once it is determined that existing teaching strategies, curricular structure, or grading policies need adjustment. Faculty are asked to identify the strengths and weaknesses of the course in relation to teaching-learning practices. Possible course revisions are considered and, when appropriate, incorporated at the next course offering. For example, students expressed that completing NURS 526 (Pharmacology for Advance Nurse Practitioners), concurrently with NURS 527 (Health Assessment for Advance Nurse Practitioners) during a summer term was too rushed and it was a struggle to understand the content at the level that was expected. NURS 526 is now a spring offering; NURS 527 remains as a summer offering. A second example involves a revision to the standardized grading policy. Percentages for each grade were adjusted after faculty investigated similar programs across the country.

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

Elaboration: Teaching-learning practices are appropriate to the student population and build on prior learning. Teaching-learning practices consider the needs of the program-identified community of interest (e.g., use of distance technology, simulation, adult learner needs, second language students).

Program Response:

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

Community-of-Interest: The community of interest includes both internal and external stakeholders. Internal stakeholders include prospective and current students, faculty, and alumni. External stakeholders include preceptors, community health care agencies, community residents, and potential employers.

Teaching-learning practices consider the needs of the program-identified community of interest.

Graduate Advisory Board (GAB): The community of interest is represented by the GAB which meets each semester to provide input in the planning and evaluation of each program; current students from either program attend these meetings as they are able. The Board also serves as a liaison between the community, clinical agencies, and the faculty. The Board offers ongoing support and/or recommendations related to curriculum or teaching-learning practices (Board minutes will be available in the resource room).

Prospective students are provided information regarding the curriculum online, at open advisement sessions, professional organizational meetings, and health care related recruitment fairs. The program director contacts prospective students to provide additional information and/or schedules a meeting to discuss the program. Faculty are aware of the need to recruit students from various ethnicities and cultural backgrounds.

Current students enter either program with a minimum of a bachelor's degree in nursing from an accredited institution and are licensed registered nurses. The online distance course format creates opportunities for motivated students to learn at their own pace. The flexibility of online asynchronous course work allows working professionals the ability to complete their assignments during the week when they are available, rather than commit to a predetermined schedule. The asynchronous learning environment enables faculty to share their knowledge of current research and clinical expertise with students using threaded discussions, conference calls, and providing feedback on assignments. Immersion practice in the clinical setting affords students opportunities to focus on the application of knowledge in clinical settings across the spectrum of care under the direction of a faculty and a preceptor. This enables students to further integrate specific educational principles into their clinical practice. For example, in NURS 504 (Health Policy) students assess the impact of health care reform measures on

quality of care. In NURS 527 (Health Assessment for Advance Nurse Practitioners) students utilize their enhanced assessment skills while caring for patients in their work setting.

Students are encouraged to meet or communicate with faculty to discuss academic and project status or any additional concerns. Students are also encouraged to address any concerns to the program director or DH. Informal meetings are also held with the faculty and current students; these occur frequently as enrollment numbers are small. Discussions typically focus on curricular and teaching-learning practice concerns. For example, during a recent meeting with current students it was suggested that the use of Adobe Connect would promote additional opportunities of interacting with faculty and peers. Faculty is seeking funding for this teaching-learning resource.

New Student Orientation and Welcome Back: Faculty recognize the value of providing an opportunity for students to meet the faculty and their peers. Faculty will be scheduling a formal 'welcome session' – students will be invited to come to the campus and meet with the faculty who will explain the different aspects of each curriculum (e.g. goals, ESOs, clinical components, and available student resources). Students and/or interested individuals who are unable to come to campus could participate with the use of Adobe Connect. Faculty will also determine if a widget maybe included in course shells that can be used to 'orient and welcome back' students. Additionally, faculty is considering the use of a D2L shell to house various components of each curriculum (e.g. forms, *Handbook*). The shell would be designed to afford students the ability to communicate with and provide support for one another.

Faculty: Faculty are members of the community of interest, decision makers, and implementers of curricular change, as well as the responsible parties for the management of curricular integrity. Faculty use their expertise to constantly assure that teaching-learning practices are appropriate to the student population and build on prior learning.

Feedback regarding teaching-learning practices: Current students complete online standardized course evaluations at the end of each course related to curriculum and teaching-learning practices. Course evaluations are reviewed by the faculty, the program director, and the DH. Suggestions for revisions are discussed in faculty meetings. Recent curricular changes based on recommendations included in course evaluations occurred in NURS 526 (Pharmacology for Advance Nurse Practitioners) - the PowerPoint videos are now available in mobile format so students are able to view them on their mobile devices. Additionally, the first case study will be divided into two case studies to ease the burden and scope of this assignment.

Beginning fall 2013 faculty will develop and ask students to complete a program specific course evaluation to further evaluate each course. Faculty have consulted with D2L staff to determine if this can be included in the course shells; this process is currently being considered. Faculty have established a Benchmark stating that '90% of students will indicate that teaching-learning practices are effective in fostering ongoing improvement'.

Employers: the needs and expectations of employers as members of the community of interest will be assessed using the Employer Survey. It will be sent annually to employers of program graduates. The survey will provide data regarding graduates' skills in profession-specific knowledge, professionalism, leadership, and collegiality. Faculty have established a Benchmark stipulating that '90% of employers will choose strongly agree/agree on embedded questions on Employer Survey'.

Graduates: as members of the community of interest, the graduates' perception of the needs, expectations, and knowledge gained while completing program requirements will be assessed using the Exit Survey and Alumni Survey. Faculty have asked that the Exit Surveys be posted in the student's final course shell and are awaiting approval for this process. Alumni Surveys will be sent to graduates six-months, one-year, and three-year post-graduation. Both data collection tools will provide data related to the students/graduates' perceived level of learning profession-specific knowledge, professionalism, leadership, collegiality, and an overall rating of program quality. Faculty have established a Benchmark stipulating that '90% of students will choose extremely beneficial (10) or moderately beneficial (5) on embedded questions on student surveys'.

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

Elaboration: Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty. 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 learning outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students, including those enrolled in post-master's DNP programs. CCNE recognizes that faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

Program Response:

Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty.

Student assessment and evaluation are considered integral to the learning process and in maintaining the integrity and quality of each program. Evaluation of individual student performance is completed by the faculty and reflects the consistent achievement of the ESOs and EISLOs. A variety of evaluation methods and tools are incorporated into each curriculum. These forms are utilized according to policies and procedures delineated in the SPE.

For example, every semester students evaluate the courses, faculty, and clinical agencies. Faculty also complete an evaluation of the course and clinical sites. This data is used to customize learning for students so that they experience the full range of learning opportunities associated with a

specific course. As described earlier, a major strength for either program is the diversity of practice settings that are available for a range of student learning experiences.

Evaluation of Student Performance: Policies include those related to grading criteria, clinical performance, progression, and dismissal from the program. Current policies stipulate that a minimum grade of 80% (B) is required in all graduate course work. If a grade lower than B is earned, the course must be repeated. Students must have a cumulative grade point average of at least 3.0 (B) to receive their MSN or DNP degree. Any student receiving two grades of C or lower in all required course work must meet with program faculty to evaluate his/her ability to remain in the program. There are instances when faculty may use their discretion in following the current grading policies. If the faculty believe that there are extenuating circumstances resulting in a student being unable to achieve the required grade the faculty (as a whole) evaluate the situation and arrive at a group decision.

Evaluation (as stipulated in the SEP) is accomplished through individual and group level assessment processes:

Grading policies: all students are informed of grading procedures and other policies upon admission to the program. Grading criteria are clearly defined/outlined in each course syllabi and are applied in a consistent manner. Students can locate the weight for each assignment in the online course room (e.g. in syllabus, course map, and grade book). Faculty provide students with completed rubrics, papers with feedback, and individualized comments using the online course room. If a student is dissatisfied with a grade there are processes to follow.

Course objectives/EISLOs: Each course syllabus clearly delineates the EISLOs for the course, the evaluation of assignments, and the grading scale. The objectives are approved in the course development process and serve as the basis of evaluation. For the most part, individual student achievement is assessed by students' written performance, online participation, individual presentations, group projects, and assignments in focused content areas.

Direct measures: Students are evaluated in each course based on the particular EISLOs and the corresponding assessment measure, such as written assignments, projects, and examinations. Students receive formative and summative performance evaluations, incorporating core competencies, by faculty and preceptors. Data from these assessments are used to provide feedback to the student for improvement and as a measure of knowledge and skill attainment. The data are also used by faculty to evaluate how to improve the course. The assessments may be either formative, with suggestions and opportunities for improvement, or summative, with a grade given based on the results of the examination, project, or paper. When appropriate, assessments include grading rubrics, from which data can be aggregated to provide group information of how well the class met EISLOs, in addition to individual student data.

Indirect measures: 1. course evaluations – students evaluate how well they are able to achieve the course's objectives and how well the course was designed to help them meet their learning goals and objectives. 2. faculty evaluations – students evaluate individual faculty on teaching performance for each

course. Results of these evaluations are returned to the faculty and then shared with the program director and DH. Faculty evaluations are included in materials submitted for promotion and tenure.

In each practicum course students' do work with preceptors who facilitate their clinical learning experiences. Faculty seek input from preceptors regarding student performance, but are ultimately responsible for evaluation of individual student learning outcomes.

While faculty seek input from preceptors about the student's performance and concerns are shared with the student, faculty have the ultimate responsibility for evaluating student performance and assigning a final course grade. Faculty may construct a written *Report of Student Performance* (Appendix III-F-1) with students who are not meeting course expectations at any point during the term. All written reports are negotiated with the full knowledge of students. The report specifies which course competencies are not being met and what behaviors need to be demonstrated by the completion of the course if students are to be successful. A plan to address areas of weakness is developed.

Capstone: Students in either program complete a comprehensive scholarly project; as of fall 2013 completing a thesis will no longer be an option for MSN students. Guidelines for completing the Capstone project are included in the *Handbook*. Students work closely with a faculty advisor and committee to plan, implement, and evaluate their project. The faculty advisor (full-time faculty) serves as chair of the committee. The second member of the committee is also a full-time faculty. The third member of the committee may be an expert external to CMU, such as a preceptor. Faculty are in the process of developing a *Capstone Handbook* that will more clearly guide students through the process.

Evaluation policies and procedures for individual student performance in either program are defined and consistently applied.

Policies related to student evaluation are defined and consistently applied; they are contained in the *Handbook*, which is updated as needed and comprehensively reviewed annually. Grading criteria, related to the ESOs and EISLOs, are clearly defined for each course, communicated to students, and applied consistently. Various assessment approaches are used in both didactic and practicum courses and are clearly defined in each course syllabus. Student performance is evaluated by the faculty; they do seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of the ESOs and EISLOs. For example, students in NURS 601/610 (Care of the Child/Adolescent) use a clinical evaluation tool that generates a comprehensive performance judgment for each student throughout the semester. The tool includes specific feedback from faculty and preceptors. Students are involved in self-evaluation using the same tool and review their progress throughout the term. The *Handbook*, course syllabi, and examples of evaluative materials will be available in the resource room.

III-G. 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 individual student learning 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.

Program Response:

Faculty use data (as stipulated in the SEP) from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of individual student learning outcomes.

ESOs, EISLOs, and teaching-learning practices for each program are evaluated (for rigor, currency, and cohesiveness) at regularly scheduled intervals to foster ongoing improvement. Multiple formal and informal evaluative and improvement processes are guided by the SEP (Appendix I-B-1). Faculty evaluate each curriculum and teaching-learning practices at the end of each semester and academic year as a component of the ongoing assessment of student learning processes. Faculty meet weekly to discuss and evaluate any available assessment data in order to promote ongoing improvement.

Appendix III-G-1 and III-G-2 provide examples of how the curriculum and teaching-learning practices are evaluated and how the data is utilized for curriculum revisions that foster program improvement. Additional materials documenting how teaching-learning practices are evaluated and how these processes provide a base for curricular revisions will be available in the resource room.

Quality Matters (QM): In spring of 2011, the Distance Education Quality Working Group (comprised of faculty and staff) identified a series of factors related to “quality” in online learning, and related recommended practices. Ongoing formal evaluation of the curriculum and teaching-learning practices is inherent in the QM process. Graduate nursing course descriptions, objectives, and teaching-learning activities are being evaluated using the QM guidelines; as faculty have been occupied with the accreditation process they have been granted additional time to format course materials to more clearly align with QM stipulations.

Quality Course Design: “Quality Matters” in CMU online courses. The goal for this quality factor is for all CMU online courses to meet nationally recognized, research-based design standards in course design. After reviewing the QM program, CMU has selected to focus initially on the integration of the “essential standards” in course design.

Faculty Readiness: The goal of this quality factor is that all online faculty are well-prepared to teach an online course. To accomplish this goal, Extended Studies developed a curriculum to address faculty preparedness at all levels of experience. Faculty that have been teaching online courses for the university receive professional development training in the use of the learning management system (D2L), and the integration of the QM standards. In addition, Extended Studies provides regular professional development opportunities for online faculty through monthly, Online Faculty Users Group meetings, and conferences.

Student Readiness: The goal of this quality factor is all online students have the information, skills, and technology necessary for success in an online course environment. To accomplish this goal, Extended Studies requires all first-time online students to pass an orientation to online learning, before they are given access to their online course(s). Students may access information that can assist them with distance learning online at <http://www.coloradomesa.edu/online/learning.html>.

Retention: The goal of this quality factor is to achieve a retention rate that is above the national average. To improve the retention rate of students in online classes, Extended Studies has deployed an orientation to online learning course that all first-time online students must pass. Students in online courses have the opportunity to evaluate their experience at the end of the semester. This information is reviewed by Extended Studies staff, DHS, program directors, and instructional faculty. This data will be beneficial to the nursing faculty who have noted that a number of students have chosen to not proceed with course work.

Student Services: The goal of this quality factor is to provide online students with technical assistance, and support in accessing relevant student services. Providing quality student services is a process of continuous improvement. To address this goal, Extended Studies staff members meet with the Information Technology Help-Desk staff to assess the technical assistance requests as a means to identify potential service issues. Extended Studies staff also meets with other related student service areas such as Tutoring, to discuss the use and potential improvement of services.

Assessment: The goal of this quality factor is to integrate the assessment of online courses into the institutional assessment plan. Academic department heads now integrate the assessment of the teaching of online classes into a faculty overall evaluation. In addition, Extended Studies and academic DHS regularly evaluate the academic performance of students in online classes.

Evaluation Processes: Faculty teaching MSN and DNP courses:

- function as a committee-of-the-whole to review assessment data. Outcome data for each program is reviewed at a faculty meeting. Summaries of data analyzed to date will be available in the resource room.
- accommodate different demographic constituencies with varied life and work experiences, learning styles, teaching preferences, and developmental needs. For example, entry requirements, course plans, clinical schedules, and teaching methods vary to accommodate these differences.
- maintain consistency with use of a generic course syllabi template. Course and clinical objectives derive from the professional standards and guidelines that serve as a base for each curriculum. These foundational documents are clearly communicated in course syllabi.
- ensure that each syllabi is up-to-date and that teaching-learning methods assist students in meeting ESOs and EISLOs.

- are developing methods to ensure that students receive consistent feedback through the use of grading rubrics reflective of standardized letter grade expectations.
- monitor the implementation of each new course and report issues of concern immediately to other faculty for input on how to foster improvements. Curricular, instructional, and technical issues are all included in these evaluations; expertise from the Extended Studies staff is highly valued.
- evaluate curriculum and teaching learning practices after each course and at the completion of the academic year (according to the SEP) as a component of the ongoing assessment of student learning process. Faculty will be developing an exit interview process that entails having students meet with one of the faculty to discuss program outcomes and experiences. They will also complete a written End-of-Program Evaluation (Appendix I-B-5 and I-B-6); students can either complete the form and submit online or mail the survey to the program director. The data from the interviews will be summarized to assist in evaluating the curriculum, teaching-learning practices, and ESOs. End-of-program data from each graduating cohort will be reviewed by the faculty and curricular revisions will be evaluated and implemented made as needed.

Examples of Curricular Changes: modification of grading scale; incorporation of voice-over presentations; sequencing of courses.

Summary of Assessment – Curriculum and Teaching-Learning Practices

Strengths:

1. Each curriculum is well-defined, with clear expected outcomes, and is aligned with the mission and goals of CMU and the DHS.
2. The SEP provides a format for developing and refining each curriculum in accordance with expected aggregate student outcomes.
3. Each curriculum reflects professional nursing standards and guidelines.
4. Each curriculum is logically structured and incorporates current expected competencies. Course assignments promote student accountability for independence in clinical decision-making skills.
5. Skills validations are integrated across each of the curriculums.
6. Inherent in each curriculum the teaching-learning practices are varied and creative, value learning diversity, contribute to student achievement of learning outcomes, and consider the needs of the community of interest.
7. The teaching-learning environment (for each curriculum) fosters student achievement and professional growth in students. Students are required to actively participate in the learning experiences and to be prepared to resolve proposed clinical issues using the best available clinical evidence.
8. Feedback from communities of interest is valued and integrated (as deemed appropriate). This input influences program development (for each curriculum), teaching-

learning practices, and curriculum content. Further, it ensures dynamic and contemporary programs, preparing graduates to meet expectations of a rapidly changing health care environment.

Opportunities for Improvement:

1. Examine retention issues – revise the schedule of curricular offerings as deemed appropriate.
2. Assess if specific core competencies (e.g. NONPF) are amenable to comprehensive evaluation methods.
3. Evaluate clinical sites for redundancy in learning experiences.
4. Promote student engagement and a sense of academic community within teaching-learning practices that are predominately technology driven.
5. Refine faculty-faculty and faculty-student communication processes relative to rapidly evolving curricula.
6. Revise course materials to align with QM principles.
7. Enhance use of challenging interactive performance-based examinations, case-based evaluations, and high-fidelity simulations.
8. Investigate the use of Typhon Tracking system – electronic way to collect each student's patient encounter logs and other curriculum components
(<http://www.typhongroup.com/npst.htm>).

Plans for Ongoing Improvement:

1. Continue to build each program by working with communities of interest.
2. Continue to secure appropriate clinical sites to support student learning.
3. Incorporate Quality Matters standards within each curriculum.
4. Comprehensively evaluate each curriculum following the graduation of initial cohorts.
5. Develop process for tracking and securing information about those students who seek professional certification and are successful in achieving certification.

**STANDARD IV PROGRAM EFFECTIVENESS: AGGREGATE
STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS**

STANDARD IV PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS

The program is effective in fulfilling its mission, goals, and expected aggregate student and faculty outcomes. Actual aggregate student outcomes are consistent with the mission, goals and expected student outcomes. Actual alumni satisfaction data and the accomplishments of graduates of the program attest to the effectiveness of the program. Actual aggregate faculty outcomes are consistent with the mission, goals, and expected faculty outcomes. Data on program effectiveness are used to foster ongoing program improvement.

IV-A. Surveys and other data sources are used to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN® pass rates, certification examination pass rates, and employment rates, as appropriate.

Elaboration: Processes are in place for regular collection of aggregate student outcome data. For entry-level programs, the program indicates whether NCLEX-RN® pass rate data represent first-time takers and/or repeat takers. The program is expected to demonstrate how RN-to-baccalaureate program graduates as well as pre-licensure graduates achieve the expected outcomes of the baccalaureate program. Certification pass rates are obtained and reported for those graduates taking each examination, even when national certification is not required to practice in a particular state. Program evaluation data are collected on a regular basis. For each degree program, the program calculates graduation rates (number of students completing a program divided by number of students entering a program). The program specifies the entry point and the time frame used in the calculation of graduation rates. Individual programs may collect additional aggregate outcome data related to other aspects of their mission, goals, and expected student outcomes (e.g., enrollment in further graduate education).

Program Response:

Processes are in place for regular collection of aggregate student outcome data.

The SEP provides the structure and process for program evaluation, including the collection of feedback from each community of interest. By including multiple assessment mechanisms, evaluation processes, and various data sources, faculty has a comprehensive systematic method for evaluating critical elements for each program. Faculty continues to explore additional methods of collecting evaluative data affording opportunities for curricular revision. Beyond designing student learning outcomes for each curriculum, faculty are refining their assessment plan to be consistent with the four MSN program goals and the six DNP program goals (Appendix I-B-1).

Surveys and other data sources are used in the MSN and DNP programs to collect information about student, alumni and employer satisfaction, and demonstrated achievements of graduates.

Knowledge regarding the effectiveness of the MSN and DNP programs is derived from the SEP (Appendix I-B-1). The SEP provides a method for identifying and quantifying a variety of indicators to measure performance outcomes of students and faculty. With the implementation of the new programs, faculty have designed objectives and measureable indicators, selected valid data collection tools and methodologies, and are conducting analysis and meaningful data interpretation. These data are being

used to foster ongoing improvement through dissemination to the DH, program director, faculty, students, and communities of interest.

The MSN and DNP ESOs and EISLOs are aligned with the respective AACN *Essentials* documents and other professional standards/guidelines (Key Element I-A-1) and have been approved by faculty, the GAB, the CMU assessment coordinator, and CMU assessment committee http://www.coloradomesa.edu/facsenate/assessment_committee12-13.html. Because the DNP program is the first doctoral program offered at CMU, development of institution-wide expectations of doctoral students is at an earlier stage than that for the master's, but preliminary discussions of doctoral-objectives build upon those at the master's level.

Data on program effectiveness are used to foster ongoing program improvement.

Outcome data are collected and reviewed for ongoing program evaluation (Appendix IV-A-1). An organized process for collecting and reviewing data is clearly outlined in the SEP; Benchmarks for satisfaction and compliance are also included in the plan. Each survey or data collection tool includes common response questions allowing for the tracking of trends and patterns. Additionally, the processes incorporate an open-ended comment section; written comments are summarized by administrative assistants to protect student confidentiality. Collected data will include information about graduation rates, employment rates, and other achievements of graduates; alumni and employer satisfaction (e.g. performance satisfaction). After collection, this data will be analyzed and evaluated by the faculty. After this evaluation, program and course changes will be implemented as deemed necessary. Further, summaries will be reported university-wide and incorporated into various enhancement activities through CMU's institutional effectiveness plan (<http://www.coloradomesa.edu/self-study/process.html>).

Data to be collected and reviewed include:

Attrition Rates: Faculty seeks to develop an understanding of factors that inhibit progression and completion of degree requirements. This data is secured when faculty meet with students who are not progressing in a timely manner. To date reasons provided for non-progression/attrition have been related to academic preparedness, financial concerns, and family issues.

Student Exit Survey: As stipulated in the SEP, MSN and DNP students will complete a program evaluation at the end of their final term.

Alumni Survey: As stipulated in the SEP, MSN and DNP students will complete a program evaluation at three selected times post-graduation (Appendices I-B-3 and I-B-4).

Graduation Rates: The point of entry for MSN and DNP students is when they are enrolled and complete their first course as a degree-seeking student. Completion rate will be collected at four-years (MSN program) and six-years (DNP program) after entry.

Alumni Survey: As stipulated in the SEP, MSN and DNP graduates will be sent an Alumni Survey six-months after graduation; this will be followed by surveys at 1- and 3-years post-graduation.

Data gathered from these surveys include responses relevant to program outcomes and information about employment, leadership positions, achievements, and further educational/professional pursuits.

Employer Survey: As stipulated in the SEP, the employers of graduates who give permission will be sent a survey requesting evaluation of the graduate's level of performance related to program ESOs and EISLOs.

Employment Rates: Employment rates will be gathered from the Alumni Surveys.

Certification Exam Pass Rate: Certification rates for DNP graduates will be collected from the specified certifying bodies: American Association of Nurse Practitioners (AANP) and American Nurses Credentialing Center (ANCC). The certifying bodies report results annually only if more than three graduates take the exam in a given year. Faculty will attempt to maintain ongoing communication with graduates to determine certification rates.

NOTE: CMU changed learning management software from WebCT to D2L at the end of fall 2012; institutional-wide data was lost in this process - thus evaluative materials are limited in nature for spring and fall 2012.

Process for Reviewing Data: The feedback from each component of the outcomes assessment process assists in guiding and supporting curriculum and pedagogical revisions (as appropriate), determining if the admissions criteria are appropriate (both at the institutional and program levels), providing a justification for budget requests, and highlighting when faculty professional development is warranted (Appendix IV-A-2).

Data from each evaluative form is summarized and distributed to faculty. The program director and DH discuss the results of student feedback with faculty during his/her annual performance evaluation. Results of aggregated evaluative processes are shared and discussed, as deemed appropriate, in weekly faculty meetings. Staff members from the Office of Institutional Research and Assessment provide support in data collection and interpretation (<https://www.coloradomesa.edu/ir/index.html>).

In addition to the assessment feedback provided to faculty involved in graduate instruction, it is important to note that an annual report on learning outcomes is submitted to the Assessment Coordinator and Assessment Committee, the Graduate Curriculum Committee, the GAB, and the Assistant Vice President for Academic Affairs/Director of Graduate Studies. Each recipient reviews the annual report as input for CMU's continuing efforts to improve program quality. Needed improvements having funding implications are included in the institution's next budget cycle of funding. It should be noted that this requirement applies to the three graduate programs (Business, Education, Nursing) currently offered at CMU.

Each program/course has specific assignments and data collection processes. These have been mapped to the expected outcomes. Rubrics are utilized for formative and summative evaluation

processes for each course. These assessments provide the basis for awarding of course grades. MSN students must demonstrate mastery of all MSN expected outcomes in the capstone project, presentations, and oral comprehensive examinations. The first students are scheduled to complete the MSN capstone experiences in fall 2013. DNP students must demonstrate mastery of all DNP ESOs and EISLOs in the capstone projects, presentations, and oral comprehensive examinations.

As stipulated in the SEP, aggregate data from the assessment of each program's ESOs and EISLOs is reviewed by faculty for ongoing course and program improvement. Aggregate data (while limited in nature) for specific courses by semester indicate that, in general, students are quite positive about course format and delivery mechanisms (e.g. faculty effectiveness, assessment/evaluation processes, online system). All aggregate data related to program assessment will be available for review in the resource room.

Student Satisfaction:

Process: At the completion of each semester, students respond to a standardized campus-wide evaluation form included within the online course shells (Appendix IV-A-3). This form, comprised of common response questions, allows for formal assessment of teaching-learning practices for each course. Clinical facilities and preceptors are evaluated at the completion of each practicum course and capstone experiences. Ongoing informal feedback is obtained from students via course discussion topics, emails, and during faculty meetings to evaluate their current experiences in in courses. As the DNP program is fully implemented, additional feedback will be used to enhance clinical/practicum experiences and to appropriately place students in clinical settings that promote optimal learning outcomes.

Program Graduate Satisfaction:

Process: Satisfaction of program graduates will be obtained with an Exit Survey and an informal interview. These will be compiled each semester as students complete their respective curriculum. During faculty meetings, faculty will review exit assessment responses and identify areas for program improvement. As the first MSN students are scheduled to graduate fall 2013, no aggregate data is available for review.

Alumni Satisfaction Data:

Process: The office of Alumni Relations obtains satisfaction data using online surveys. Questionnaires address personal and professional growth, future educational goals, changes in job responsibilities and compensation, professional achievements, and overall program satisfaction. Alumni from each program will also be asked to complete an Alumni Survey six-months, one-year, and three-years after graduation to obtain feedback for program improvement.

Demonstrated Achievement of Graduates:

Process: As stipulated in the SEP, Benchmarks will guide the evaluation of the achievements of program graduates (e.g. promotion, scholarly activities). The Alumni Surveys provide a mechanism for tracking demonstrated achievement of graduates. Media Relations also tracks notices of student and graduate achievements in area publications. Additionally, faculty maintains close contact with students through Facebook and regional clinical facilities; thus, there is an ongoing source for learning of graduate achievements.

Employer Satisfaction:

Process: Feedback from employers will be collected both formally and informally, and then reviewed during faculty meetings. At each GAB meeting, members are invited to provide comments on students (and eventually graduates) working at his/her clinical facility. As many board members represent employers or have other community contacts this is a valuable source of ongoing feedback. A formal survey is being developed that will be distributed to board members annually at the spring meeting. Additionally, faculty solicits feedback from clinical agency staff while supervising students in the various facilities. Follow-up phone calls and emails will be used to maximize the response rate from employers.

FNP Certification Exam Pass Rate (DNP):

Process: Once DNP graduates meet the educational requirements to take the FNP certification examination and successfully passes the exam, the nurse is awarded the credential FNP-BC. The DNP program will track graduates performance on the FNP certification exam first-time pass rate with the goal of exceeding the national pass rate. Performance of graduates taking the FNP certification exam will be reviewed by the faculty during weekly meetings.

IV-B. Aggregate student outcome data are analyzed and compared with expected student outcomes.

Elaboration: Actual student outcomes data are analyzed in relation to expected student outcomes to identify areas of discrepancies. Discrepancies may indicate areas for program improvement.

Program Response:

Actual student outcomes data are analyzed in relation to expected student outcomes to identify areas of discrepancies.

While there is limited aggregate data available for review faculty expect that the evidence will demonstrate that actual student outcomes are consistent with each program's expected outcomes (Appendix I-A-4 and I-A-5). Assurance of adequate content to provide the foundation for students to achieve these outcomes is found in each program of study, including:

- Required advanced practice core including pharmacology, pathophysiology, and health assessment

- Required core in theory, research, health information systems, leadership, health policy, and quality improvement; DNP addition of statistics, epidemiology, evidence-based practice
- Required advanced practice cognate including chronic illness management and health promotion and disease prevention
- Required practicum experiences (Child/Adolescent; Adult; Elderly; Rural; Preceptorship).
- Required Capstone project – students have scholarly criteria which they must meet to plan, implement, and evaluate their capstone projects and document the process.

As previously noted, course evaluations are given to students at the conclusion of each semester. These evaluations assess student perceptions about the course providing valuable information regarding the effectiveness of current teaching/learning practices and satisfaction with course materials. Faculty meets at the beginning and conclusion of each semester to discuss the course evaluations, note positive and negative comments, and develop strategies for improvement in each course.

Actual student outcome data are being analyzed to identify areas of discrepancies. Faculty recognizes evaluation is a continuous process that results in program improvement. Aggregate student learning outcome data are analyzed and compared with ESOs and EISLOs as student's progress through either program. Faculty has determined Benchmarks for each method of assessment (Appendix I-B-1). After data are gathered and analyzed, faculty discusses the results in faculty meetings. Discussions focus on course/program strengths, perceived weaknesses in meeting expected outcomes, and strategies to improve course/program effectiveness.

Examples of course/program improvements based on assessment of expected outcomes includes changing NURS 526 (Pharmacology) from a summer semester to a full semester course to allow students more time to master course content; addition of NURS 626 (Epidemiology) course to enhance content and align with DNP *Essentials*; use of course mapping to expected outcomes to better inform students about the relationship of these outcomes to course assignments and content in all courses; and enhanced policy analysis processes in NURS 504 (Health Policy).

Graduation Rates: Appendix IV-B-1 provides data for each program relative to progression and anticipated graduation rates; it is expected that three individuals will complete the MSN program fall 2013.

Benchmark: 90% of enrolled students in a cohort to complete course work within four years for the MSN program and six years for the DNP program.

FNP Certification Exam Pass Rate

Benchmark: 90% of enrolled students in a DNP cohort to pass FNP Certification Exam on the first attempt. No data is available yet for this benchmark as the first cohort of students have not completed DNP coursework at the time of this self-study.

IV-C. Aggregate student outcome data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes.

Elaboration: The program reports aggregate data related to its expected outcomes. Reported data include enrollment; student, alumni, and employer satisfaction; graduation rates; NCLEX-RN® pass rates; certification examination pass rates; employment rates; as well as data related to other program-identified expected outcomes.

Program Response:

Faculty teaching graduate nursing courses at CMU strive to prepare nurses as experts in advanced practice who will utilize their knowledge, as leaders, to influence the delivery of health care to diverse populations (Table I-A-2). Aggregate student outcome data, while limited in nature, provides preliminary evidence of each program's effectiveness in achieving the mission, goals, ESOs, and EISLOs.

The evaluation process for current and future aggregate student outcome data includes: 1. collection of data related to admission, progression, GPA, completion of Capstone projects, clinical practicum hours, student, employer and alumni satisfaction, and FNP certification. 2. data are presented and analyzed during weekly/biweekly faculty meetings; if discrepancies are identified, further review and determination of causes and strategies for improvement are deliberated. Action plans are developed and implemented as feasible. This evaluation process supports program effectiveness and each program's ability to achieve its mission and goals.

Enrollment – Number and Diversity: Faculty remain persistent in recruitment efforts. As GJ is a 'small community' applicants are prior BSN graduates or staff nurses in local facilities. Grant monies will be sought that will enable faculty to travel to various parts of the state to actively recruit students for both programs. The Student Diversity and Advocacy office works to support the diverse student body. The office provides for students and faculty the experience of interacting and learning together to respect a broad range of people from diverse backgrounds. This offers an arena for students to have a greater appreciation and understanding of cultural diversity, and be prepared to take on leadership roles in society.

Progression: Faculty have established a benchmark that '90% of students will successfully complete each course'. Current data indicates there are two courses where this benchmark is not being achieved – NURS 526 (Pharmacology for ANP) and NURS 530 (Chronic Illness). Students who were unable to achieve an 80% in pharmacology are either currently enrolled in the course or will be securing admission

spring term. One individual received a C in NURS 530 and has chosen to withdraw from the MSN program.

Graduation: Faculty have established a benchmark stipulating that '80% of students will graduate within the specified time frames (4-year, 6-year)'. No data is available yet for this benchmark.

FNP Certification Exam Pass Rates: No data is available yet for this benchmark as the first cohort of students have not completed DNP coursework at the time of this self-study.

Employment Rates: Employment rates provide an indirect measure of each program's effectiveness in preparing graduates for leadership, educational, and nurse practitioner roles. Employment in these advanced practice roles will be monitored for graduates via the alumni survey processes.

Program Satisfaction: Faculty currently utilize course/faculty evaluations as formative evaluation of satisfaction with each program. Exit evaluations will evaluate summative satisfaction with the MSN and DNP programs. Overall, a majority of students indicate that they are satisfied with the curriculum, faculty, and clinical experiences. This item will be further discussed in Key Element IV-D.

Employer Satisfaction: Feedback from clinical agency representatives is to be sought by faculty on a continuous basis. Overall, a majority of key stakeholders indicate they are satisfied with the curriculum, faculty, and clinical experiences. This is documented, for example, in GAB minutes which will be available for review in the resource room. This item will be further discussed in key element IV-D.

IV-D. Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: The program demonstrates use of aggregate student outcome data for program improvement when actual outcomes are not consistent with expected outcomes. Adjustments to foster ongoing program improvement are deliberate and congruent with the mission, goals, and expected student outcomes.

Program Response:

Aggregate student outcome data is utilized for improvement for each program when actual outcomes are inconsistent with the expected outcomes. Adjustments to foster ongoing program improvement (for each program) are deliberate and congruent with the mission, goals, and ESOs.

Processes are in place to assure that consistent evaluation and appropriate use of outcome data is included in plans for program improvement. Program effectiveness and improvement are the responsibility of administration and the faculty. While the evaluation of programs is included in the institution's administrative structure, primary responsibility lies with the faculty, who have a major role in analyzing program outcome data, providing evidence of program effectiveness, and fostering ongoing program improvement.

Aggregate student outcome data are analyzed and compared with expected outcomes to identify areas of discrepancies, as part of the overall evaluation plan. Data is/will be collected as stipulated in the SEP. Benchmarks have been developed for each collection process. No students have yet completed either program; thus there is limited direct data available for review. Course evaluations (to date) give indirect evidence of the success of each program. All course evaluation materials will be available for review in the resource room.

Student Satisfaction:

Benchmark: 90% of ongoing students will indicate satisfaction with the curriculum. The results for the MSN program (using the campus-wide form) for academic years 2011-2013 are summarized in Appendix IV-D-1 and Appendix IV-D-2; this data indicates the percentage of students responding to surveys who chose the top two categories (Strongly Agree/Agree) on a 5-point scale. Student course evaluations have been positive overall in terms of content, assignments, and teaching methodology.

There is evidence of use of data for ongoing improvement. In those semesters, when the evaluative feedback did not meet the benchmark, faculty initiated changes to the course with positive results in subsequent semesters. For example, students indicated that the number of assignments within a particular course can be quite demanding; the faculty reviewed this feedback during a faculty meeting and the expectation was modified within that term. Faculty responded to the feedback regarding clarity of grading policies/procedures by developing standardized grading tools (e.g. discussion and participation rubrics) to be used throughout each curriculum.

Relative to the data that is available faculty are able to make note of strengths and concerns:

Strengths: Faculty note upon reviewing this data there is a consistency regarding areas of strength in the courses delivered to date. Noted strengths include clear course assignments, appropriately challenging content and syllabi that reflect learning outcomes. In addition, students have recognized well-prepared instructors who promote respect/civility, are available and accessible to students, and who explain how material is useful or relevant.

Concerns:

MSN: Faculty recognized student concerns in summer 2012 regarding the need for a variety of teaching methods. This has improved with increased faculty professional development in online teaching strategies, and shifting of one course (NURS 526, Pharmacology) from the compressed summer semester format to a full semester course.

DNP: Concerns are related specifically to NURS 625 Statistics. This was the first time that the course was taught; data is representative of four students. Concerns have been addressed with the faculty member who will modify teaching approaches the next time this course is offered.

Program Graduate Satisfaction:

Benchmark: 90% of program graduates will indicate satisfaction with their educational experience. Graduates of the MSN and DNP programs will be surveyed using exit assessment tools upon completion of each program.

Alumni Satisfaction:

Benchmark: 90% of alumni will indicate satisfaction with the educational experience. Six-months, one-year, and three-years after graduation alumni from either program will be surveyed using assessment brief questionnaires.

Employer Satisfaction:

Benchmark: 90% of employers will indicate satisfaction with program graduates. Employers of the MSN and DNP program graduates will be surveyed using employer assessment tools.

FNP Certification Exam Pass Rate:

Benchmark: 90% of enrolled students in a DNP cohort to pass FNP Certification Exam on the first attempt. No data is available yet for this benchmark as the first cohort of students have not completed DNP coursework at the time of this self-study.

Graduation Rate:

Benchmark: 90% of enrolled students in a cohort to complete course work within 4 years for the MSN and 6 years for the DNP. In the first cohort admitted to the MSN fall, 2011, 89% have continued in the program (Appendix 3). Since that time, 100% of students have continued with coursework and are expected to meet the established benchmark.

Employment Rate:

Benchmark: Faculty has established that of students actively pursuing employment 90% will be employed within six months after graduation. No data is available yet for this benchmark as the first cohort of students have not completed either program of study.

Capstone Projects:

Capstone projects will be evaluated by the student's capstone committee based on the EISLOs from NURS 575 (MSN) and NURS 750/760 (DNP). Faculty anticipate that '90% of students will successfully complete their capstone experience'.

IV-E. Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.

Elaboration: Aggregate faculty outcomes reflect the program's mission, goals, and expected student outcomes. For example, if research is an identified element of the program's mission, faculty research productivity should be assessed as an expected faculty outcome. If research is not part of the identified mission, it would not be expected as a faculty outcome. Evaluation of faculty outcomes is

consistent with the institution's and program's definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.

Program Response:

Aggregate EFOs reflect each program's mission, goals, and ESOs.

Aggregate faculty outcomes are consistent with and contribute the achievement of the MSN and DNP programs' mission, goals, ESOs, and EISLOs (Key Element I-C). Faculty expectations and evaluation processes are based on CMU's and the DHS's mission as reviewed in Key Element I-A. Responsibilities of faculty are outlined in the *Professional Personnel Employment Handbook*; the handbook can be located on the university website <http://www.coloradomesa.edu/academics/documents/SectionVI-FacultyEvaluation.pdf>.

Faculty teaching in the graduate nursing programs has varied backgrounds in nursing practice, as well as different specialty certifications. The diversity in faculty experiences is complementary and allows faculty to provide students with unique descriptive examples in the classroom and practicum settings. The faculty evaluation process is consistent with the institutional evaluation and illustrates the expertise of faculty in the categories of teaching, scholarship, and service. A summary of faculty accomplishments will be available in the resource room. Notable faculty accomplishments over the past five years include:

- appointment of one faculty to the hospital board of directors and county board of health directors
- presentation at a national nursing conference
- earned doctorate
- maintained certification as FNP, PNP, Certified Nurse Midwife, and Licensed Professional Counselor

Evaluation of EFOs is consistent with the institution's and each program's definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.

A process for evaluation of the EFOs has two components: the annual review process and the promotion and tenure process. Within this framework, teaching includes the broad categories of improving students' knowledge of subject matter, the faculty member's knowledge of the subject, student feedback and evaluation, organization of instruction, and curriculum evaluation and revision. Teaching is the primary focus at CMU with an expectation that faculty devote at least 60% of their time each year to their teaching.

Nursing faculty complete the evaluation process in reference to their skills, capabilities, and performance at the end of each academic year; this process is completed using campus-wide and department specific forms (Key Element I-C). In addition, the DH or program director evaluates classroom teaching by observing each faculty in the online classroom on an annual basis; tenure-track

faculty and full-time temporary faculty are evaluated each semester. The Benchmark stipulates that '90% of faculty will receive an overall rating of Highly Proficient or above for each evaluation cycle'. Faculty typically receives median ratings of 4-5 (5 point scale) on the evaluation materials; this meets the established Benchmark. Thus, at this time all faculty teaching graduate nursing courses have received a highly proficient or above for each evaluation period. Evaluation materials will be available for review in the resource room.

Teaching innovation is evident with achievements noted in the use of web-based technology, video and audio presentations in the online course room, use of webinars for special guest speakers and student presentations, group learning projects, and critical thinking activities. Several faculty attended national conferences to advance their teaching skills. A faculty mentoring program is being implemented where a newly hired faculty is partnered with a "seasoned" member of the department. This program involves classroom observation and coaching by the mentor, and an opportunity for the new faculty to observe other faculty actively facilitating student learning.

IV-F. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

Elaboration: If formal complaints indicate a need for program improvement, there is evidence that action has been taken to address that need.

Program Response:

Faculty define a complaint in accordance with the Student and Academic Policies guide; the guide can be found online http://www.coloradomesa.edu/shared/documents/academic_policies_guide.pdf and detailed in Appendix I-G-1. There has been one formal complaint (grievance) filed by a student. The student wished to have an Incomplete changed to a Withdrawal. The grievance was not upheld. The process, as detailed online, in student and faculty handbooks, and the CMU catalogue, was followed. Faculty reviewed the process used for assigning an incomplete grade and found it to be clear and concise. Faculty remain alert to student progress and encourage students to withdraw from a course if it is deemed to be an appropriate action.

Summary of Assessment – Program Effectiveness: Aggregate Student and Faculty Outcomes

Strengths:

1. There is a well-organized system of evaluation (for each program) that examines individual and aggregate outcome data to determine program effectiveness and to provide feedback for ongoing program improvement.
2. Initial course evaluations (for each program) are generally positive in nature.

3. Faculty are meeting EFOs for teaching, scholarship, service, advising, and faculty practice as documented in CVs and evaluation materials.
4. Small class sizes (for initial course offerings) allow for individualized attention.
5. Processes are in place to respond to student's needs/concerns.

Areas for Improvement:

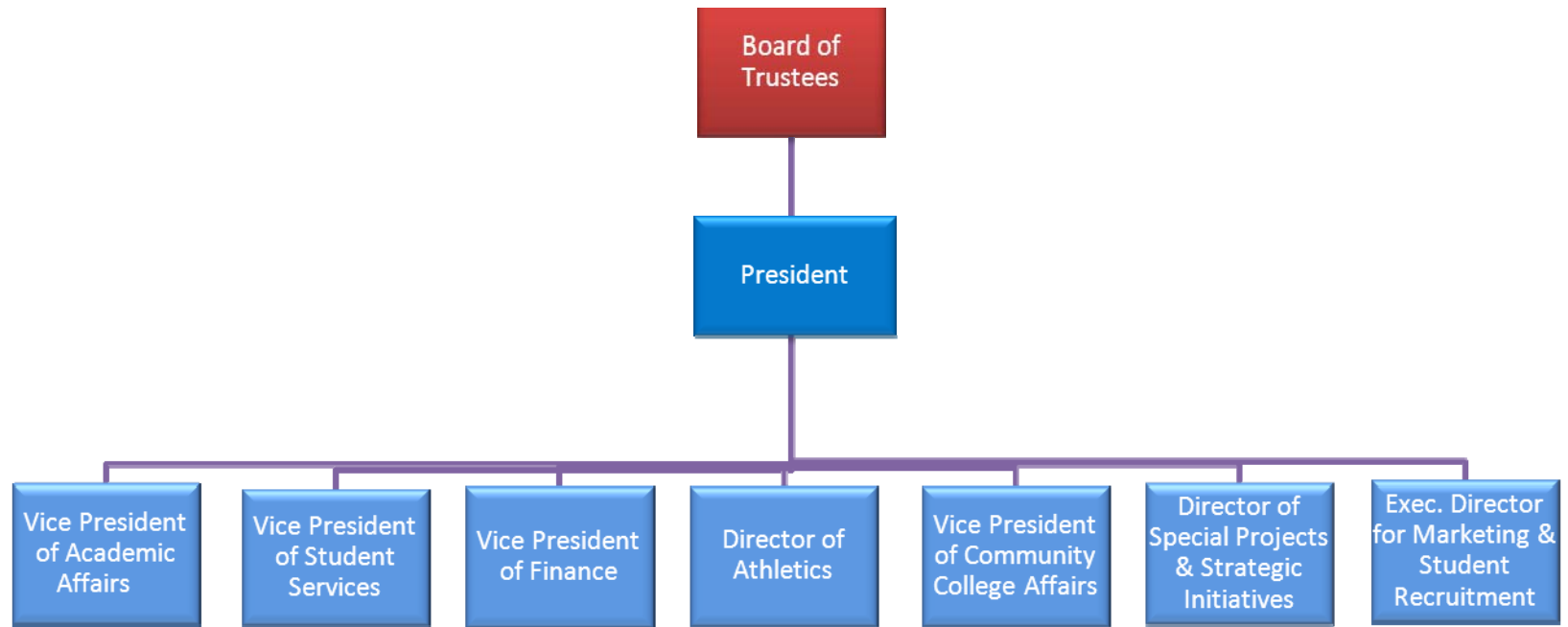
1. Refine the SEP to afford opportunities to gather meaningful data.
2. Disseminate accomplishments of students, alumni, faculty to communities of interest.

Strategies for Improvement:

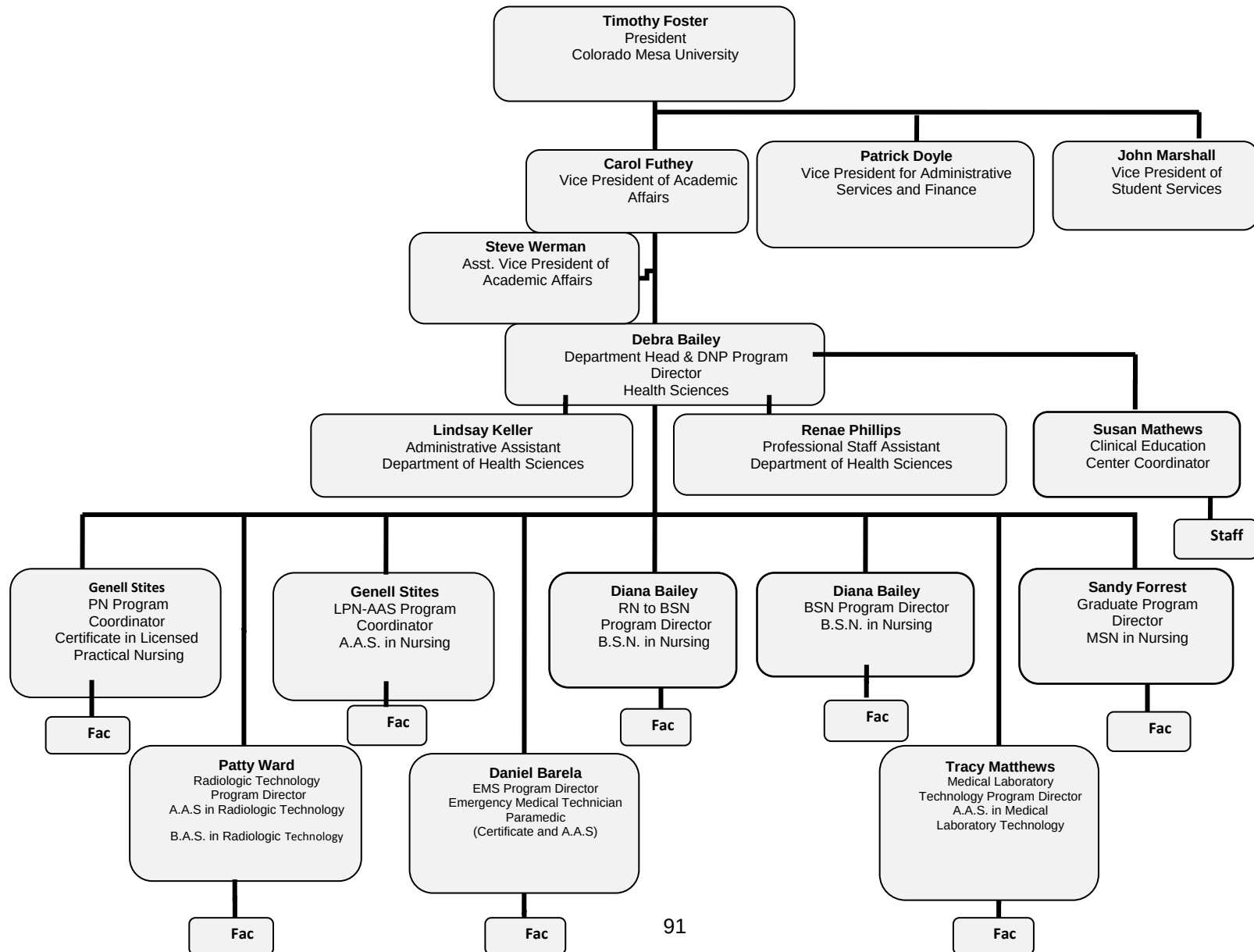
1. Examine evaluative processes to determine if they may be simplified or streamlined.
2. Explore methods of engaging representatives from the communities of interest in evaluation processes.

APPENDICES

Appendix 1: Colorado Mesa University Organizational Chart



Appendix 2: Department of Health Sciences Organizational Chart



Appendix 3: Student Application and Enrollment Colorado Mesa University Department of Health Sciences Graduate Program Applications & Enrollment						
	Non-Degree MSN	MSN	DNP	Major Changed to DNP	Total Apps	Total Enrolled
Fall 2010 Apps	16	0	0	0	16	NA
Spring 2011 Enrolled	15	0	0	NA	NA	15
Spring 2011 Apps	1	6	4	0	11	NA
Summer 2011 Enrolled	0	0	0	NA	NA	0
Fall 2011 Enrolled	6	9	1	NA	NA	16
Fall 2011 Apps	3	3	4	2	12	NA
Spring 2012 Enrolled	4	9	6	NA	NA	19
Spring 2012 Apps	4	6	0	1	10	NA
Summer 2012 Enrolled	5	10	4	NA	NA	19
Fall 2012 Enrolled	5	9	7	NA	NA	21
Fall 2012 Apps	8	3	0	0	11	NA
Spring 2013 Enrolled	4	10	6	NA	NA	20
Spring 2013 Apps	1	1	3	0	5	NA
Summer 2013 Enrolled	2	8	4	NA	NA	14
Fall 2013 Enrolled				NA	NA	

Note:

1. Fall 2013 data will be available in the resource room.
2. Currently there are a number of students accepted as non-degree or degree seeking who are choosing to not enroll in courses each semester. Students must file a readmit application through the registrar's office after one semester of non-enrollment. The application may be found online <http://www.coloradomesa.edu/registrar/documents/ReturningStudentApplication.pdf>
3. A limited number of non-degree seeking students are completing one-three courses at CMU in order to transfer course work to another graduate program. This does not alter our faculty-to-student ratio in the long-term.
4. Students are aware of the stipulation that they must complete all course work within a specified time frame – 4 years for the MSN and 6 years for the DNP. The calendar begins when they begin a course as a degree-seeking student.

Appendix I-A-1: Alignment of CMU and DHS Vision and Values

CMU Values: as a regional education provider CMU values:	DHS Values: the faculty and students affirm that they value:
• high quality education in a student-centered environment • small class sizes and a high level of student/faculty interaction • an attainable, accessible post-secondary experience for students in and outside of Western Colorado that emphasizes continuous improvement • state-of-the-art facilities and technologies that enhance the learning environment • a community and region that supports the institution in multiple ways • a learning environment that develops and promotes the skills of inquiry, reflection, critical thinking, problem-solving, innovation, teamwork, and communication in students • opportunities that engage students in applied learning	Caring: exhibiting concern and empathy for others with an active desire to alleviate another's suffering; demonstrating care. Service: Actions carried out with the aim of providing a public good, providing assistance to clients/patients, and contributing to the profession. Scholarship: Lifelong learning. Evidence-based practice. Health and Wellness: Health involves more than just the absence of disease or infirmity; it is a dynamic state in which the potential of each person is realized to the fullest extent possible. Wellness is a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being.

• student choice in academic programming that prepares future leaders to function as productive and responsible members of a global society • a culture committed to integrity and academic and intellectual freedom • a faculty recognized for their professional expertise and quality of instruction • a staff committed to the highest quality of service to the campus community • a vibrant and varied campus setting that values diversity and diverse activities, and encourages involvement and interaction outside the classroom • a diversity of students, faculty, staff that promotes a balanced exchange of ideas	Collaboration: Working together to achieve goals. Ethics: Values, principles and codes governing decisions in healthcare practice, conduct, and relationships Professionalism: A high standard of professional ethics, behavior, attitude, and work activities while carrying out one's profession based on expert and specialized knowledge and skills. Accountability: The acknowledgment and assumption of responsibility for actions, products, decision, and policies encompassing the obligation to report and be answerable for resulting consequences. Safety: Prevention of physical, mental, and social harm to patients. Emphasis is placed on the system of care delivery that prevents errors, learns from the errors that do occur, and is built on a culture of safety that involves professionals, organizations and patients. Integrity: Consistency of actions, values, methods, measures, principles, expectations, and outcomes; it is regarded as the honest and truthfulness or accuracy of one's actions.
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Vision: Over the next decade CMU will leverage: • An adaptable, flexible approach to learning that allows students to choose from multiple and potentially integrated pathways to achieve certification, associates, bachelors, and graduates degrees. • A highly qualified faculty that excels in teaching and interacting with students. • A curriculum, often bridging liberal education and professional programs, that successfully prepares students for the 21st century in the areas of personal and social responsibility, civic engagement, ethics, and intercultural global learning. • Continued investment in facilities and technology that expand, expedite, and enhance learning for every student. • Community support from businesses, industries, alumni, and residents of the region. • A wide array of academic programs that are improved on an on-going, continuous basis for quality and relevance to Western Colorado's needs in the context of an ever-changing world. • An administration that uses human and natural resources wisely, embraces excellence, is committed to shared governance, and is focused on the future.	Vision: We will serve as the foremost healthcare education provider in western Colorado.
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Appendix I-A-2: Congruency of Mission and Goals of CMU, DHS, BSN, and Graduate Nursing Programs

CMU	DHS	BSN	MSN	DNP
Mission Statement for Graduate Education: The mission of CMU graduate education is to instill value, excellence, integrity, collaboration, efficiency, innovation, and inclusiveness in the delivery of its graduate programs. These values are central to the University's role in encouraging a creative environment for scholarship, research, teaching, and learning. It is the goal of graduate education at CMU to produce scholars, researchers and practitioners educationally empowered as critical thinking citizens and agents of innovation, opportunity and change. Mission Statement for the Office of Graduate	DHS Mission: The DHS educates healthcare professionals of the 21st Century, through student and faculty engagement, community collaboration and advanced technology. With a unique educational career ladder, students are prepared to be critical thinkers, leaders, and to engage in life-long learning to improve the health of society. Graduates carry forward the highest values in professionalism, safety, cultural respect and accountability into the dynamic world	BSN Mission: The program is designed to respond to the emerging health care needs of individuals, families, groups, and communities and provide a foundation for excellence in nursing practice. This foundation enables the graduate to assume the role of a nurse generalist when delivering culturally competent care in a wide-range of health care settings with diverse populations. The utilization of critical thinking, leadership, and management skills, founded on evidence based practice, is essential. The importance of engaging in lifelong learning and community service is	MSN Mission: The program prepares nurses to provide expert leadership in the delivery of healthcare services and programs to individuals, families, and communities across the lifespan in a variety of settings. Graduates are prepared to practice as nurse educators and leaders with the critical thinking skills and knowledge necessary to promote the profession of nursing through guiding clinical practice, teaching, research, program development and implementation, and scholarship.	DNP Mission: The program prepares experts in advanced practice to utilize specialized knowledge and evidence-based nursing to influence and deliver primary care to diverse populations. Graduates will translate scientific findings, evaluate programs and outcomes, produce clinical scholarship, and transform health care systems and policies.

CMU	DHS	BSN	MSN	DNP
Studies: The Office of Graduate Studies collaborates with colleagues across campus to provide leadership and counsel in several key areas: recruitment and admissions; curricular design, implementation, and evaluation; student services and student life activities; career services and ongoing program evaluation and assessment. The Office of Graduate Studies also works to assure innovation in program offerings, professional development for graduate students and fostering an environment that allows programs to thrive, evolve and grow.	of healthcare.	valued. Graduates are encouraged to return to higher educational programs to obtain advanced degrees. The goals of the BSN program are to prepare graduates of the program will be able to: 1. Practice as a professional nurse. 2. Pursue graduate education. 3. Assume leadership roles. 4. Participate in learning as a life-long process.	The goals of the MSN program are to prepare graduates who: 1. As a nurse leader and educator in health care systems or academic settings. 2. To seek new knowledge by means of critical thinking, creative reasoning, and scientific investigation in relation to nursing theory, science, and practice. 3. To disseminate nursing knowledge and research to consumers and health care professionals. 4. As nurse leaders capable of	The goals of the DNP program are to prepare leaders and clinical experts who: 1. Assume clinical leadership roles in service and academic settings. 2. Influence health policy and systems of health care in local, state, regional, and national forums. 3. Use information technology and analytic methods to evaluate multiple sources of outcome data. 4. Utilize current practice guidelines

CMU	DHS	BSN	MSN	DNP
			determining effective strategies to promote change within the profession and leading to a more effective management of the health care delivery system. 5. As decision-makers who consider ethical principles in serving the needs of diverse individuals, populations, and society. 6. As learners who possess the foundation for doctoral education.	and policies, care delivery models, and strategies to impact health outcomes. 5. Develop therapeutic approaches to reduce disparities in the care of families, communities, and populations. 6. Design evidence-based, ethical, safe, and cost-effective strategies that improve health care outcomes for individuals or populations. 7. Incorporate strategies to stay abreast of health care policies and issues.

Appendix I-A-3: Congruency of Program ESOs and NONPF *Competencies* with CMU and DHS

CMU Graduate Learning Outcomes	DHS and BSN Learning Outcomes with Lumina Area of Learning	MSN ESOs with corresponding NONPF <i>Competencies</i> (2012)	DNP ESOs with corresponding NONPF <i>Competencies</i> (2012)
Graduate: A student graduating with a master's or doctoral degree from CMU will demonstrate: 1. creativity and the ability to think critically and analytically; 2. the ability to work individually and in collaboration with others, in contributing to the scholarly advancement in their field; 3. advanced written and oral communication skills and the ability to access and analyze information from various literary sources; and 4. the ability to recognize and articulate moral	DHS: 1. Demonstrate professional ethics, knowledge, skills, and attitudes as a life-long learner. (Specialized Knowledge; Applied Learning) 2. Demonstrate safe, evidence-based, competent practice. (Applied Learning) 3. Demonstrate leadership, collaboration, teamwork, and conflict resolution. (Intellectual Skills – Communication Fluency) 4. Demonstrate effective communication and information technology skills. (Intellectual Skills – Communication Fluency) 5. Engage in critical and	1. Synthesize advanced theoretical, empirical, and ethical knowledge for application to a chosen domain of nursing. (NONPF Scientific Foundation Competencies) 2. Incorporate leadership skills and behaviors to foster best practices, promote professional growth, and positive change in people and systems within health care and education. (NONPF Leadership Competencies) 3. Evaluate quality improvement and safety initiatives, accountability and communication to improve patient outcomes. (NONPF Quality Competencies)	1. Integrate advanced knowledge of nursing theories, methods of inquiry, humanities, and sciences in the delivery of care to individuals, families, and communities. (NONPF Scientific Foundation Competencies) 2. Appraise organizational and system leadership principles in the analysis, delivery, and management of nursing care for safe practice environments. (NONPF Leadership Competencies) 3. Design practice environments that support quality improvement, a culture of safety, accountability and communication to improve patient outcomes in diverse settings. (NONPF Quality Competencies) 4. Critique complex primary care

and ethical challenges within their discipline and demonstrate leadership.	creative thinking in complex problem solving. (Intellectual Skills – Critical Thinking) 6. Demonstrate cultural sensitivity, advocacy, civic engagement, and community service. (Civic Engagement) BSN Learning Outcomes: 1. Professionalism: Promotes a culture of respect and safety. (Specialized Knowledge; Applied Learning) 2. Professional Development: Communicates the importance of lifelong learning and professional career development. (Applied Learning) 3. Evidence Based Practice: Integrates evidence based findings into professional nursing practice. (Applied Learning) 4. Math Reasoning: Utilizes scientific inquiry and	4. Engage in systematic critical inquiry as a basis for practice decisions for diverse patient populations. (NONPF Practice Inquiry Competencies) 5. Apply current evidence-based knowledge to inform and/or initiate change in educational, clinical, and organizational environments. (NONPF Quality Competencies) 6. Utilize information systems, technology, and patient data for ethical, clinical decision-making that promotes cost effectiveness and positive health care outcomes. (NONPF Technology and Information Literacy Competencies) 7. Critique public policy which impacts professional nursing practice and health care delivery. (NONPF Ethics	clinical situations and health care systems to promote optimal outcomes through evidence-based practice. (NONPF Practice Inquiry Competencies) 5. Evaluate current and emerging health technologies to improve care delivery and organizational systems. (NONPF Technology and Information Literacy Competencies) 6. Design evidence-based, ethical, safe, and cost-effective strategies that use technology to improve health care outcomes for individuals and/or populations. (NONPF Quality Competencies) 7. Advocate for social justice, equity, and ethical policies in health care. (NONPF Ethics Competencies; Health Policy Competencies)
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	quantitative reasoning as a base for patient care decisions. (Intellectual Skills-Quantitative Fluency) 5. Collaborative Communication: Collaborates in inter-professional communication to improve health care outcomes. (Intellectual Skills-Communication Fluency) 6. Leadership: Integrates leadership and management principles in the delivery of health care. (Intellectual Skills-Communication Fluency) 7. Critical Thinking: Employs critical thinking as a basis for nursing practice. (Intellectual Skills-Critical Thinking) 8. Coordination of Care: Facilitates access to	Competencies; Health Policy Competencies) 8. Advocate for policies to <i>improve the health outcomes</i> of populations and the <i>quality of the health care delivery system</i>. (NONPF Policy Competencies; Health Delivery System Competencies) 9. Employ <i>interprofessional collaborative strategies</i> in the design, coordination, evaluation, and leadership of patient-centered care teams. (NONPF Leadership Competencies) 10. Appraise the impact of <i>social determinants, culture, diversity, values, and globalization</i> in the delivery of population health. (NONPF Policy Competencies; Health Delivery System Competencies)	8. Initiate changes in health care systems through the <i>design and implementation of health policies</i> that strengthen the health care delivery system. (NONPF Policy Competencies; Health Delivery System Competencies) 9. Facilitate intra- and interprofessional collaboration to <i>address health disparities and to improve health-care quality</i> across diverse populations and cultures. (NONPF Leadership Competencies) 10. Lead practice initiatives that <i>influence population health care outcomes</i> with a focus on underserved individuals, families, and communities. (NONPF Independent Practice Competencies) 11. Employ advanced nursing practice to <i>facilitate the delivery of quality, cost-effective primary care</i> for families across the lifespan.
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	resources necessary to meet diverse health care needs. (Intellectual Skills-Critical Thinking)	11. Develop strategies to <i>improve individual and population health outcomes</i> based on health promotion and disease reduction principles. (NONPF Policy Competencies; Health Delivery System Competencies) 12. Contribute to the nursing profession through <i>mentoring, professional service and life-long learning.</i> (NONPF Independent Practice Competencies) 13. Utilize <i>problem identification and outcome measurement</i> as a basis for improving nursing practice. (NONPF Independent Practice Competencies)	(NONPF Independent Practice Competencies)
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NOTE: CMU recently adopted the Degree Profile from the Lumina foundation to guide program development at the under-graduate level. The profile is used as a framework to illustrate what a student who completes **an undergraduate degree** from CMU should be expected to know and be able to do regardless of the field of study. Utilization of the profile should help students commit themselves to prepare fully for

citizenship, for contribution to the economy, and for the accomplishment of goals. The profile incorporates basic areas of learning: **Applied learning** is used by students to demonstrate what they can do with what they know.

- **Intellectual skills** are used by students to think critically and analytically about what they learn, broadening their individual perspectives and experiences.
- **Specialized knowledge** is the knowledge students demonstrate about their individual fields of study.
- **Civic learning** is that which enables students to respond to social, environmental and economic challenges at local, national, and global levels.

Appendix I-A-4: AACN *Essentials* (2011) and Corresponding MSN ESOs

Essential I: Background for Practice from Sciences and Humanities

2. Synthesize advanced theoretical, empirical, and ethical knowledge for application to a chosen domain of nursing.

Essential II: Organizational and Systems Leadership

3. Incorporate leadership skills and behaviors to foster best practices, promote professional growth, and positive change in people and systems within health care and education.

Essential III: Quality Improvement and Safety

4. Evaluate quality improvement and safety initiatives, accountability and communication to improve patient outcomes.

Essential IV: Translating and Integrating Scholarship into Practice

5. Engage in systematic critical inquiry as a basis for practice decisions for diverse patient populations.
6. Apply current evidence-based knowledge to inform and/or initiate change in educational, clinical, and organizational environments.

Essential V: Informatics and Healthcare Technologies

7. Utilize information systems, technology, and patient data for ethical, clinical decision-making that promotes cost effectiveness and positive health care outcomes.

Essential VI: Health Policy and Advocacy

8. Critique public policy which impacts professional nursing practice and health care delivery.
9. Advocate for policies to improve the health outcomes of populations and the quality of the health care delivery system.

Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

10. Employ interprofessional collaborative strategies in the design, coordination, evaluation, and leadership of patient-centered care teams.

Essential VIII: Clinical Prevention and Population Health for Improving Health

11. Appraise the impact of social determinants, culture, diversity, values, and globalization in the delivery of population health.
12. Develop strategies to improve individual and population health outcomes based on health promotion and disease reduction principles.

Essential IX: Master's Level Nursing Practice

13. Contribute to the nursing profession through mentoring, professional service and life-long learning.
14. Utilize problem identification and outcome measurement as a basis for improving nursing practice.

Appendix I-A-5: AACN *Essentials* (2006) and Corresponding DNP ESOs

Essential I: Scientific Underpinnings for Practice

1. Integrate advanced knowledge of nursing theories, methods of inquiry, humanities, and sciences in the delivery of care to individuals, families, and communities.

Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

2. Appraise organizational and system leadership principles in the analysis, delivery, and management of nursing care for safe practice environments.

Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

3. Design practice environments that support quality improvement, a culture of safety, accountability and communication to improve patient outcomes in diverse settings.
4. Critique complex primary care clinical situations and health care systems to promote optimal outcomes through evidence-based practice.
5. Evaluate current and emerging health technologies to improve care delivery and organizational systems.

Essential V. Health Care Policy for Advocacy in Health Care

6. Design evidence-based, ethical, safe, and cost-effective strategies that use technology to improve health care outcomes for individuals and/or populations.
7. Advocate for social justice, equity, and ethical policies in health care.
8. Initiate changes in health care systems through the design and implementation of health policies that strengthen the health care delivery system.

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

9. Facilitate intra- and interprofessional collaboration to address health disparities and to improve health-care quality across diverse populations and cultures.

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health

10. Lead practice initiatives that influence population health care outcomes with a focus on underserved individuals, families, and communities.

Essential VIII. Advanced Nursing Practice

11. Employ advanced nursing practice to facilitate the delivery of quality, cost-effective primary care for families across the lifespan.

Appendix I-A-6: Integration of Graduate KSAs (2012) in the MSN Program

Quality	Program Goal – Graduates are prepared to:	ESO	Course Objective - EISLO	Learning Activity
Knowledge: Describe strategies for improving outcomes for all points of care.	seek new knowledge by means of critical thinking, creative reasoning, and scientific investigation in relation to nursing theory, science, and practice.	Synthesize advanced theoretical, empirical, and ethical knowledge for application to a chosen domain of nursing.	NURS 505 Quality Improvement: Describe common quality indicators specifically related to nursing and the nursing report care initiatives.	Discussion Topic: Discuss major reasons why more organizations are requiring healthcare providers to provide data on what they do and the outcomes they produce. How has this impacted nursing practice? Describe an instance when focusing on "outcomes" may not be a good measurement of nursing "quality."
Skills: Use a variety of sources of information to review outcomes, compare benchmarks of care, and identify potential	determine effective strategies to promote change within the profession leading to a more effective management of the health care	Evaluate quality improvement and safety initiatives, accountability, and communication to improve patient outcomes.	NURS 505 Quality Improvement: Employ quality measurement strategies to assess performance and identify gaps between	Discussion Topic: Choose one of the eight dimensions of patient-centered care and identify interdisciplinary strategies to improve the patient

areas for improvement.

delivery system.

local and best practices utilizing evidence-based practices when appropriate.

experience in healthcare for this dimension (i.e. what is the role of nursing, physicians, administration, other professionals on the health care team in your identified strategy).

Attitudes: Value ethical conduct in quality improvement efforts.

consider ethical principles in serving the needs of diverse individuals, populations, and society.

Appraise the impact of social determinants, culture, diversity, values, and globalization in the delivery of population health.

NURS 505 Quality Improvement: Demonstrate professional and high level communication skills when involved in peer review, advocacy for patients and families, reporting of errors, and professional writing.

QSEN Initiative: Review one of the graduate competencies from the QSEN initiative (Patient-centered Care, Teamwork and Collaboration, Evidence-based Practice (EBP), Quality Improvement (QI), Safety, Informatics) and design a learning activity (knowledge, skills, or attitudes) to share this competency with your fellow classmates.

Safety	Program Goal – Graduates are prepared to:	ESO	Course Objective - EISLO	Learning Activity
Knowledge: Identify best practices that	disseminate nursing knowledge and	Utilize problem identification and outcome	NURS 530 Chronic Illness: Explore	Discussion Topic: Discuss current scholarly

promote patient, community, and provider safety in the practice setting.	research to consumers and health care professionals.	measurement as a basis for improving nursing practice.	the application of change theory to improving health care outcomes.	research related to chronic illness. How far have we come? Where are we going?
Skills: Use national patient safety resources to design and implement improvements in practice.	determine effective strategies to promote change within the profession leading to a more effective management of the health care delivery system.	Develop strategies to improve individual and population health outcomes based on health promotion and disease reduction principles.	NURS 530 Chronic Illness: Analyze the psychosocial aspects of chronic illness and disability, including the impact of culture and health disparities.	Discussion Topic: Read an illness narrative. How do the patient's feelings of powerlessness manifest in the narratives? Choose two narratives, compare and contrast them and discuss the themes that emerge.
Attitudes: Value the relationship between national patient safety campaigns and implementation of system and practice improvements.	consider ethical principles in serving the needs of diverse individuals, populations, and society.	Advocate for policies to improve the health outcomes of populations and the quality of the health care delivery system.	NURS 530 Chronic Illness: Evaluate the prevalence and impact of chronic disease and implications from the individual to societal level.	Population-based chronic disease management issue: Engage in active service learning with a community agency who is delivering services to vulnerable or culturally diverse populations with a chronic illness.

Appendix I-A-7: Integration of Graduate KSAs (2012) in the DNP Program

Quality	Program Goal – Graduates are prepared to:	ESO	Course Objective - EISLO	Learning Activity
Knowledge: Describe strategies for improving outcomes for all points of care.	utilize current practice guidelines and policies, care delivery models, and strategies to impact health outcomes.	Integrate advanced knowledge of nursing theories, methods of inquiry, humanities, and sciences in the delivery of care to individuals, families, and communities.	NURS 640 Rural Health Care: Evaluate therapeutic interventions for rural populations based on nursing science and other sciences.	Discussion Topic: Evaluate barriers that prevent rural dwellers from health promotion, prevention, and treatment options.
Skills: Use a variety of sources of information to review outcomes, compare benchmarks of care, and identify potential areas for improvement.	use information technology and analytical methods to evaluate multiple sources of outcome data.	Design evidence-based, ethical, safe, and cost-effective strategies that use technology to improve health care outcomes for individuals and/or populations.	NURS 640 Rural Health Care: Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes for rural populations.	SOAP Notes: Submit notes for at least three clinical cases. Each note is to include a written prescription for all non-OTC medications prescribed, unique aspects of the case related to rural health care, and inclusion of your thought processes/analysis of the plan/care given.
Attitudes: Value ethical conduct in quality improvement	develop therapeutic approaches to reduce disparities in the care of	Appraise the impact of social determinants, culture, diversity, values, and	NURS 640 Rural Health Care: Incorporate advanced knowledge and	Discussion Topic: Analyse factors with rural schools and communities that affect children's physical

efforts.	families, communities, and populations.	globalization in the delivery of population health.	skills in identifying potential and actual ethical issues arising from practice, and assisting patients and other health care providers to address such issues.	activity and eating patterns.
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Safety	Program Goal – Graduates are prepared to:	ESO	Course Objective - EISLO	Learning Activity
Knowledge: Identify best practices that promote patient, community, and provider safety in the practice setting.	influence health policy and systems of health care in local,, state, regional, and national forums.	Critique complex primary care clinical situations and health care systems to promote optimal outcomes through evidence-based practice.	NURS 660 Transition to Advance Nursing Practice: Differentiate responsibilities and roles of the advanced practice nurse.	Care Delivery Models Presentation: Prepare a formal critique of different care delivery methods for APNs.
Skills: Use national patient safety resources to design and implement improvements in practice.	design evidence-based, ethical, safe, and cost-effective strategies that improve health care outcomes for individuals or populations.	Initiate changes in health care systems through the design and implementation of health policies.	NURS 660 Transition to Advance Nursing Practice: Examine risk management and reimbursement issues related to the advanced practice role.	Business Management Activity: Utilize a variety of available tools and resources to practice the skills of budget planning, financial analysis, and management.
Attitudes: Value the relationship between	consider ethical principles in serving the	Facilitate intra- and inter-professional collaboration to	NURS 660 Transition to Advance Nursing	Patient Care Medical Home Group Assignment: Work

national patient safety campaigns and implementation of system and practice improvements.

needs of diverse individuals, populations, and society.

address health disparities and to improve health care quality across diverse populations.

Practice:
Assess legal, ethical, advocacy, and decision making issues related to the advanced practice role.

collaboratively to explore how specific quality indicators can be addressed.

Appendix I-B-1: Systematic Evaluation Plan

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
Key Element I-A The mission, goals, and expected student outcomes of the program are congruent with those of the parent institution and consistent with professional nursing standards and guidelines for the preparation of nursing professionals.	Mission, Goals, Expected Aggregate Student Outcomes Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys	Ongoing, End-of-Semester, Annually Responsibility: program faculty; Grad Curriculum and Evaluation Committees; students, university administration Program Director will keep a summary of committee action items.	Each component is congruent with institutional statements.	These components were last reviewed spring 2013. No revisions were deemed necessary.	Continue to review each element annually to: maintain congruency between university and program statements; maintain consistency with professional nursing standards and guidelines.

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	(employer, GAB)				
Key Element I-B The mission, goals, and expected student outcomes of the program are reviewed periodically and revised, as appropriate, to reflect professional standards and guidelines; and the needs and expectations of the community of interest.	Mission, Goals, Expected Student Outcomes Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation completed by comparing program	Ongoing, End-of-Semester, Annually Responsibility: program faculty; Grad Curriculum and Evaluation Committees, students; university administration Exit survey – upon graduation Alumni survey– 6-months, 1-year, 3-years Employer survey–	Each program component reflects the expectations of the community of interest. Benchmark: 90% of each community of interest will indicate satisfaction with the curriculum. Each community of interest will provide comments and recommendations on professional abilities needing emphasis in the curriculum.	These components were last reviewed spring 2013. No revisions were deemed necessary.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	components with AACN and NONPF publications; other professional nursing standards and guidelines	annually GAB survey – rotate between fall and spring semester			
Key Element I-C Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.	Mission, Goals, Expected Faculty/Student Outcomes Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; university administration	Faculty outcomes will be congruent with program's mission, goals, and student outcomes and those of the university.	These components were last reviewed spring 2013. No revisions were deemed necessary.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	program specific surveys (employer, GAB) Ongoing evaluation completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines				
Key Element I-D Faculty and students participate in program governance.	Student representatives will be elected each year and are invited to attend faculty meetings via distance technology. Formal strategy: evaluative	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; university	The roles of faculty and students in the governance of the program are clear and accurately reflect what actually occurs. Faculty and student participation in	These components were last reviewed spring 2013.	Use telephone conference to elicit student participation and input.

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	surveys Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines.	administration	governance of the program remains meaningful.		

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
Key Element I-E Documents and publications are accurate. References to the program's offerings, outcomes accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree completion requirements, tuition, and fees are accurate.	Organizational Chart Faculty/Student Handbook Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises (i.e. before each new document is published). Evaluation completed with review of each publication: syllabi, handbooks, websites, university catalog;	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; university administration	Documents and publications accurately reflect the mission, and program outcomes.	These components were last reviewed spring 2013. Faculty Handbook is currently being reviewed and revised. Goal is to develop a Department Handbook that includes policies appropriate for each program. Graduate Student Handbook revised August 2013.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	brochures. Evaluation completed with review of each document and website.				
Key Element I-F Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those relative to student	University/Faculty/Student Handbook (Academic Policies): university catalog; websites. Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; university administration	Academic policies are fair, equitable, justifiable, published, relate to and are supportive of the mission, goals, and outcomes of the program and the institution.	These components were last reviewed spring 2013. Develop a program policy for the evaluation and determination of courses to be completed by advanced practice nurses for the DNP. Submit the	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
recruitment, admission, retention, and progression.	Evaluation completed with review of policies and revision as needed.			policy for approval to the Assistant Vice-President of Academic Affairs.	
Key Element I-G There are established policies by which the nursing unit defines and reviews formal complaints.	Grievance Policy – institution and program Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises (i.e. after grievance process has been completed). Evaluation completed with	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; university administration	Grievance policy is fair, equitable, justifiable, published, relates to and is supportive of the mission and outcomes of the program and the institution.	These components were last reviewed spring 2013. No revisions were deemed necessary.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	review of these policies. Contribute to revision of institutional policies; revise program policies as needed.				
Key Element 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.	A. Institutional Support: Budget B. Resources: Physical facilities C. CEC D. Library resources E. Clinical facilities Formal strategy: evaluative surveys(i.e. ATL survey tool) Informal strategy: solicit	Ongoing, End-of-Semester, Annually Responsibility: program faculty; CEC manager; Campus Library Committee; students; university administration	To ensure adequate instructional resources are available to make new purchase decisions. To ensure adequate instructional resources are available for the next year. To ensure adequate physical	These components were last reviewed spring 2013. Work with administration to secure additional full-time and part-time faculty as course enrollments increase.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	feedback when opportunity arises regarding adequacy of departmental budget. Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines.		resources are available for student and faculty use.		
Key Element II-B	Availability of	Ongoing,	To ensure	These	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.	academic support services (i.e. media resources; technology resources; student scholarships). Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation	End-of-Semester, Annually Responsibility: program faculty; students; university administration	adequate support staff is available to assist with program maintenance.	components were last reviewed spring 2013. Secure additional D2L support for faculty and students.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines Discussion of feedback in faculty meetings				
Key Element II-C The chief nurse administrator is: a registered nurse (RN); holds a graduate degree in nursing; is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes; is	Department head and program director role descriptions Formal strategy: evaluative surveys Informal strategy: solicit	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; university administration	The qualifications and selection of department head and program director are consistent with university expectations of the role.	These components were last reviewed spring 2013. No revisions were deemed necessary.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
vested with the administrative authority required to accomplish the mission, goals, and expected student and faculty outcomes; provides effective leadership to the nursing unit in achieving its mission, goals, and expected student and faculty outcomes.	feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines Discussion of feedback in faculty meetings				

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
Key Element II-D Faculty members are sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes; academically prepared for the areas in which they teach; and experientially prepared for the areas in which they teach.	Faculty FTE; academic preparation; experiential preparation Student FTE Workloads Formal strategy: evaluative surveys (include CV) Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; university administration	Faculty/student ratios in clinical settings are maintained as stipulated by clinical agency. There is a sufficient faculty FTE to maintain delivery of quality curriculum.	These components were last reviewed spring 2013. Administration is aware that additional faculty assigned to teach graduate courses will be needed as the MSN and DNP programs enhance their enrollment numbers.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	program specific surveys (employer, GAB) Ongoing evaluation completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines Discussion of feedback in faculty meetings				
Key Element II-E When used by the program, preceptors, as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of	Preceptor effectiveness Formal strategy: evaluative surveys	Ongoing, End-of-Semester, Annually Responsibility: program	Academic and clinical qualifications of available preceptors align with expected student outcomes.	These components were last reviewed spring 2013. Developed a preceptor bio	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
the mission, goals, and expected student outcomes.	Informal strategy: solicit feedback when opportunity arises Preceptor evaluation process (course faculty and students) Discussion of feedback in faculty meetings	faculty; students; university administration		tool. Complete development of preceptor handbook. Develop Capstone Handbook for MSN and DNP.	
Key Element 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	Faculty evaluation plan Faculty handbook Formal strategy: evaluative surveys (faculty evaluation process –	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; university	Each faculty member demonstrates effective performance as specified in the evaluation process. Benchmark: 90%of faculty will receive a rating of	These components were last reviewed spring 2013. No revisions were deemed necessary.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
outcomes.	university and/or departmental) Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines	administration	highly proficient or above at the completion of each evaluative cycle.		

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	Discussion of feedback in faculty meetings				
Key Element III-A The curriculum is developed, implemented, and revised to reflect clear statements of expected student learning outcomes that are congruent with the program's mission, goals, and expected student outcomes.	<i>AACN Essentials</i> and other professional standards/guidelines Program Mission Goals and Expected Student Outcomes Course syllabi Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; University Administration	The curriculum reflects clear statements of expected student learning outcomes that are consistent with professional nursing standards and guidelines. Expected learning outcomes are congruent with each of the program's mission and goals.	These components were last reviewed spring 2013. Complete development of crosswalks and course maps.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	Comparison of course outcomes for alignment with those of program outcomes. Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation completed by comparing program components with AACN and NONPf publications; other professional nursing standards and guidelines Discussion of feedback in				

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	faculty meetings				
Key Element III-B Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect professional nursing standards and guidelines which are clearly evident within the curriculum, expected individual student learning outcomes, and expected student outcomes. Program curricula incorporate <i>The AACN Essentials</i> for each level of education.	Overall curriculum and course syllabi <i>AACN Essentials</i> and other professional guidelines and standards Program Mission, Goals and Student Outcomes Course syllabi Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; university administration	Each course in the program will be developed, implemented, and revised to reflect the <i>AACN Essentials</i> and other professional guidelines and standards. Professional nursing standards and guidelines will be clearly evident within the curriculum structure and expected program outcomes. Course outcomes will be consistent with the roles for which the program is preparing its	These components were last reviewed spring 2013. Complete review of the curriculum to assess incorporation of each needed professional standard and guideline.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines Comparison of expected individual student learning and expected student		graduates. The curriculum will incorporate knowledge and skills identified in <i>The Essentials</i> documents.		

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	outcomes for alignment with those of program. Discussion of feedback in faculty meetings				
Key Element III-C The curriculum is logically structured to achieve expected individual and aggregate student outcomes.	Program Mission, Goals and Student Outcomes Course syllabi Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; university administration	The curriculum is logically structured to allow for achievement of Individual and aggregate students outcomes. The MSN curriculum builds upon a foundation of baccalaureate nursing education. The DNP curriculum builds upon a foundation of baccalaureate nursing education.	These components were last reviewed spring 2013. Continue development and review of course maps to evaluate incorporation of professional standards and guidelines.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines Discussion of feedback in faculty meetings				

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
Key Element III-D Teaching-learning practices and environments support the achievement of expected individual student learning outcomes.	Course content Course syllabi and other program materials Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; university administration	Specific teaching-learning practices are identified within all courses and are routinely examined for their value in fostering optimal student learning experiences.	These components were last reviewed spring 2013. Secure Adobe Connect.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines Discussion of feedback in faculty meetings				
Key Element III-E The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.	Course content Course syllabi and other program materials Formal strategy: evaluative surveys Informal	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; university administration	Specific teaching-learning practices consider the needs and expectations of identified communities of interest.	These components were last reviewed spring 2013. Map course content to FNP certification review materials.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines Discussion of feedback in				

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	faculty meetings				
Key Element III-F Individual student performance is evaluated by the faculty and reflects achievement of expected individual student learning outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.	Course content Course syllabi and other program materials Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; university administration	Benchmark: 90% of students will successfully complete each course. Benchmark: 90% of students indicate they are able to achieve each identified learning outcome. Benchmark: 80% of students will graduate within the specified time frame (4-year; 6-year). Benchmark: 90% of graduates indicate they are able to assume nursing roles in advanced practice,	These components were last reviewed spring 2013. NURS 526 – 67% NURS 530 – 88% Faculty teaching pharmacology has revised several teaching practices; continue to review. Examine retention data to determine why students may not be	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines Discussion of feedback in faculty meetings		leadership, or education. Benchmark: 75% of alumni will belong to at least one professional organization. Benchmark: 40% of alumni will be promoted to a new position concomitant with their education level within five years of graduation. Benchmark: 50% of graduates will report evidence of scholarly achievement (e.g. published manuscript, award, and presentation at a local, state, or national professional meeting) within five	progressing through the MSN program in a consistent manner. Continue to review admission and progression policies for possible revisions. Review Benchmarks – are there too many for us to track?	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
			years of graduation. Benchmark: 70% of graduates will report being involved in projects to enhance evidence-based practice, including research, quality assessment, and outcome management. Course and program reviews are completed according to the university evaluation plan. Evaluation policies and procedures are defined and applied in a consistent manner.		

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
			This process reflects consistent evaluation of expected student performance and individual student learning outcomes.		
Key Element III-G Curriculum and teaching learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.	Course content – concept mapping Course syllabi and other program materials Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; university administration	Benchmark: 90% of students indicate teaching-learning practices as effective in fostering ongoing improvement. Benchmark: 90% of graduates indicate teaching learning practices as effective in fostering ongoing improvement. Teaching-learning	These components were last reviewed spring 2013. Review additional methods of incorporating intensive sessions – maybe difficult for those students who live distances from campus – possible	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines Discussion of feedback in faculty meetings		practices are consistently reviewed according to the university evaluation plan. Evaluation policies and procedures are defined and applied in a consistent manner. This process reflects consistent evaluation of expected student performance and individual student learning outcomes.	use of Adobe Connect and Skype.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
Key Element IV-A Surveys and other data are used to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, certification examination pass rates, and employment rates, as appropriate.	Course content – concept mapping Course syllabi and other program materials Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; alumni; university administration	Aggregate student outcome data demonstrate program achievements. Benchmark: 90% of students indicate the curriculum is effective in preparing them to assume nursing roles in advanced practice, leadership, or education. Benchmark: 90% of graduates indicate the curriculum prepared them to assume nursing roles in advanced	These components were last reviewed spring 2013. Complete mapping of NONPF for each course. Complete mapping of 600-700 level courses – illustrate incorporation of professional standards and guidelines.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	(employer, GAB) Ongoing evaluation completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines Discussion of feedback in faculty meetings		practice, leadership, or education. Benchmark: 90% of alumni indicate they have assumed nursing roles in advanced practice, leadership, or education. Benchmark: 90% of employers indicate graduates of the program perform their duties in a professional competent manner. Benchmark: 90% of students will complete the program within allotted time of period specified for each program.		

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
			Benchmark: 90% of graduates will successfully pass certification on their first attempt (DNP). Benchmark: 90% of graduates will be employed in nursing roles in advanced practice, leadership, or education.		
Key Element IV-B Aggregate student outcome data are analyzed and compared with student outcomes.	Program Mission, Goals and Student Outcomes Formal strategy: evaluative surveys	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; alumni;	Actual student outcomes data is analyzed in relation to expected student outcomes to identify areas of discrepancies. If discrepancies are noted	These components were last reviewed spring 2013. Review student progression to determine if course	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines Discussion of feedback in	university administration	appropriate changes are instituted.	revisions are needed (e.g. content and/or teaching methodology).	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	faculty meetings				
Key Element IV-C Aggregate student outcome data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes.	Program Mission, Goals and Student Outcomes Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; alumni; university administration	Aggregate student outcome data demonstrate the program is effective in achieving its mission, goals, and expected outcomes.	These components were last reviewed spring 2013. Establish process for reviewing data during each faculty meeting – beyond listing it on the agenda. For example, determine a specific outcome to review at each meeting.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines Discussion of feedback in faculty meetings				
Key Element IV-D Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement.	Program Mission, Goals and Student Outcomes Formal strategy: evaluative surveys Informal strategy: solicit	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; alumni; university	Adjustments to foster ongoing program improvement are deliberate and congruent with the program's mission, goals, and expected student outcomes.	These components were last reviewed spring 2013. No revisions were deemed necessary.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines Discussion of feedback in	administration			

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	faculty meetings				
Key Element IV-E Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.	Program Mission, Goals and Student Outcomes Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB)	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; alumni; university administration	There will be congruence between expectations of the faculty in their roles and evaluation of faculty performance.	These components were last reviewed spring 2013. No revisions were deemed necessary.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	Ongoing evaluation completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines Discussion of feedback in faculty meetings				
Key Element IV-F Information from formal complaints is used, as appropriate to foster ongoing program improvement.	Program and university grievance process. Formal strategy: evaluative surveys	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students;	If formal complaints indicate a need for program improvement there is evidence that action has been taken to address that need.	These components were last reviewed spring 2013. No revisions were deemed necessary.	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (employer, GAB) Ongoing evaluation completed by comparing program components with AACN and NONPF publications; other professional nursing standards and guidelines Discussion of	alumni; university administration			

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	feedback in faculty meetings				

Last reviewed in August 2013

Appendix I-B-2: Graduate Program Common Matrix

CMU Learning Outcome	Assessment Method	Scoring Method	Benchmark	Measurement Cycle/ Responsibility	Results/Use of Results
1. Demonstrate creativity and the ability to think critically and analytically 1a. Common assessment across programs 1b. Discipline-specific assessment	Direct: scholarly project defense (1a)	Evaluation rubric developed by graduate faculty	90% of students will score 86% or higher on evaluation rubric	Spring/ Faculty	Curriculum revision; Revision of teaching methodologies; Review of textbook/learning materials selection
	Comprehensive Exam or GRE(1a)	Minimum score	90% of students will score 86% or higher on exam (GRE exam 70 percentile)	Spring/ Faculty	
	Course exams in (1b)	Embedded assessment score	90% of students will score 86% or higher on exam	Fall/ Faculty	
	Indirect: Manuscript preparation (1b)	Number prepared/submitted/ accepted for publication	80% of students will submit manuscripts for publication	Spring/Fall/ Program Director	
	Employer surveys (1a)	Satisfaction score	90% of employers will choose strongly	Spring (1 year and 3 years) / Program	

CMU Learning Outcome	Assessment Method	Scoring Method	Benchmark	Measurement Cycle/ Responsibility	Results/Use of Results
			agree/agree on embedded questions on student exit survey	Director	
2. Demonstrate the ability to work individually and in collaboration with others, in contributing to the scholarly advancement in their field	Direct: Practicum/ Preceptorship/ Internship Evaluations (2b)	Evaluation rubric developed by graduate faculty and external reviewer	90% of students will score 86% or higher on evaluation rubric	Spring/ Faculty	Curriculum revision; Revision of teaching methodologies; Explore further opportunities for interdisciplinary learning; Review appropriate learning experiences
	scholarly project defense in (2b)	Evaluation rubric developed by graduate faculty	90% of students will score 86% or higher on evaluation rubric	Spring/ Faculty	

CMU Learning Outcome	Assessment Method	Scoring Method	Benchmark	Measurement Cycle/ Responsibility	Results/Use of Results
2a. Common assessment across programs	Indirect: Employer survey (2a)	Satisfaction score	90% of employers will choose strongly agree/agree on embedded questions on student exit survey	Spring (1 year and 3 years)/ Program Director	
2b. Discipline-specific assessment	Group/ Collaborative Projects evaluation (2b)	Evaluation rubric developed by graduate faculty	90% of students will score 86% or higher on evaluation rubric	Spring/Fall/ Faculty	
3. Demonstrate advanced written and oral communication skills and the ability to access and analyze information from various literary sources	Direct: scholarly project defense (3a)	Evaluation rubric developed by graduate faculty	90% of students will score 86% or higher on evaluation rubric	Spring/ Faculty	Curriculum revision; Revision of teaching methodologies; Review of textbook/learning materials selection; Review of clinical placements for appropriate learning experiences
	Comprehensive Exam or GRE exam (3b)	Minimum score or grade	90% of students will score 86% or higher on exam (70 percentile on GRE exam)	Spring/ Faculty	
	Core and Cognate course exams or papers (3b)	Minimum score or evaluation rubric developed by	90% of students will score 86% or higher on exam	Spring/Fall/ Faculty	

CMU Learning Outcome	Assessment Method	Scoring Method	Benchmark	Measurement Cycle/ Responsibility	Results/Use of Results
3a. Common assessment across programs 3b. Discipline-specific assessment		graduate faculty			
	Practicum/ Preceptorship/ Internship Evaluation (3b)	Evaluation rubric developed by graduate faculty and external reviewer	90% of students will score 86% or higher on evaluation rubric	Spring/ Faculty	
	Indirect: Manuscript preparation (3b)	Number prepared/submitted/ accepted for publication	80% of students will submit manuscripts for publication	Spring/Fall/ Program Director	
	Student exit survey (3a)	Satisfaction score	90% of employers will choose strongly agree/agree on embedded questions on student exit survey	Spring/ Program Director	
	Employer survey (3a)	Satisfaction score	90% of employers will choose strongly agree/agree on embedded questions on	Spring (1 year and 3 years)/ Program Director	

CMU Learning Outcome	Assessment Method	Scoring Method	Benchmark	Measurement Cycle/ Responsibility	Results/Use of Results
			student exit survey		
	Student Awards/Honors (3b)	Type and frequency of award/honor	10% of students will receive awards/honors for scholarly achievements	Spring/Fall/Program Director	
4. Demonstrate the ability to recognize and articulate moral and ethical challenges within their discipline and demonstrate leadership 4a. Common assessment across	Direct: Comprehensive Exam or GRE Exam (4a)	Embedded assessment score on case study	90% of students will score 86% or higher on exam (70 percentile on GRE exam)	Spring/Faculty	Curriculum revision; Revision of teaching methodologies; Review of textbook/learning materials selection Explore further opportunities for interdisciplinary learning
	scholarly project defense in (4a)	Evaluation rubric developed by graduate faculty	90% of students will score 86% or higher on evaluation rubric	Spring/Faculty	
	Core and Cognate course exams or papers (4b)	Embedded assessment score or evaluation rubric developed by graduate faculty	90% of students will score 86% or higher on exam	Spring/Fall/Faculty	

CMU Learning Outcome	Assessment Method	Scoring Method	Benchmark	Measurement Cycle/ Responsibility	Results/Use of Results
programs	Practicum/ Preceptorship/ Internship Evaluations (4b)	Evaluation rubric developed by graduate faculty and external reviewer	90% of students will score 86% or higher on evaluation rubric	Spring/ Faculty	
4b. Discipline specific assessment	Indirect: Student exit survey (4b)	Satisfaction score	90% of employers will choose strongly agree/agree on embedded questions on student exit survey	Spring/ Program Director	
	Employer survey (7b)	Satisfaction score	90% of employers will choose strongly agree/agree on embedded questions on student exit survey	Spring (1 year and 3 years)/ Program Director	

Spring 2013

Appendix I-B-3: MSN Alumni Survey

Please rate questions 1-4 on a scale of 1-5 with 1 strongly disagree and 5 strongly agree

1. Your overall evaluation of the CMU MSN program. _____
2. The overall quality of instruction. _____
3. The overall quality of faculty mentoring. _____
4. The overall quality of advising/guidance received from all sources. _____

For questions 5-16, please indicate the degree to which you feel you have achieved the Expected Student Outcomes (ESOs) - these are the same as the Program Outcomes that were included in your *Handbook* and course syllabi. They are described below, using a scale of 1-5 (1=have not achieved; 5= have completely achieved).

5. **ESO 1:** How well has this program enabled you to synthesize advanced theoretical, empirical, and ethical knowledge for application to a chosen domain of nursing? _____

Give one example of how you have been able to integrate advanced nursing theory/science in the delivery of care.

6. **ESO 2:** How well has this program enabled you to incorporate leadership skills and behaviors to foster best practices, promote professional growth, and positive change in people and systems within health care and education? _____
7. **ESO 3:** How well has this program enabled you to evaluate quality improvement and safety initiatives, accountability and communication to improve patient outcomes? _____
8. **ESO 4:** How well has this program enabled you to engage in systematic critical inquiry as a basis for practice decisions for diverse patient populations? _____
9. **ESO 5:** How well has this program enabled you to apply current evidence-based knowledge to inform and/or initiate change in educational, clinical, and organizational environments?

10. **ESO 6:** How well has this program enabled you to utilize information systems, technology, and patient data for ethical, clinical decision-making that promotes cost effectiveness and positive health care outcomes? _____
11. **ESO 7:** How well has this program enabled you to critique public policy which impacts professional nursing practice and health care delivery? _____

12. **ESO 8:** How well has this program enabled you to advocate for policies to improve the health outcomes of populations and the quality of the health care delivery system? _____
13. **ESO 9:** How well has this program enabled you to employ inter-professional collaborative strategies in the design, coordination, evaluation, and leadership of patient-centered care teams? _____
14. **ESO 10:** How well has this program enabled you to appraise the impact of social determinants, culture, diversity, values, and globalization in the delivery of population health? _____
15. **ESO 11:** How well has this program enabled you to develop strategies to improve individual and population health outcomes based on health promotion and disease reduction principles? _____
16. **ESO 12:** How well has this program enabled you to contribute to the nursing profession through mentoring, professional service, and life-long learning? _____
17. **ESO 13:** How well has this program enabled you to utilize problem identification and outcome measurement as a basis for improving nursing practice? _____
18. In developing, implementing, and/or evaluating clinical prevention and population health for an individual, family, or community, how well has this program effectively enabled you to successfully use:
- a. Epidemiological data _____
 - b. Biostatistical data _____
 - c. Occupational data _____
 - d. Environment data _____
19. How well has this program (overall) enable you to demonstrate the foundational practice competencies required for practice as a MSN? (1= have not achieved; 5= have completely achieved)? _____
20. Why did you choose to get your MSN?
21. What are you expecting to learn from this program?
22. In what ways were your expectations met/not met?
23. What do you believe are the strengths of this program?
24. What do you believe we need to change/improve?
25. How long did it take you to earn your degree?

a. Rate the time to earn your degree

☐ Longer than expected

☐ About expected

☐ Less than expected

26. Are you expecting to remain in your current position or are you seeking another type of employment opportunity? _____

a. If so, where do you expect to work? _____

It is important to continuously evaluate our programs to make sure we are meeting student's needs. Please provide us with an email address (other than CMU) so that we can send you an alumni survey in the future. Also, please let us know if you will be completing a scholarly presentation, having an article published, being promoted – we'd love to offer our congratulations.

Developed June 2013

Appendix I-B-4: DNP Alumni Survey

Please rate questions 1 – 4 on a scale of 1 – 5 with 1 strongly disagree and 5 strongly agree

1. Your overall evaluation of the CMU DNP program. _____
2. The overall quality of instruction. _____
3. The overall quality of faculty mentoring. _____
4. The overall quality of advising/guidance received from all sources. _____

For questions 5 – 16, please indicate the degree to which you feel you have achieved the Expected Student Outcomes (ESOs) – these are the same as the Program Outcomes that were included in your *Handbook* and course syllabi. They are described below, using a scale of 1-5 (1 = have not achieved; 5 = have completely achieved).

5. **ESO 1:** How well has this program enabled you to integrate advanced knowledge of nursing theories, methods of inquiry, humanities, and sciences in the delivery of care to individuals, families, and communities? _____

Give one example of how you have been able to integrate advanced nursing theory/science in the delivery of care.

6. **ESO 2:** How well has this program enabled you to appraise organizational and system leadership principles in the analysis, delivery, and management of nursing care for safe practice environments? _____
7. **ESO 3:** How well has this program enabled you to design practice environments that support quality improvement, a culture of safety, accountability, and communication to improve patient outcomes in diverse settings? _____
8. **ESO 4:** How well has this program enabled you to critique complex primary care clinical situations and health care systems to promote optimal outcomes through evidence-based practice? _____
9. **ESO5:** How well has this program enabled you to evaluate current and emerging health technologies to improve care delivery and organizational systems? _____
10. **ESO 6:** How well has this program enabled you to design evidence-based, ethical, safe, and cost-effective strategies that use technology to improve health care outcomes? _____
11. **ESO 7:** How well has this program enabled you to advocate for social justice, equity, and ethical policies in health care? _____

12. **ESO 8:** How well has this program enabled you to initiate changes in health care systems through the design and implementation of health policies? _____
13. **ESO 9:** How well has this program prepared you to facilitate intra- and inter-professional collaboration to address health disparities and to improve health-care quality? _____
14. **ESO 10:** How well has this program enabled you to lead practice initiatives that influence population health care outcomes with a focus on underserved individuals, families, and communities? _____
15. **ESO 11:** How well has this program enabled you to employ advanced nursing practice to facilitate the delivery of quality, cost-effective primary care for families across the lifespan? _____
16. In developing, implementing, and/or evaluating clinical prevention and population health for an individual, family, or community, how well has this program effectively enabled you to successfully use:
- Epidemiological data
 - Biostatistical data
 - Occupational data
 - Environmental data

Not at all				Moderately Well				Extremely Well			
0	1	2	3	4	5	6	7	8	9	10	N/A

17. How well has this program (overall) enabled you to demonstrate the foundational practice competencies required for practice as a DNP? (1 = have not achieved; 5 = have completely achieved). _____
18. Why did you choose to get your DNP?
19. What were you expecting to learn from this program?
20. In what ways were your expectations met/not met?
21. What do you believe are the strengths of this program?
22. What do you believe we need to change/improve?

23. How long did it take you to earn your degree?

a. Rate the time to earn your degree

☐ Longer than expected

☐ About expected

☐ Less than expected

24. Are you expecting to remain in your current position or are you seeking another type of employment opportunity?

☐ Expect to remain in current position

☐ Seeking other type of employment opportunity.

Where do you expect to work? _____

It is important to continuously evaluate our programs to make sure we are meeting students' needs. Please provide us with an email address (other than CMU) so that we can send you an alumni survey in the future. Also, please let us know if you will be completing a scholarly presentation, having an article published, being promoted – we'd love to offer our congratulations.

Developed June 2013

Appendix I-B-5: MSN End-of-Program Survey

Cover Sheet and Instructions

In an ongoing effort to evaluate the effectiveness of the CMU's Master's of Science in Nursing (MSN) program, we ask that you take about 10 minutes to complete the attached questionnaire. Your input is essential in helping us refine the MSN program.

If you are completing the printed version of this evaluation and need more space, please write on the back of the page.

This cover sheet is for the purpose of tracking respondents and cohorts.

Data will be collated and summarized in aggregate form. There will be no identifying information within the summary file.

You may also fill out this form online (to be created at a later date)

Please return the completed questionnaire to:

Dr. Sandy Forrest
Department of Health Sciences
1100 North Avenue
Grand Junction, CO 81501
e-mail: sforrest@coloradomesa.edu

PLEASE TYPE OR WRITE LEGIBLY

<i>Today's Date:</i>
<i>Name:</i>
<i>Year and term you entered the MSN program:</i>

1. Please evaluate the extent to which the following courses were beneficial.

1) NURS 525 Pathophysiology

Not Beneficial					Moderately Beneficial					Extremely Beneficial		
0	1	2	3	4	5	6	7	8	9	10	N/A	

2) NURS 526 Pharmacology

Not Beneficial					Moderately Beneficial					Extremely Beneficial		
0	1	2	3	4	5	6	7	8	9	10	N/A	

3) NURS 527 Health Assessment

Not Beneficial					Moderately Beneficial					Extremely Beneficial		
0	1	2	3	4	5	6	7	8	9	10	N/A	

4) NURS 504 Health Policy

Not Beneficial					Moderately Beneficial					Extremely Beneficial		
0	1	2	3	4	5	6	7	8	9	10	N/A	

5) NURS 505 Quality Improvement

Not Beneficial					Moderately Beneficial					Extremely Beneficial		
0	1	2	3	4	5	6	7	8	9	10	N/A	

6) NURS 575 Capstone

Not Beneficial				Moderately Beneficial				Extremely Beneficial			
0	1	2	3	4	5	6	7	8	9	10	N/A

1. To what extent was the Capstone Process a valuable learning experience?

Not at all				Valuable				Extremely Valuable			
0	1	2	3	4	5	6	7	8	9	10	N/A

3. To what extent was the final oral examination a valuable learning experience?

Not at all				Valuable				Extremely Valuable			
0	1	2	3	4	5	6	7	8	9	10	N/A

4. How well did the MSN program prepare you to become an advance practice nurse?

Not at all				Moderately Well				Extremely Well			
0	1	2	3	4	5	6	7	8	9	10	N/A

5. How well did the MSN program prepare you to provide leadership and/or education in your practice setting and/or professional role?

Not at all				Moderately Well				Extremely Well			
0	1	2	3	4	5	6	7	8	9	10	N/A

6. How well did the MSN program prepare you translate and integrate scholarship into practice?

Not at all				Moderately Well				Extremely Well			
0	1	2	3	4	5	6	7	8	9	10	N/A

7. How well did the MSN program prepare you to employ interprofessional collaborative strategies with other health care professionals?

Not at all					Moderately Well					Extremely Well	
0	1	2	3	4	5	6	7	8	9	10	N/A

8. How well did the MSN program prepare you to function as an advocate to improve health care quality among diverse populations?

Not at all					Moderately Well					Extremely Well	
0	1	2	3	4	5	6	7	8	9	10	N/A

9. How well did the MSN program prepare you to evaluate and influence health care systems and policy?

Not at all					Moderately Well					Extremely Well	
0	1	2	3	4	5	6	7	8	9	10	N/A

10. How well did the MSN program prepare you to utilize informatics and health care technologies?

Not at all					Moderately Well					Extremely Well	
0	1	2	3	4	5	6	7	8	9	10	N/A

11. How well did the MSN program improve your ability to utilize problem identification and outcome measurement as a basis for improving nursing practice?

Not at all					Moderately Well					Extremely Well	
0	1	2	3	4	5	6	7	8	9	10	N/A

12. Rate your level of satisfaction with how well your educational goals were met by completing the MSN program.

Not at all Satisfied						Moderately Satisfied						Extremely Satisfied	
0	1	2	3	4	5	6	7	8	9	10	N/A		

13. How helpful was your Capstone committee in assisting you in the process of completing your project?

Not at all Helpful						Moderately Helpful						Extremely Helpful	
0	1	2	3	4	5	6	7	8	9	10	N/A		

Please describe your experience working with your Capstone committee.

14. How helpful was CMU student services staff in assisting you in the process of master's study?

Not at all Helpful						Moderately Helpful						Extremely Helpful	
0	1	2	3	4	5	6	7	8	9	10	N/A		

15. Would you recommend the CMU MSN program to your colleagues?

☐ Yes ☐ No

Why or why not?

16. What recommendations do you have regarding the MSN program?

17. Is there anything else you would like to tell us?

**The CMU nursing faculty appreciate the time and thought you have given to your responses.
Your feedback helps us strengthen the MSN Program. THANK YOU!!**

Appendix I-B-6: DNP End-of-Program Survey

Cover Sheet and Instructions

In an ongoing effort to evaluate the effectiveness of the CMU's Doctor of Nursing Practice (DNP) program, we ask that you take about 10 minutes to complete the attached questionnaire. Your input is essential in helping us refine the DNP program.

If you are completing the printed version of this evaluation and need more space, please write on the back of the page.

This cover sheet is for the purpose of tracking respondents and cohorts.

Data will be collated and summarized in aggregate form. There will be no identifying information within the summary file.

You may also fill out this form online: to be created at a later date

Please return the completed questionnaire to:

Dr. Sandy Forrest
Department of Health Sciences
1100 North Avenue
Grand Junction, CO 81501
e-mail: sforrest@coloradomesa.edu

PLEASE TYPE OR WRITE LEGIBLY

<i>Today's Date:</i>
<i>Name:</i>
<i>Year and term you entered the DNP program:</i>

Which of the following best describes your student status upon entering the program?

- ☐ Post baccalaureate
- ☐ Post master's with Advanced Practice experience seeking FNP
- ☐ Post master's without Advanced Practice experience
- ☐ other _____

1. Please evaluate the extent to which the following courses were beneficial.

1) NURS 650 FNP Preceptorship

Not Beneficial						Moderately Beneficial						Extremely Beneficial	
0	1	2	3	4	5	6	7	8	9	10	N/A		

2) NURS 660 Transition to ANP

Not Beneficial						Moderately Beneficial						Extremely Beneficial	
0	1	2	3	4	5	6	7	8	9	10	N/A		

3) NURS 750 Capstone

Not Beneficial						Moderately Beneficial						Extremely Beneficial	
0	1	2	3	4	5	6	7	8	9	10	N/A		

4) NURS 760 EBP I

Not Beneficial						Moderately Beneficial						Extremely Beneficial	
0	1	2	3	4	5	6	7	8	9	10	N/A		

2. To what extent was the Capstone Process a valuable learning experience?

Not at all						Valuable						Extremely Valuable	
0	1	2	3	4	5	6	7	8	9	10	N/A		

3. To what extent was the final oral examination a valuable learning experience?

Not at all					Valuable					Extremely Valuable	
0	1	2	3	4	5	6	7	8	9	10	N/A

4. How well did the DNP program prepare you to become a FNP or enhance your expertise in your role?

Not at all					Moderately Well					Extremely Well	
0	1	2	3	4	5	6	7	8	9	10	N/A

5. How well did the DNP program prepare you to provide leadership in your practice setting and/or professional role?

Not at all					Moderately Well					Extremely Well	
0	1	2	3	4	5	6	7	8	9	10	N/A

6. How well did the DNP program prepare you for practice inquiry?

Not at all					Moderately Well					Extremely Well	
0	1	2	3	4	5	6	7	8	9	10	N/A

7. How well did the DNP program prepare you to work with diverse, underserved, and vulnerable populations?

Not at all					Moderately Well					Extremely Well	
0	1	2	3	4	5	6	7	8	9	10	N/A

8. How well did the DNP program prepare you to improve health care quality?

Not at all						Moderately Well						Extremely Well	
0	1	2	3	4	5	6	7	8	9	10	N/A		

9. How well did the DNP program prepare you to evaluate and influence health care systems and policy?

Not at all						Moderately Well						Extremely Well	
0	1	2	3	4	5	6	7	8	9	10	N/A		

10. How well did the DNP program prepare you to critique and selectively translate science to guide clinical decision-making and program development?

Not at all						Moderately Well						Extremely Well	
0	1	2	3	4	5	6	7	8	9	10	N/A		

11. How well did the DNP program improve your ability to collaborate with your colleagues?

Not at all						Moderately Well						Extremely Well	
0	1	2	3	4	5	6	7	8	9	10	N/A		

12. Rate your level of satisfaction with how well your educational goals were met by completing the DNP program.

Not at all Satisfied						Moderately Satisfied						Extremely Satisfied	
0	1	2	3	4	5	6	7	8	9	10	N/A		

13. How helpful was your Capstone committee in assisting you in the process of completing your project?

Not at all Helpful						Moderately Helpful						Extremely Helpful	
--------------------	--	--	--	--	--	--------------------	--	--	--	--	--	-------------------	--

0 1 2 3 4 5 6 7 8 9 10 N/A

Please describe your experience working with your Capstone committee.

14. How helpful was CMU student services staff in assisting you in the process of doctoral study?

Not at all
Helpful

Moderately
Helpful

Extremely
Helpful

0 1 2 3 4 5 6 7 8 9 10 N/A

15. Please indicate the level of your competency in team-based care.

Not at all
Helpful

Moderately
Competent

Extremely
Competent

0 1 2 3 4 5 6 7 8 9 10 N/A

16. Would you recommend the CMU DNP program to your colleagues?

☐ Yes

☐ No

Why or why not?

17. What recommendations do you have regarding the DNP program?

18. Is there anything else you would like to tell us?

The CMU nursing faculty appreciate the time and thought you have given to your responses. Your feedback helps us strengthen the MSN Program. THANK YOU!!

Developed June 2013

Appendix I-B-7: MSN Employer Survey

Dear Supervisor/Employer of a Colorado Mesa University Nursing Alumnus,

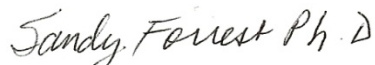
To evaluate the quality of the CMU's Master of Science in Nursing (MSN) program, we are seeking input from a supervisory colleague of each graduate. Please take a few minutes to provide us with this valued information regarding the MSN graduate you employ or supervise. All information received will be analyzed and reported in aggregate form. Please do not put names or identifying information on this form.

If you have any questions please contact:

Dr. Sandy Forrest
Colorado Mesa University
Department of Health Sciences
1100 North Avenue
Grand Junction, CO 81501
Phone: 970-248-1785
sforrest@coloradomesa.edu

Thank you very much for your assistance!

Sincerely,



Dr. Sandy Forrest
Graduate Program Director

-
1. How many MSN graduates do you employ? _____
 2. Please list the type of position in which you employ the MSN graduate.

 3. Was the MSN graduate employed in your organization before or during his/her MSN program?
☐ Yes
☐ No
If yes, in what capacity were they employed? _____
 4. Did any graduate you employ have a student placement in your organization?
☐ Yes

- ☐ No
5. Is the MSN graduate improving the quality of health care?
☐ Yes Please give an example _____
☐ No
6. Is the MSN graduate contributing to the reduction of health disparities?
☐ Yes Please give an example _____
☐ No
7. Does the MSN graduate demonstrate effective leadership skills?
☐ Yes Please give an example _____
☐ No
8. Is the MSN graduate participating in practice inquiry projects?
☐ Yes Please give an example _____
☐ No
9. Is the MSN graduate participating in quality improvement projects?
☐ Yes Please give an example _____
☐ No
10. Will you continue to hire Colorado Mesa University MSN graduates?
☐ Yes Why _____
☐ No Why not? _____
11. How satisfied are you with the MSN graduate's performance overall?
- | | | | | |
|-------------------|--------------|---------|-----------|----------------|
| Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied |
| 1 | 2 | 3 | 4 | 5 |
12. What else would you like to tell us about your experience employing an MSN graduate(s)?
- _____
- _____
- _____
- _____

Thank you very much for your participation! If you are interested in having a CMU MSN or DNP student complete a clinical rotation or conduct a capstone clinical investigation in your organization, please contact Dr. Forrest at 970-248-1785. Thank you.

Developed June 2013

Appendix I-B-8: DNP Employer Survey

Dear Supervisor/Employer of a Colorado Mesa University Nursing Alumnus,

To evaluate the quality of the CMU's Doctor of Nursing Practice (DNP) program, we are seeking input from a supervisory colleague of each graduate. Please take a few minutes to provide us with this valued information regarding the DNP graduate you employ or supervise. All information received will be analyzed and reported in aggregate form. Please do not put names or identifying information on this form.

If you have any questions please contact:

Dr. Sandy Forrest
Colorado Mesa University
Department of Health Sciences
1100 North Avenue
Grand Junction, CO 81501
Phone: 970-248-1785
sforrest@coloradomesa.edu

Thank you very much for your assistance!

Sincerely,

Sandy Forrest Ph.D

Dr. Sandy Forrest
Graduate Program Director

-
1. How many DNP graduates do you employ? _____
 2. Please List the type of position in which you employ the DNP graduate.

 3. Was the DNP graduate employed in your organization before or during his/her DNP program?
☐ Yes
☐ No

If yes, in what capacity were they employed? _____

4. Did any graduate you employ have a student placement in your organization?
☐ Yes
☐ No
5. Is the DNP graduate improving the quality of health care?
☐ Yes Please give an example _____
☐ No
6. Is the DNP graduate contributing to the reduction of health disparities?
☐ Yes Please give an example _____
☐ No
7. Does the DNP graduate demonstrate effective leadership skills?
☐ Yes Please give an example _____
☐ No
8. Is the DNP graduate participating in practice inquiry projects?
☐ Yes Please give an example _____
☐ No
9. Is the DNP graduate participating in quality improvement projects?
☐ Yes Please give an example _____
☐ No
10. Will you continue to hire Colorado Mesa University DNP graduates?
☐ Yes Why _____
☐ No Why not? _____
11. How satisfied are you with the DNP graduate's performance overall?

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1	2	3	4	5

12. What else would you like to tell us about your experience employing a DNP graduate(s)?

Thank you very much for your participation! If you are interested in having a CMU DNP student complete a clinical rotation or conduct a capstone clinical investigation in your organization, please contact Dr. Forrest at 970-248-1785. Thank you.

Developed June 2013

Appendix I-C-1: Full-Time Nursing Faculty/Outcomes (EFOs) – MSN/DNP Programs

Faculty has established four outcomes that are reflective of the mission and goals of the graduate nursing programs. Additionally, the identified outcomes are consistent with the mission of Colorado Mesa University. Each faculty annually reviews his/her ability in meeting these outcomes. Results from specified evaluation processes are reviewed annually, aggregated, and included as part of the individual's annual program review report. Results are discussed and reviewed, with each faculty, annually by the Program Director and Department Head. Evaluative data are then aggregated for the program to determine if the desired benchmark has been achieved; if the benchmark is not achieved a quality improvement plan (individually and/or program) is developed.

1. Faculty will demonstrate effectiveness in **Teaching**. Effectiveness will be evaluated based on the following activities:
 - a. Student evaluations (Objective and Qualitative)
 - b. Classroom or clinical assessment by Department Head, Program Director, or peer
 - c. Honors and recognition for contributions to the field of teaching
 - d. Formal and informal Mentoring (Mentoring new faculty; Professional role modeling as an educator)
 - e. Accreditation (Collaborating with other faculty to obtain and sustain program accreditation activities)
 - f. Other evidence of teaching effectiveness
 - Evidence of continuing improvements to courses based on program or course evaluation feedback
 - Integrating evidence-based practice and teaching strategies into educator practice
 - Devising formal and informal course and/or curriculum evaluative methods
 - Creating new courses and or/programs
 - More than three different preparations per semester
 - Providing effective course coordination
 - Teaching classes/courses above and beyond normal academic contract (honors, outreach, online, distance, independent study)
 - Contribution to student learning beyond typical classroom involvement
 - Responsive to department faculty/staffing needs
 - Team teaching, collaboration, guest lecturing
 - Initiating and supportive engagement in the change process

Benchmark:

80% of the faculty will achieve a composite ranking score of 4.0 on each semester's student course and/or clinical evaluations.

90% of graduate courses will achieve Quality Matters designation – to be implemented and assessed post self-study-accreditation process is completed.

2. Faculty will demonstrate effectiveness in **Scholarly Activities**. Effectiveness will be evaluated based on the following activities:
- a. Publications
 - Evidence –based publications for practice or refereed journals
 - Non-refereed journals or other articles
 - Textbook author or co-author
 - Chapter author or co-author
 - Article, chapter, or textbook reviewer
 - b. Other scholarly contributions
 - Test item writing
 - Software development
 - Development of audio/video presentations
 - c. Presentations and poster sessions
 - Developing and presenting evidence-based presentations
 - Disseminating teaching and learning methods
 - d. Current research or other study related to the discipline
 - Conducting and or/supporting original research
 - Proposal development
 - Literature review
 - Data collection or analysis
 - Writing results
 - Reviewing, evaluating, and critiquing research
 - e. Professional development (Attendance at professional meetings or courses related to professional growth)
 - Post-graduate coursework
 - National/international conference
 - Regional/local conference
 - Professional intensive workshops
 - Professional meetings
 - Engaging in reflective self-inquiry
 - Self-study activities (i.e. online or module) to maintain certification
 - f. Recognizing excellence in practice (Maintains ongoing certification and/or clinical competence through faculty practice or consultation in related field)
 - g. Grants/Awards
 - Research and development of grants and/or other funding sources (i.e. self, program, department)
 - Recognition by professional bodies as a scholar in defined area
 - Scholarly awards (i.e. self, program, department, community)

- h. Other evidence of outside scholarly work (Projects benefitting university, department and students, mentoring undergraduate research)

Benchmarks:

90% of the faculty will complete a minimum of two scholarly activities each year.

100% of the faculty will demonstrate ongoing progress in their scholarly activities.

30% of the faculty will publish an article/chapter or give a scholarly/professional presentation annually.

50% of the faculty will hold doctorates.

3. Faculty will demonstrate effectiveness in **Service**. Effectiveness will be evaluated based on the following activities:

a. University service

- University committee member
- Faculty Senate or Curriculum Committee
- Leadership role on university committee
- Search committee member
- Participation in campus committee work
- Leadership role on departmental committee
- Significant public relations, fundraising, securing scholarships
- Contributing to academic climate of the university
- Collaborating across disciplines
- Developing and engaging in interdisciplinary programs and/or service projects

b. Departmental service

- Department committee member
- Participation in campus committee work
- Leadership role on department committee
- Search committee member
- Contributing to academic climate of the department
- Participates in public relations of the department
- Collaborating across programs in the department
- Conducting policy analysis

c. Professional service

- Leadership in national or state professional organization
- Leadership in local professional organization
- Actively contributes to professional organization
- Membership in professional organization
- Formal consulting

- Developing and engaging in interdisciplinary programs and/or service projects
 - Conducting policy analysis (i.e. community facility)
- d. Community service
- Health fairs, volunteer activities related to professional field
 - Community board member in discipline related agency/organization
 - Active membership in community organization
 - Developing and engaging in interdisciplinary programs and/or service projects
 - Conducting policy analysis (i.e. community facility)

Benchmark:

100% of the faculty will actively participate in university, department, program, or community activities.

90% of the faculty will be involved in clinical practice on a regular basis.

4. Faculty will demonstrate effectiveness in **Advising**. Effectiveness will be evaluated based on the following activities:

- a. Professional service
- Demonstrate effective advising of students through accurate information provided to students regarding course completion, graduation requirements, completion of program sheets
 - Participates in campus advising and orientation programs
 - Participates in career days and other recruitment efforts
 - Serves as advisor for campus role
 - Participates in other activities related to advising pre-degree students

Benchmark:

100% of the faculty will actively participate in university, department, or program advising activities.

Program Benchmarks:

80% of the program's faculty will achieve a rating of Highly Proficient or above for each outcome on their annual performance evaluation.

80% of the program's faculty will achieve a rating of Highly Proficient or above as an aggregate outcome on their annual performance evaluation.

Developed September 2011; Reviewed May 2013

Appendix I-C-2: Mentoring Program

Purpose: The purpose of this mentoring program is to enable new nursing faculty to have a collaborative network with other experienced faculty enhancing success in their role of adjunct or full time faculty. Mentoring programs hold the potential to contribute to new faculty morale, motivation, a sense of community, and employment longevity.

A. Overview

1. Trust underlies all processes within mentor/mentee relationship and confidentiality is paramount.
2. The mentor is not to be evaluating the mentee relative to any formal evaluation, documentation of abilities or tenure process as this prevents an open trusting relationship.
3. The mentoring program includes coaching, networking, advising, and supporting new nursing faculty relative to their roles and functions.
4. Objectives of a Mentoring Program
 - a. Retain new faculty by helping them become more familiar with the institutional and department culture, increase their learning curve, and to become aware of university, department, and program resources.
 - b. Foster a cooperative network by helping new nursing faculty meet and network with other faculty and staff.
 - c. Increase the flow of accurate and timely information.
 - d. Contribute to new nursing faculty morale, motivation, and a sense of community.

B. Mentoring Program

1. Choosing appropriate mentors
 - a. Possible mentors should include individuals known to act as a guide for new faculty members.
 - b. This seasoned faculty should have demonstrated skills of sincerity when listening and reflect a dynamic presence within their coaching role.
 - c. The accurate choice of a nurse faculty mentor will encompass the desire for an experienced/seasoned faculty with excellence and security in their role - without the need to control the mentee.
 - d. A nursing faculty mentor will safeguard the unique skills of their mentee while enhancing this new faculty's progress toward role adjustments.
2. Developing the mentor program
 - a. Responsibilities for orientation are best handled by the department head and program director early in the nursing faculty's employment.
 - b. The mentorship program is aimed at a broader set of faculty development goals and incorporates interpersonal relationship of mentor/mentee beyond the orientation process for new faculty.

C. Mentor Role

1. Mentor Agreement
 - a. Mentor will formally agree to role of mentor
 - b. Mentor agrees to be available and willing to:

- Commit time to be a mentor
- Possess the knowledge and influence needed to be a mentor
- Step forward to share knowledge
- Possess good interpersonal communication skills (especially listening)
- Enhance in a clear and directive manner the level of participation and personal/professional responsibility for a new nursing faculty mentee

2. Specific Functional Mentor Role

- Recognize and evaluate what you as a mentor can offer
- Take time to be available to your mentee. Periodic reviews of progress must include both constructive criticism of errors and recognition with praise for accomplishments and excellence
- Clearly show the new nursing faculty how to collaborate and cooperate with other faculty.
- Suggest strategies for effective teaching, grading, and evaluation of nursing students in both class and clinical settings
- Act as an advocate for the new faculty member.
- Clarify expectations with your mentee about the extent to which you will offer guidance concerning any personal as well as professional issues (e.g. advice for balancing family and career responsibilities)
- Give constructive feedback (as well as praise) when warranted but present it with specific suggestions for improvement
- Create realistic expectations for the mentee and negotiate with other seasoned faculty about these same realistic expectations when they interact with the new nursing faculty.
- Help new faculty learn what kinds of available institutional support they should seek in order to further their own career development - such as faculty continuing education and development funds
- Tell your mentee if he/she asks for too little - or too much - of your time
- Maintain confidentiality
- Discuss with the mentee the "rules" (formal and informal) of the university, department, and program.
- Propose effective ways of interacting with nursing students, clinical personnel, and faculty colleagues.
- Assist with establishing priorities: budgeting time while balancing class/clinical/labs and developing new teaching strategies.
- Suggest how to say "no" to certain demands on his/her time.
- Provide social support by introducing him/her to faculty/staff from other departments.
- Advise new faculty to seek out their resources of department head or program director for contract issues, tenure schedules, and formal promotion processes.
- Using care 'to not do' for the mentee but alternatively facilitate the new faculty towards action to learn the roles and functions of a new nursing faculty.
- Preserve the uniqueness of the new faculty member's intellectual independence and avoid developing a competitive relationship.

- t. Counsel the mentee to expect the inevitable new faculty moments that can be so disarming - like the first student evaluation scores, questions the mentee cannot answer when in front of the class, and negative comments (e.g. 'this teacher does not appear to be comfortable with the content', 'This instructor acts like she is only one day ahead of us in her reading', 'This faculty seems to refer to her/his notes often during lectures').
- u. Encourage the mentee to put into context some of the possible accuracy of evaluation comments. Suggest that your mentee consider the possibility that some of the students' comments have some validity.
- v. Assist the new nursing faculty to navigate realistic time-frames.

D. Mentoring Communication Skills

1. It is easy for a mentor to fall into the trap of having all the answers.
2. Dispensing information is often required; it's quick and easy and may make you feel good about yourself as a mentor. But if you only give advice, much of it becomes lost.
3. The balancing act involves coaching your mentee to discover insight on her/his own and offering advice only when they cannot come up with alternative solutions – always after listening thoroughly to the mentee.
 - a. Give advice only when your mentee has done some preliminary thinking on his/her own, and only after you have listened carefully and thoroughly understand the issue at hand. Don't jump at the chance to provide your insight too early in the conversation.
 - b. Don't give advice only when your mentee sees you as the 'answer person.'
 - c. Give advice when your mentee ask for and needs it. One of the most frustrating mentor responses to the question, "What do you think I should do?" is, "What do you think you should do?" It can feel manipulative to the mentee; you apparently have an opinion but for the sake of mentoring, you are withholding it.
 - d. Provide direction and give advice when your mentee is stuck. Then ask: "How do you think my advice would apply to your situation?"
 - e. The goal is for the mentee to make the outcome his/her own. Your advice is meant only to get him/her "unstuck."
 - f. Your goal as a mentor should be to retain the new faculty person's individuality.

E. Mentoring Linguistics

1. Sample problem-solving questions
 - a. What do you think about this idea?
 - b. What do you think is important?
 - c. How would you solve this?
 - d. If you were in my shoes, what would you do?
 - e. What other factors should we be considering?
 - f. In your opinion, why is this approach going to work?
 - g. What do you see as the obstacles we face?
2. Global Questions
 - a. How are things going?
 - b. What are your goals?

- c. What are you trying to accomplish?
- 3. Problem Identification
 - a. What results have you achieved so far?
 - b. Where are you stuck?
 - c. What kinds of problems are you encountering?
 - d. Why do you think that happened?
- 4. Options & Solutions
 - a. What solutions have you attempted?
 - b. What do you see as your options?
 - c. Do you want input from me?
- 5. Planning
 - a. What is your "go forward" plan?
 - b. How can you apply what you've learned to your job?
 - c. Who else would benefit from knowing this?
- 6. Support
 - a. What can I do to better support you?
 - b. Whose support do you need?
 - c. Would it be helpful to talk about this again?

F. Mentee Commitments

1. The mentee commits to time for mentor meetings.
2. The mentee must come prepared to mentorship sessions with questions/concerns and the skill to speak about the challenges of teaching
3. The mentee recognizes that this is an interpersonal relationship process. If the mentor match is not compatible, it is important to speak assertively to the mentor and then the department head and program director about any concerns so that the mentorship process can succeed.
4. The mentee needs to have realistic expectations of the mentor and be an active participant in all faculty functions.
5. The mentee expects their faculty development will require some probing guidance from the mentor including an in-depth review of and exploration of their interests, abilities, ideas, and beliefs.
6. The mentee needs to remain open to suggestion by the mentor and refrain from expecting the mentor to solve all problems.
7. The mentee agrees to evaluate the nursing faculty mentorship program constructively

G. Typical Mentoring Issues with New Nursing Faculty

1. What resources are available for teaching enhancement? (e.g. test construction)
2. How does one identify and recruit help for students in academic/financial/remediation need beyond the mentee's expertise?

3. What degree of freedom for making change does this new nursing faculty have (e.g revision of course syllabi, classroom teaching strategies, and clinical experiences)?
4. What committees should one be on and how much committee work should one expect in the first year of hire?
5. What social events occur in the department?
6. How do you deal effectively with the difficult/angry student?
7. How do you deal with the difficult or demanding nursing faculty peer?
8. How do you stay politically correct when student issues within the clinical agency conflict with established policies or procedures?
9. How does one establish an appropriate balance between this first year of teaching and home demands, up to date clinical skills, program, department and campus-wide committee work?
10. How does one say "no" – but remain within contractual guidelines and on-track to a positive tenure review?
11. 'What criteria?' and 'Where are the criteria?' that will be used for tenure review - how exactly will the mentee's teaching, scholarship, advising, and service be evaluated?
12. Are there any remaining issues from a basic orientation of the program, department, classroom, nursing skills lab, and clinical agency orientations that remain problematic or unclear?
13. What are the formal and informal communication systems in this program and department?
14. How does the mentee deal with the feeling of overload?

Developed April 2013

Appendix I-G-1: Student Complaint Policy

An official complaint is when a student alleges:

1. the institution has violated local, state, and/or federal law;
2. a breach of contract e.g. failure to meet institutional obligations as presented in a recruiting material document, application for enrollment or student housing, course syllabus, etc.; or,
3. a passive response by the institution to a complaint by a student that resulted in material damages to the student.

Disagreement with an administrative decision, or the outcome of an appeal of that decision, is not a complaint unless it alleges improper, unfair, or arbitrary treatment. The complaint must be in writing with an identifiable signature and is not already covered by another existing policy or process.

A student wishing to file a complaint should do so as promptly as possible following the alleged violation, but by no later than February 15 for a concern occurring during the prior fall semester, June 15 for the prior spring semester, and September 15 for the prior summer term. Timely initiation of a complaint rests with the student. The complaint should be in writing and signed by the complainant or submitted electronically from a Colorado Mesa University student email address. The complaint should 1) describe the issue that is the basis for the complaint, including the steps have been taken to informally resolve the problem, and 2) include any relevant documents the student would like to be reviewed as part of the complaint process.

Depending on the nature of the violation, the complaint should be sent to the Office of the Vice President for Academic Affairs or the Vice President for Community College Affairs if the concern is academic-related; Vice President for Finance and Administration if service-related; Vice President for Student Services if behavior or conduct related; or Director of Human Resources if an alleged violation of discrimination in employment or education opportunity.

Following the submission of the written complaint to one of the above administrators, the relevant administrator (or designee) will investigate the complaint and respond in writing to the 20 student with his/her decision within 30 days of receipt of the complaint. The intent of the University is always to reach a decision in as timely a manner as possible

The administrator is to protect the rights of both the student and the University when such situations arise. All materials reviewed by the administrator are protected, where appropriate, by Family

Educational Rights and Privacy Act (FERPA) regulations. The ruling of the investigating Vice President/Director of Human Resources is final; there is no appeals process.

This policy is effective July 1, 2013.

Appendix II-B-1: Admission Requirements and Advising Process

The Department of Health Sciences (DHS) offers two graduate degrees in nursing: the Masters of Science (MSN) and the Doctor of Nursing Practice (DNP). Each program is delivered using a hybrid format, providing flexibility for students to remain in their current work positions and home communities using online course delivery methods. Opportunities are provided each semester for personal interaction with faculty and peers in focused intensive sessions.

MSN: The **36-credit hour** MSN program is designed for students already possessing a baccalaureate degree in nursing. Graduate's will function as advanced practice nurses and will be prepared to pursue new and innovative roles that result from health care reform and changes in an evolving and global health care system. Emphasis is placed on providing students with the advanced theoretical knowledge and practice skills needed to undertake clinical leadership in a variety of health care settings. Evidence-based practice, outcomes management, clinical research, and clinical decision-making are highlighted.

The program includes:

- 18-credit hours of **core knowledge** including theory, research, health information systems, leadership, health policy, and quality improvement.
- 9-credit hours of **advanced practice core** including pharmacology, pathophysiology, health assessment
- 3-credit hours **Capstone**
- **Oral Comprehensive Exam**

Students select between two cognates:

- 6-credit hours of **advanced practice cognate** including chronic illness management, health promotion and disease prevention

OR

- 6-credit hours of **nursing education cognate**

Note: A graduate of the MSN program must complete the prescribed course of study with a cumulative GPA of 3.0 or higher within four (4) years.

DNP: The **72-credit hour** DNP builds upon the generalist foundation acquired through a BSN or advanced generalist MSN. The program is designed for nurses wishing to assume the role of a Family Nurse Practitioner (**FNP**). The curriculum enables the graduate to conduct complex diagnostic and treatment modalities, utilize sophisticated informatics and decision-making technology, and assimilate in-depth knowledge of biophysical, psychosocial, behavioral and clinical sciences. Graduates focus on providing care to populations and communities with an emphasis on improving quality and access to diverse populations. In addition, graduates can choose to prepare for educator positions to address the critical nursing faculty shortage.

The program includes:

- 27-credit hours of **core knowledge** including theory, research, health information systems, leadership, health policy, quality improvement, statistics, epidemiology, evidence-based practice.
- 36-credit hours of **advanced nursing practice cognate** including pharmacology, pathophysiology, health assessment, chronic illness management, health promotion and

disease prevention, FNP issues, primary care of the child/adolescent (theory with practicum), primary care of the adult (theory with practicum), primary care of the elderly (theory with practicum), rural health care (practicum), FNP preceptorship, transition into advanced nursing practice.

- 3-credit hours of elective course work
- 6-credit hours **Capstone**
- **Oral Comprehensive Exam**

Note: A graduate of the MSN program must complete the prescribed course of study with a cumulative GPA of 3.0 or higher within four (4) years.

Admission Process – for MSN and DNP programs:

Degree-seeking applicants: submit required materials/documentation to the DHS either program by April 1 (fall cohort); November 1 (spring cohort); April 1 (summer cohort).

- Complete online CMU graduate application
- Pay \$50 application fee
- Submit **two** copies of **official** transcripts of all colleges/universities attended
- Provide copy of unrestricted license to practice as a registered nurse
- Provide **three** letters of professional and academic recommendation
- Submit a **2,500 word-count essay** demonstrating scholarly writing, critical thinking, depth of analysis, and common knowledge of nursing current events.
 - This essay is an essential aspect of the admission process and will be carefully evaluated by the faculty in order to make a decision on your direct entry into the either the MSN or DNP program. Develop and format your essay according to APA criteria. While specific references are not required it is highly recommended that you support your assertions (as needed) with scholarly peer-reviewed citations.
 - The essay should address **two areas**: In the first part, discuss why you are interested in completing a graduate degree in nursing. In the second part, describe the population and problem you are interested in studying for your Capstone project. Consider a problem experienced by this population that you would like to focus your project. Describe one or two evidence-based strategies for improving the practice-based problem. Describe the type of agency and/or specific work unit where you would wish to complete your project.
 - Submit a tuition waiver by the deadlines mentioned above.

Non-Degree-Seeking applicants: 3 courses (9 credits) may be completed as a non-degree seeking student. Submit required materials/documentation to the DHS either program by August 1 (fall cohort); December 1 (spring cohort); May 1 (summer cohort).

- Complete online CMU graduate application
- Pay \$50 application fee
- Provide copy of unrestricted license to practice as a registered nurse
- Submit a tuition waiver by the deadlines mentioned above.
- Identify the top three courses in which you would wish to be enrolled:
 - NURS 500 Theoretical Foundations
 - NURS 501 Nursing Research Methods

NURS 503 Health Information Systems
NURS 504 Health Policy
NURS 505 Quality Improvement
NURS 525 Pathophysiologic Concepts
NURS 526 Pharmacology
NURS 527 Health Assessment
NURS 530 Chronic Illness Management
NURS 540 Teaching Strategies
NURS 545 Curriculum Design and Evaluation

Committee Review: Once the application file is complete two faculty members evaluate the admission essay using a comprehensive rubric. Recommendation for admission is then presented to the Program Director. Faculty members finalize approval of admission or decline of admission. Applicant receives the appropriate follow-up letter.

Administrative Process

- Upon receipt of the CMU graduate application, information on the application will be entered into the MSN/DNP Student Database
- Application fee is deposited into the graduate admissions account
- File created to collect all application materials
- Upon fulfillment of all application materials, forward the file to appropriate faculty members for review and finalization on admission
- Document rubric scores in the database for each applicant
- Prepare and mail admission decision letters
- If admitted, enter student into the BANNER system as a graduate student
- Give overrides for courses the students want to register for the upcoming and subsequent semesters

Adopted July 2013

Appendix II-B-2: Library Databases

Title	Description	Full Text	Date
CINAHL with Full Text	Index to journals, books, and pamphlets in nursing, health education, physical therapy, sports medicine, radiology, other allied health areas, biomedical & consumer health. Library has paper index 1961-1981.	yes	1982-
Informa Healthcare	Complete full-text content from more than 170 leading pharmaceutical, life science and medical journals. Package includes ALL back issues.	yes	1904-
OmniFile Select	Articles in in business, the humanities, general science, education, law, and the social sciences.	yes	1994-
The Cochrane Library	A collection of six databases that contain different types of high-quality, independent evidence to inform healthcare decision-making.	yes	current
EBM Guidelines (Evidence-Based Medicine)	Continuously updated clinical guidelines for primary care combined with the best available evidence and covering a wide range of medical conditions.	yes	current
MEDLINE	Index to English and foreign language journals in medicine, nursing, health care system, dentistry, pre-clinical sciences, and veterinary medicine. PubMed version - citations back to the mid-1960's	yes	1993-
MICROMEDEX	A database for medical clinicians who need information about drugs, disease, acute care, toxicology, and alternative medicine. Also includes the CareNotes System , a patient educational tool.	yes	Current
PubMed	Over 21 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text from PubMed Central and publisher web sites.	yes	1946-
Red Book Online	The latest findings and clinical guidelines on the manifestations, etiology, epidemiology, diagnosis, and treatment of more than 200 common childhood medical conditions.	yes	2009-
Science Direct	Index with abstracts to e-journals from the Elsevier publishing family in the sciences, psychology, economics, medicine, and mathematics.	yes	1993-

<u>Toxline</u>	Index with abstracts to current five years of journals, books, technical reports, theses, and meeting abstracts and papers in toxicology.	yes	
<u>PsycINFO</u>	Index with abstracts to journals, book chapters, books, dissertations, and technical reports in psychology, psychiatry, and psychological aspects of medicine, nursing, sociology, education, physiology, anthropology, and business. Also have paper index (Psychological Abstracts) 1927-2003.	yes	1840-

Appendix II-D-1: Faculty Practice Policy

1. Definition of Faculty Practice Plan:

Faculty practice is defined as scholarly activity performed by the faculty member for the purpose of maintaining, improving, acquiring, or sharing knowledge and clinical competencies in the practice area of interest.

- **Performance of the practice activities** may be accomplished by participation in and responsibility for direct care and/or indirect care of patients in hospitals, long-term care facilities, or diversity of community based settings. **Direct care** of patients is described as “hands-on” activities, such as staff nurse, coordinator, supervisor, care consultant, or case manager. **Indirect care** of patients includes “non-hands on” activities that promote and advance the discipline of nursing, as well as, promote faculty clinical competency.
- **Acceptable activities** can include clinical and/or applied research, administration, practice, evaluative consultation, collaboration, and patient, staff, and community education.
- **Faculty Practice** does not include the faculty member's time allocated in fulfilling course and clinical obligations with students.

A Faculty Practice Plan serves to ensure that a faculty member will meet certification requirements. It stipulates that a written plan be developed by each individual that communicates annual objectives and strategies for meeting the practice requirements. The Program Director, on a yearly basis, should submit the plan and evidence of meeting the expectations with the faculty member's evaluation materials to the DH.

2. Purpose of Faculty Practice:

The general purpose of faculty practice is to enhance and maintain clinical competency of faculty members. More specific purposes include: (a) to foster a collaborative relationship between faculty and individuals in clinical agencies; (b) to facilitate clinical expertise of faculty; (c) to share knowledge and clinical competencies with other health care professionals; (d) to manage or administer competent quality care to patients and families; (e) to increase scholarly activity and research opportunities between education and practice; and (f) to assist with or conduct evaluation of care.

3. General Information:

Each faculty member teaching graduate nursing courses is required to comply with the faculty practice requirement but the objectives and strategies to fulfill the plan may be diverse. The amount of time designated as faculty practice should be reasonable and may be individualized by each faculty member. As long as the purposes as stated above are met, the practice activities and time schedule may be flexible. No funds or money earned through the faculty member's faculty practice will be obligated to the DHS or University

.Faculty Practice Roles:

- **Teaching** is defined as education in non-educational settings involving patients, families, staff, community groups, or professionals.
- **Clinical practice** is designed as giving direct patient care at an advanced level in any clinical setting. This can include advanced assessment skills, making inferences, or sharing judgments.

- **Consultation** is defined as serving in the role of an advisor in any clinical setting, community group, or school.
- **Scholarly activities** can include formal research, presentations, writing for publication, and peer review for journals and/or textbooks, serving as a site-visitor for an accrediting body.
- **Evaluation** is defined as evaluating quality of care. This might occur in a formal facility, community-based program, or a support group.

4. **Procedure:**

Each year faculty members will select practice role(s) to fulfill the requirement. In April, the faculty member will develop a Faculty Practice Plan for the upcoming academic year. This document will be separate from the yearly evaluation material related to teaching, scholarship, advising, and service. The Faculty Practice Plan sheet and a written evaluation of the fulfillment of each objective for the previous year will also be placed in the file submitted for Annual Evaluation.

All Faculty Practice Plans and evaluations will be forwarded to the program director and then to the DH. The DH will return the individual practice plans with the annual evaluation materials.

Developed 4-18-13; revised June 4, 2013

Appendix II-E-1: FNP/DNP Program - Preceptor Biographical Data Sheet

Name _____ Date _____

Name of Office/Facility _____

Office/Facility Address _____

Work Phone _____ Home Phone _____

Years in Practice _____ Number of nurse practitioner students currently precepting _____

CO (MD/APRN) License # _____

Scholastic Background:

College or University	Degree	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Graduate or Professional School

_____	_____	_____
_____	_____	_____

Organizations:

(Specify all memberships)

State Licensure: (specify)

National (Board) Certification(s): (specify)

Type of Practice (describe)

Preceptor Signature _____ **Date** _____

Thank you for your participation in the educational experience of our FNP students.

Semester and Term to assume preceptor role: _____

Developed May 2013

Appendix II-E-2: Student Clinical Evaluation Tool

STUDENT: _____ SITE: _____
EVALUATOR _____ POSITION: PRECEPTOR, FACULTY CLINICAL ADVISOR (Circle One)
SEMESTER: _____ DATE OF EVALUATION: _____ COURSE NAME & NUMBER: _____
CHECK: Midterm (optional): _____ FINAL: _____

This checklist is to be utilized in evaluation of students in their clinical practice throughout the program. It is designed to highlight pieces of information that are of the greatest use to the student and the program.

It is expected that the student will achieve **basic skill level (shaded box area)** in the areas of interviewing, history taking, physical examination, assessment and plan / implementation during the first clinical rotation and that a progression with continual improvement be noted. Over the course of the program the student will progress from basic skill level to intermediate or possibly to high skill level. *The expected level for this student is:* the shaded box area.

Please assess the skill level of this student by checking the appropriate box to the right of the items by placing an “X” in the box using the following scale:

Scale Instructions:

- **0 point: N/A = Not observed**
- **1 point: Below skill level:** Extensive help or supervision: consistently requires substantial assistance/supervision to perform tasks adequately.
- **2 points: Basic skill level:** Much help or supervision: performs tasks with basic skill and moderate amount of assistance/supervision. Basic skill level implies an assessment that is relevant to the clinical data being presented by the client.
- **3 points: Intermediate skill level:** Moderate help or supervision: performs tasks with skill and is able to interpret findings with some assistance/supervision.

- **4 points: High skill level:** Minimal help or supervision: performs tasks with proficiency and skill, interprets findings and information with good judgment, and using very minimal assistance/supervision.
- **5 points: Independent:** Student would be safe to function in a setting with only consultation available. Independent level is not assumed in all areas of expertise but is included as a point of reference for the faculty / preceptor / student.

I. INTERVIEWING HISTORY TAKING	0	1	2	3	4	5	Total = / 40
	N/A	Below level	Basic level	Inter- medi ate	High level	Indepe n-dent	Comment
A. Establishes rapport or trust with patient							
B. Interviews patient with respect and skill							
C. Accurate and complete: /6 (Please mark how many points out of SIX points)							
1) Identifies chief complaint							
2) Identifies a presenting problem	1)	1)	1)	1)	1)	1)	1)
3) Performs symptom analysis of each presenting problem	2)	2)	2)	2)	2)	2)	2)
4) Obtains past history	3)	3)	3)	3)	3)	3)	3)
5) Obtains family history	4)	4)	4)	4)	4)	4)	4)
6) Evaluates review of systems	5)	5)	5)	5)	5)	5)	5)
	6)	6)	6)	6)	6)	6)	6)

II. Diagnosis	0	1	2	3	4	5	Total = /35
	N/A	Below level	Basic level	Inter m- ediat e	High level	Indepe n-dent	Commen t
A. Differentiate between normal, variations of normal and abnormal findings.							
B. Performs a comprehensive physical exam in a timely manner							
C. Identifies appropriate diagnostic testing							
D. Demonstrates critical thinking in clinical decision making							
E. Analyzes and interprets history, physical finding and diagnostic data to determine an appropriate differential diagnosis							
F. Creates accurate and comprehensive problem lists							
G. Demonstrates appropriate understanding of pathophysiology and genetics when deemed relevant							

III. Plan:	0	1	2	3	4	5	Total =/40
	N/A	Below level	Basic level	Intermediate	High level	Independent	Comment
A. Formulates plan of care based on evidenced based standards of care and current practice guidelines							
B. Prescribes appropriate non pharmacological strategies							
C. Recommends interventions with attention to safety, cost, simplicity, adherence, acceptability and efficacy							
D. Develops relevant health promotion / disease prevention							
E. Provides accurate anticipatory guidance and counseling							
F. Appropriate follow up / referrals/ consultations							
G. Includes patient / family in decision making							
H. Incorporates cultural preferences, traditional practices, and health beliefs into the health care plan							

IV. Verbal Presentation /Documentation of Encounter	0	1	2	3	4	5	Total = /15
	N/A	Below level	Basic level	Inter-mediate	High level	Indepen-dent	Comment
A. Patient information presented accurately, succinctly, using appropriate terminology, format and technology							
B. Documentation is complete using appropriate terminology, format and technology							
C. Collects, documents and maintains patient's confidentiality							

V. General	0	1	2	3	4	5	Total: /30
	N/A	Below level	Basic level	Inter-mediate	High level	Indepen-dent	Comment
A. Utilizes available resources from the community in designing patient treatments plans							
B. Engages in self -evaluation concerning practice							
C. Assumes accountability for behavior in all nurse – patient relationships							
D. Seeks consultation with preceptor or other							

collaborators appropriately							
E. Accounts for patient's family situation in creating a plan of care: developmental level; health literacy; motivation for change and limitations including financial							
F. Presents an appropriate professional demeanor for the clinical setting: appearance, dress, behavior, language							

COMMENTS SECTION

Strengths:

Areas of Improvement:

Final Recommendations:

Preceptor Signature: _____
Date: _____

Student Signature: _____
Date: _____

To be completed by CMU faculty:

TOTAL POSSIBLE POINTS ON THIS FORM: 160

TOTAL POINTS *EXCLUDING* NOT OBSERVED ITEMS: _____ - _____ = _____

NUMBER OF POINTS STUDENT RECEIVED: _____ / 160 =

PERCENT: _____ PASS/FAIL FOR _____
_____ (Name of course)

FIRST PRIMARY CARE PRACTICUM: **PASSING SCORE IS 70% (112) OR GREATER**

SECOND PRIMARY CARE PRACTICUM: **PASSING SCORE IS 75% (120) OR GREATER**

THIRD PRIMARY CARE PRACTICUM: **PASSING SCORE IS 80% (128) OR GREATER**

FOURTH PRIMARY CARE PRACTICUM: **PASSING SCORE IS 80% (128) OR GREATER**

STUDENT SIGNATURE: _____

DATE: _____

FACULTY SIGNATURE: _____

DATE: _____

Developed March 2013

Appendix II-E-3: Preceptor/Agency Evaluation

We are interested in your evaluation of the clinic sites and preceptor faculty. Your feedback on your clinical experience at this site is essential for future and fellow students. We ask you to complete the following questionnaire and return it to the front office of the Health Sciences Department at Colorado Mesa University in the enclosed sealed envelope. Your feedback will be kept confidential.

Directions: Please indicate the extent to which you agree with the following statement for each topic listed below, by circling your answer.

Please indicate your year in the DNP program: _____

KEY: Strongly Disagree / Slightly Disagree / Neutral / Agree / Strongly Agree					
	1	2	3	4	5
1. Preceptors provided adequate feedback on student progress.	1	2	3	4	5
2. Preceptor collaborated well with the student.	1	2	3	4	5
3. Preceptor followed evidenced based standards of care.	1	2	3	4	5
4. Faculty consulted adequately with the preceptor.	1	2	3	4	5
5. Preceptor provided adequate information about the clinic and clinic resources prior to the clinical experience.	1	2	3	4	5
6. Clinic staff were approachable	1	2	3	4	5

and supportive	
7. The opportunity for a variety of patients was presented	1 2 3 4 5
8. Patients were treated with respect relative to cultural or traditional customs	1 2 3 4 5
9. The preceptor and colleagues were open to education of advanced practice nursing students.	1 2 3 4 5
10. Preceptor welcomed questions and answered them with respect to patient and student	1 2 3 4 5

Developed March 2013

Appendix II-E-4: Collaborative Roles

The Preceptor's Role and Expectations: The primary role of the preceptor is to provide the DNP student with a unique clinical or organizational level experience to achieve defined objectives as identified by the student in collaboration with the faculty and preceptor. A successful clinical experience is achieved through the student-preceptor-faculty relationship in which each member of this educational team contributes to the student's learning experience. The general expectations of preceptors are to:

1. Serve as a mentor and role model for the student.
2. Identify and discuss with the student identified learning needs to meet objectives.
3. Direct the overall clinical experience based on objectives provided by the student in collaboration with the faculty and preceptor.
4. Meet with the student prior to beginning the clinical experience to discuss details and logistics of the experience including dates and times.
5. Serve as a host, sponsor, teacher, and role model for the student at the clinical site.
6. Assess the nature of particular experiential opportunities that will enable the student to meet his/her learning objectives.
7. Assist the student to meet his/her learning objectives and experience newly learned skills to build confidence.
8. Direct and support the critical analysis of guidelines and/or standards of care and determine how guidelines or standards should be implemented or adapted to unique situations.
9. Support the student to refine interpersonal skills and promote effective communication with patients and colleagues.
10. Provide feedback to faculty regarding the extent to which the student has achieved the objectives as outlined at the beginning of the experience.
11. Demonstrate attitudes and qualities consistent with the ethics of the health professions.
12. Immediately report to the faculty any student behaviors that influence or threaten the safety of populations or place the clinical site at risk.
13. Notify faculty if/when the student demonstrates minimally acceptable performance.

The Student's Role and Expectations: Students should enter their clinical courses with a general idea about their specialty area of interest and the focus of their capstone project. Students are responsible for being self-directed in identifying their initial and ongoing learning needs and seeking learning opportunities to address their needs in their specialty focus. A successful clinical experience is achieved through the student-preceptor-faculty relationship in which each member of this educational team contributes to the student's learning experience. The general expectations of students in the clinical experience are to:

1. Develop realistic, meaningful learning objectives in collaboration with the faculty and the preceptor to meet course requirements and advance the student's knowledge and skill in his/her specialty focus area.
2. Identify preceptors and experiential learning opportunities focused on achieving defined learning objectives.

3. Select preceptors on the basis of their qualifications to support achievement of the students' learning objectives.
4. Collaborate with the identified preceptor to complete the *FNP Preceptor Bio Form* (Appendix II-E-1) and submit to the program director prior to beginning any clinical activities.
5. Provide the preceptor with a copy of the *MSN-DNP Preceptor Handbook* or the online link to the *Handbook*.
6. Ensure that the course faculty approves the preceptor arrangement and learning objectives before beginning clinical hours.
7. Meet with the preceptor prior to the clinical experience to discuss details and logistics of the experience including dates and times.
8. Provide the clinical site with the necessary licensure, liability insurance and educational information as requested.
9. Schedule and complete clinical hours at the convenience and availability of the preceptor.
10. Exhibit a professional demeanor at all times in the clinical setting including:
 - a. Professional dress with CMU identification badge
 - b. Respectful to all people encountered in the clinical setting including preceptors, faculty, staff, patients, families, and colleagues.
11. Express appreciation to his/her preceptors for their dedication, mentoring, and teaching at the end of the preceptor experience.
12. Document clinical hours and experiences as per course guidelines.
13. Collaborate with the identified preceptor to complete a *Clinical Evaluation Form – Student* (Appendix II-E-2) and the *Preceptor-Agency Evaluation Form-Student* (Appendix II-E-3) and submit these forms to the appropriate faculty.

The Faculty Role and Expectations: Faculty assume overall responsibility for the student's clinical experience. Faculty work closely with students and preceptors to ensure that students achieve the course objectives and each student's specific learning objectives. Faculty facilitate application of theoretic concepts to practice, assist with identification of appropriate clinical facilities and preceptors, observe and evaluate students clinical experiences, and establish collaborative relationships with preceptors. The general expectations of faculty in the clinical experience are to:

1. Serve as a mentor and role model for students.
2. Ensure institutional affiliation agreements (if required) and individual preceptor agreements are established prior to the initiation of any student clinical experience.
3. Collaborate with student and preceptor to establish realistic, meaningful learning objectives to meet course requirements and advance the student's knowledge and skill in his/her specialty focus area.
4. Orient preceptors to the preceptor role and expectations.
5. Use appropriate teaching methods to help the student negotiate the clinical experiences so that the student meets learning objectives and has confidence to experiment with newly learned skills.

6. Be available to preceptor for questions, problems, and concerns throughout the clinical experience.
7. Provide immediate consultation and/or support for preceptor when needs or problems are reported.
8. Support the student in his/her refinement of interpersonal skills that promote effective communication with patients and colleagues.
9. Alert students to focus on areas with the greatest potential for growth and advancement in their specialty focus area.
10. Communicate with preceptor regularly to monitor student's progress.
11. Evaluate student achievement of learning objectives through observation and preceptor feedback.
12. Demonstrate attitudes and qualities consistent with the ethics of the health professions.
13. Provide students with formative and summative evaluations using the appropriate course criteria.

Appendix III-A-1: MSN Curriculum and Example Plan of Study

Please note: The MSN curriculum will continuously evolve to offer superior preparation for advanced clinical practice. Course numbers, titles and other details are subject to change.

Below is a sample seven semester (approximately three years) plan of study – this plan applies to students who **enter the MSN program with a BSN degree without completed graduate course work**. As of fall 2013, six credit hours of graduate course work is considered full-time.

There are multiple options that can accommodate individual student needs. For example, a student may elect to take two courses some semesters and one course other semesters. Students entering with prior certification and/or graduate credits may receive credit for specific courses. A plan tailored to individual student needs will be developed in consultation with the program director

Example MSN Curriculum Plan – Fall Entry

Year 1 Fall Semester	Credit Hours
NURS 501 Nursing Research Methods	3
NURS 525 Pathophysiologic Concepts	3
Year 1 Spring Semester	
NURS 500 Theoretical Foundations	3
NURS 503 Organizational Leadership	3
Year 1 Summer Semester	
NURS 527 Health Assessment for Advance Nurse Practitioners	3
NURS 530 Chronic Illness*	3
NURS 540 Teaching Strategies**	
Year 2 Fall Semester	
NURS 502 Health Information Systems	3
NURS 504 Health Policy	3
Year 2 Spring Semester	
NURS 505 Quality Improvement	3
NURS 526 Pharmacology for Advance Nurse Practitioners	3
Year 2 Summer Semester	
NURS 535 Health Promotion and Disease Prevention*	3
NURS 545 Curriculum Design/Evaluation**	3
Year 3 Fall Semester	
NURS 575 Capstone – requires completion of practicum hours and oral comprehensive examination	3
	36 credits

Note: all course work must be completed within a 4-year period.

*Advance Nursing Cognate

**Nurse Educator Cognate

Example MSN Curriculum Plan – Spring Entry

Year 1 Spring Semester	Credit Hours
NURS 500 Theoretical Foundations	3
NURS 503 Organizational Leadership	3
Year 1 Summer Semester	
NURS 527 Health Assessment for Advance Nurse Practitioners	3
NURS 530 Chronic Illness*	3
NURS 540 Teaching Strategies **	3
Year 1 Fall Semester	
NURS 501 Nursing Research	3
NURS 525 Pathophysiologic Concepts	3
Year 2 Spring Semester	
NURS 505 Quality Improvement	3
NURS 526 Pharmacology for Advance Nurse Practitioners	3
Year 2 Summer Semester	
NURS 535 Health Promotion and Disease Prevention*	3
NURS 545 Curriculum Design/Evaluation**	3
Year 2 Fall Semester	
NURS 502 Health Information Systems	3
NURS 504 Health Policy	3
Year 3 Spring Semester	
NURS 575 Capstone – requires completion of practicum hours and oral comprehensive examination	3
	36 credits

Note: all course work must be completed within a 4-year period.

*Advance Nursing Cognate

**Nurse Educator Cognate

Appendix III-A-2: DNP Curriculum and Example Plan of Study

Please note: The DNP curriculum will continuously evolve to offer superior preparation for advanced clinical practice. Course numbers, titles and other details are subject to change.

Below is a sample 13-14 semester (four – five years), six credit hours per semester plan of study – this plan applies to students who **enter the DNP program with a BSN degree without completed graduate course work**. As of fall 2013, six credit hours of graduate course work is considered full-time.

There are multiple options that can accommodate individual student needs. For example, a student may elect to take two courses some semesters and one course other semesters. Students entering with prior certification and/or graduate credits may receive credit for specific courses. A plan tailored to individual student needs will be developed in consultation with the program director.

Example DNP Curriculum Plan – Fall Entry

Year 1 Fall Semester	Credit Hours
NURS 501 Nursing Research Methods	3
NURS 525 Pathophysiologic Concepts	3
Year 1 Spring Semester	
NURS 500 Theoretical Foundations	3
NURS 503 Organizational Leadership	3
Year 1 Summer Semester	
NURS 527 Health Assessment for Advance Nurse Practitioners	3
NURS 530 Chronic Illness	3
Year 2 Fall Semester	
NURS 502 Health Information Systems	3
NURS 504 Health Policy	3
Year 2 Spring Semester	
NURS 505 Quality Improvement	3
NURS 526 Pharmacology for Advance Nurse Practitioners	3
Year 2 Summer Semester	
NURS 535 Health Promotion and Disease Prevention	3
NURS 596 Elective	3
Year 3 Fall Semester – BEGIN FNP coursework	
NURS 601 Primary Care of the Child/Adolescent	3
NURS 610 Primary Care of the Child/Adolescent Practicum	2
Year 3 Spring Semester	

NURS 600 FNP Issues	2
NURS 602 Primary Care of the Adult	3
NURS 620 Primary Care of the Adult Practicum	2
Year 3 Summer Semester	
NURS 603 Primary care of the Elderly	2
NURS 630 Primary Care of the Elderly Practicum	2
NURS 640 Rural Health Care Practicum	1
Year 4 Fall Semester	
NURS 626 Epidemiology	3
May take elective course (NURS 596) here instead of Year 2 Summer	[3]
Year 4 Spring Semester	
NURS 625 Statistics	3
NURS 700 Evidence Based Practice	3
Year 4 Summer Semester	
NURS 650 FNP Preceptorship	4
NURS 660 Transition into Advance Nursing Practice	2
Year 5 Fall Semester	
NURS 750 Capstone: Application of EBP I	3
Year 5 Spring Semester	
NURS 760 Capstone: Application of EBP II (Written and Oral Comp Exam – Pass/Fail)	3
	72 credits

Note: 500 level courses to be completed or transferred in for credit prior to proceeding to FNP [600-700 level courses]; all course work must be completed within a 6-year period.

Example DNP Curriculum Plan – Spring Entry

Year 1 Spring Semester	Credit Hours
NURS 500 Theoretical Foundations	3
NURS 503 Organizational Leadership	3
Year 1 Summer Semester	
NURS 527 Health Assessment for Advance Nurse Practitioners	3
NURS 530 Chronic Illness	3
Year 1 Fall Semester	
NURS 501 Nursing Research	3
NURS 525 Pathophysiologic Concepts	3
Year 2 Spring Semester	

NURS 505 Quality Improvement	3
NURS 526 Pharmacology for Advance Nurse Practitioners	3
Year 2 Summer Semester	
NURS 535 Health Promotion and Disease Prevention	3
NURS 596 Elective	3
Year 2 Fall Semester	
NURS 502 Health Information Systems	3
NURS 504 Health Policy	3
Year 3 Spring Semester BEGIN FNP course work	
NURS 600 FNP Issues	2
NURS 602 Primary Care of the Adult	3
NURS 620 Primary Care of the Adult Practicum	2
Year 3 Summer Semester	
NURS 603 Primary care of the Elderly	2
NURS 630 Primary Care of the Elderly Practicum	1
NURS 640 Rural Health Care Practicum	1
Year 3 Fall Semester	
NURS 601 Primary Care of the Child/Adolescent	3
NURS 610 Primary Care of the Child/Adolescent Practicum	2
NURS 626 Epidemiology	3
Year 4 Spring Semester	
NURS 625 Statistics for Health Science	3
NURS 700 Evidence Based Practice	3
May take elective course (NURS 596) here instead of Year 2 Summer	[3]
Year 4 Summer Semester	
NURS 650 FNP Preceptorship	4
NURS 660 Transition into Advance Nurse Practice	2
Year 4 Fall Semester	
NURS 750 Capstone: Application of EBP I	3
Year 5 Spring Semester	
NURS 760 Capstone: Application of EBP II (Written and Oral Comp Exam—Pass/Fail)	3
	72 credits

Note: 500 level courses to be completed or transferred in for credit prior to proceeding to 600-700 level courses; all course work must be completed within a 6-year period.

Appendix III-A-3: Clinical Practicum Hour Sheet

Documentation of 1000 Hours of Supervised Clinical Practicum Experience

Student _____ **Faculty Advisor** _____

Entry to Program _____ **Expected Graduation Date** _____

Clinical hours accepted from Previous MSN and/or Certificate programs:

University _____ Specialty Program: _____

Dates: _____ Hours: _____

University _____ Specialty Program: _____

Dates: _____ Hours: _____

University _____ Specialty Program: _____

Dates: _____ Hours: _____

University _____ Specialty Program: _____

Dates: _____ Hours: _____

University _____ Specialty Program: _____

Dates: _____ Hours: _____

Total Clinical Hours: _____

CMU DNP Clinical Practicum Hours Completed:

_____ For _____ credits in Semester(s) _____ Hours: _____

_____ For _____ credits in Semester(s) _____ Hours: _____

_____ For _____ credits in Semester(s) _____ Hours: _____

_____ For _____ credits in Semester(s) _____ Hours: _____

_____ For _____ credits in Semester(s) _____ Hours: _____

_____ For _____ credits in Semester(s) _____ Hours: _____

Clinical Hours (Previous and CMU DNP) Total: _____

Note: Total must equal at least 1000 hours before student is eligible to graduate from the DNP program.

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

Action Taken: Approved ☐ Denied ☐

Date: _____

Signature of DNP Program Director _____

Approved April 2013

Appendix III-A-4: Alignment of MSN Program Goals and *Essentials* with MSN ESOs

MSN Program Goals with Corresponding AACN <i>Essential</i> (2011)	MSN Student Outcomes (ESOs)
1. Employ knowledge of health policy, nursing, and related sciences in the provision of cost-effective nursing care to diverse populations. Essential I: Background for Practice from Sciences and Humanities Essential II: Organizational Systems Leadership Essential VI: Health Policy and Advocacy Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes	• Synthesize advanced theoretical, empirical, and ethical knowledge for application to a chosen domain of nursing. • Advocate for policies to improve the health outcomes of populations and the quality of the health care delivery system. • Critique public policy which impacts professional nursing practice and health care delivery. • Appraise the impact of social determinants, culture, diversity, values, and globalization in the delivery of population health
2. Utilize quality improvement science and informatics to evaluate clinical outcomes and ensure patient safety. Essential III: Quality Improvement and Safety Essential IV: Translating and Integrating Scholarship into Practice Essential V: Informatics and Healthcare Technologies	• Evaluate quality improvement and safety initiatives, accountability and communication to improve patient outcomes. • Develop strategies to improve individual and population health outcomes based on health promotion and disease reduction principles. • Utilize information systems, technology, and patient data for ethical, clinical decision-making that promotes cost effectiveness and positive health care outcomes.
3. Demonstrate competency in interdisciplinary communication, ethical analysis, and clinical reasoning in the provision of nursing care across all environments. Essential II: Organizational and Systems Leadership Essential III: Quality Improvement and Safety Essential IV: Translating and Integrating Scholarship into Practice Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes Essential VIII: Clinical Prevention and Population Health for Improving Health	• Employ interprofessional collaborative strategies in the design, coordination, evaluation, and leadership of patient-centered care teams. • Engage in systematic critical inquiry as a basis for practice decisions for diverse patient populations. • Utilize problem identification and outcome measurement as a basis for improving nursing practice.

MSN Program Goals with Corresponding AACN <i>Essential</i> (2011)	MSN Student Outcomes (ESOs)
4. Assume clinical leadership roles in diverse settings. Essential II: Organizational and Systems Leadership Essential IV: Translating and Integrating Scholarship into Practice Essential VIII: Clinical Prevention and Population Health for Improving Health Essential IX: Master's-Level Nursing Practice	• Incorporate leadership skills and behaviors to foster best practices, promote professional growth, and positive change in people and systems within health care and education. • Apply current evidence-based knowledge to inform and/or initiate change in educational, clinical, and organizational environments. • Contribute to the nursing profession through mentoring, professional service and life-long learning.

Appendix III-A-5: Alignment of DNP Program Goals with *Essentials*, ESOs, and NONPF Competencies

DNP Program Goals with Corresponding AACN <i>Essential</i> (2006)	DNP Student Outcomes (ESOs) with Corresponding NONPF <i>Competencies</i> (2012)
1. Integrate theory, practice, and research in advance nursing practice roles. Essential I: Scientific Underpinnings for Practice Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice Essential VIII: Advanced Nursing Practice	Integrate advanced knowledge of nursing theories, methods of inquiry, humanities, and sciences in the delivery of care to individuals, families, and communities. NONPF: Scientific Foundation
2. Employ knowledge of health policy, nursing, and related sciences in the provision of cost-effective nursing care to diverse populations. 3. Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking Essential V: Health Care Policy for Advocacy in Health Care Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health	- Critique complex primary care clinical situations and health care systems to promote optimal outcomes through evidence-based practice. NONPF: Practice Inquiry - Initiate changes in health care systems through the design and implementation of health policies that strengthen the health care delivery system. NONPF: Policy; Health Delivery System
3. Utilize quality improvement science and informatics to improve patient outcomes. Essential III: Clinical scholarship and Analytical Methods for Evidence-Based Practice Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care	- Design practice environments that support quality improvement, a culture of safety, accountability and communication to improve patient outcomes in diverse settings. NONPF: Quality - Evaluate current and emerging health technologies to improve care delivery and organizational systems. NONPF: Technology and Information Literacy
4. Demonstrate competency in interdisciplinary communication, ethical analysis, and clinical reasoning in the management of patient care across all environments. Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking Essential V: Health Care Policy for Advocacy in Health Care Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes	- Design evidence-based, ethical, safe, and cost-effective strategies that use technology to improve health care outcomes for individuals and/or populations. NONPF: Quality - Advocate for social justice, equity, and ethical policies in health care. NONPF: Ethics, Health Policy - Facilitate intra- and interprofessional collaboration to address health disparities and to improve health-care quality across diverse populations and cultures.

DNP Program Goals with Corresponding AACN <i>Essential</i> (2006)	DNP Student Outcomes (ESOs) with Corresponding NONPF <i>Competencies</i> (2012)
Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health Essential VIII: Advanced Nursing Practice	NONPF: Leadership
5. Assume leadership roles in clinical or academic settings. Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking Essential V: Health Care Policy for Advocacy in Health Care	- Appraise organizational and system leadership principles in the analysis, delivery, and management of nursing care for safe practice environments. NONPF: Leadership - Lead practice initiatives that influence population health care outcomes with a focus on underserved individuals, families, and communities NONPF: Independent Practice
6. Demonstrate clinical practice expertise, specialized knowledge, and expanded responsibility and accountability in the care and management of individuals and families across the lifespan with acute and chronic illness. Essential VIII. Advanced Nursing Practice	Employ advanced nursing practice to facilitate the delivery of quality, cost-effective primary care for families across the lifespan. NONPF: Independent Practice

Appendix III-A-6: Example Course Map/NURS 505: Quality Assessment and Improvement in Health Care Settings

MSN Student Learning Outcome - ESOs Upon completion of this program the student will be able to:	Course Objective - EISLO Upon completion of this program the student will be able to:	Unit Objective(s) Upon completion of the unit the student will be able to:	Learning Activities with Due Dates To successfully complete the student will:
Synthesize advanced theoretical, empirical, and ethical knowledge for application to a chosen domain of nursing. MSN Essential I: Background for practice from Sciences and Humanities NONPF: Scientific Foundation	Use quality improvement science to evaluate clinical care and ensure patient safety.	Healthcare quality basic concepts and variation in practice 1. Identify the IOM's six aims for improving quality in healthcare. 2. Relate the IOM aims to selected quality healthcare improvement projects. 3. Discuss five ways to put patients more in control of their care. 4. Discuss the impact of errors on clinicians. 5. Define quality from relevant attributes. 6. Compare the importance of differing quality attributes from the perspective of key stakeholders in healthcare 7. Identify measurement-related concepts in defining quality of care. 8. Discuss aspects and use of variation in studying healthcare processes and outcomes. 9. Analyze barriers to successful implementation of quality improvement initiatives.	Week 1: May 20-26 Reading: <i>The Healthcare Quality Book</i>, Ch. 1-3 Register for the Institute for Healthcare Improvement Open School Courses – select Colorado Mesa University as your academic affiliation. This is free. Complete the following IHI courses: IHI-QI 101 – FUNDAMENTALS OF IMPROVEMENT (1.25 hours) IHI-QI 102 – THE MODEL FOR IMPROVEMENT (1 hour) Complete Discussion Topic 1

MSN Student Learning Outcome - ESOs Upon completion of this program the student will be able to:	Course Objective - EISLO Upon completion of this program the student will be able to:	Unit Objective(s) Upon completion of the unit the student will be able to:	Learning Activities with Due Dates To successfully complete the student will:
			initial posting by 5/22. Responses to two classmates by 5/26.
	Describe common quality improvement models and distinguish between structure, process, and outcome performance measures.	Foundations and milestones in quality improvement 1. Compare various quality improvement processes and approaches. 2. Utilize quality tools to define, explain and analyze discrete processes, identify potential causes for process performance problems, and collect and display data indicating which causes are most prevalent. 3. Discuss techniques used to facilitate spread and adoption of quality improvement successes within an organization. 4. Describe key activities performed at milestones in the quality measurement journey. 5. Discuss the importance of operational definitions in good measurement. 6. Differentiate the uses of stratification and sampling strategies in data collection.	Week 2: May 27-June 2 Reading: <i>The Healthcare Quality Book</i> , Ch. 5 Complete the following courses: IHI-QI 103 – MEASURING FOR IMPROVEMENT (1 hour) IHI-QI 104 – PUTTING IT ALL TOGETHER (1 hour) Complete APPLICATION ACTIVITIES 1 and 2 by June 2. Complete Discussion Topic 2 initial posting by May 29 and responses to classmates by June

MSN Student Learning Outcome - ESOs Upon completion of this program the student will be able to:	Course Objective - EISLO Upon completion of this program the student will be able to:	Unit Objective(s) Upon completion of the unit the student will be able to:	Learning Activities with Due Dates To successfully complete the student will:
			2.
Evaluate quality improvement and safety initiatives, accountability, and communication to improve patient outcomes. MSN Essential III: Quality Improvement and Safety NONPF: Quality	Employ quality measurement strategies to assess performance and identify gaps between local and best practices utilizing evidence-based practices when appropriate.	Data Collection and Statistical Tools 1. Identify four domains of quality measurements. 2. Discuss the rationale for balancing the cost and value of data collection. 3. Evaluate key objectives to a successful QI project and data collection initiative. 4. Appraise key sources of data for QI projects. 5. Identify 3 fundamental purposes for conducting performance measurement. 6. Evaluate a selected performance measure to determine if it is relevant, reliable, valid, cost-effective, controllable, precisely defined, interpretable, and risk adjusted or stratified. 7. Analyze the benefits of statistical process control in healthcare. 8. Analyze a control chart to identify	Week 3: June 3-9 Reading: <i>The Healthcare Quality Book</i>, Ch. 6-7 IHI – QI106 LEVEL 100 TOOLS (3 hours) <u>Participate in two hour Adobe Connect web-conference session on Weds evening, June 5.</u> • Students will be presenting their QSEN graduate competency learning activity during this session.

MSN Student Learning Outcome - ESOs Upon completion of this program the student will be able to:	Course Objective - EISLO Upon completion of this program the student will be able to:	Unit Objective(s) Upon completion of the unit the student will be able to:	Learning Activities with Due Dates To successfully complete the student will:
		control limits, tests for a special cause, trends, and number of data points. 9. Contrast attributes data and variables data. 10. Discuss the role of comparison chart analysis in healthcare settings. 11. Utilize statistical tools to construct control charts for selected case study	There will also be time for instructor assistance with the statistical analysis aspects of this week's content. Complete APPLICATION ACTIVITIES 3, 4, and 5 by June 9.
Incorporate leadership skills and behaviors to foster best practices, promote professional growth, and positive change in people and systems within health care and education. MSN Essential: Organizational and Systems Leadership NONPF: Leadership	Apply leadership skills and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery at the micro-systems level.	Provider Profiling 1. Discuss the physician/provider's role in improving quality. 2. Discuss the advantages and concerns related to physician/provider profiling. 3. Appraise the impact of value-based purchasing on the healthcare system. 4. Describe the relationship between CQI and physician/provider profiling. The Patient Experience 5. Discuss the role of patient satisfaction and experience-or-care in evaluating quality in healthcare. 6. Evaluate the eight dimensions of patient-centered care in QI.	Week 4: June 10-16 Reading: <i>The Healthcare Quality Book</i> , Ch. 8-9 IHI-PS 100 – INTRODUCTION TO PATIENT SAFETY (1.5 hour) IHI-PS 101 – FUNDAMENTALS OF PATIENT SAFETY (1 hours) Complete APPLICATION ACTIVITIES by June 16.

MSN Student Learning Outcome - ESOs Upon completion of this program the student will be able to:	Course Objective - EISLO Upon completion of this program the student will be able to:	Unit Objective(s) Upon completion of the unit the student will be able to:	Learning Activities with Due Dates To successfully complete the student will:
		7. Identify key regulatory initiatives in measuring patient experiences of care. 8. Evaluate the validity and reliability of patient surveys. 9. Discuss the potential for bias in evaluating patient satisfaction. 10. Identify key strategies for improving the patient experience in healthcare.	Complete Discussion Topic initial posting by June 12 and responses to two classmates by June 16. Complete APPLICATION ACTIVITY by June 16. Complete Discussion Topic 3 initial posting by June 12 and responses to classmates by June 16.

MSN Student Learning Outcome - ESOs Upon completion of this program the student will be able to:	Course Objective - EISLO Upon completion of this program the student will be able to:	Unit Objective(s) Upon completion of the unit the student will be able to:	Learning Activities with Due Dates To successfully complete the student will:
Engage in systematic critical inquiry as a basis for practice decisions for diverse patient populations. MSN Essential IV: Translating and Integrating Scholarship into Practice NONPF: Practice Inquiry	Describe common quality indicators specifically related to nursing and the nursing report card initiatives.	Dashboards & Scorecards 1. Differentiate the application of dashboards and scorecards in healthcare QI. 2. Describe key dimensions of good performance in healthcare. 3. Appraise clinical and operational issues in creating and successfully implementing an organizational scorecard. 4. Utilize comparative data and external benchmarks to evaluate performance in healthcare.	Week 5: June 17-23 Reading: <i>The Healthcare Quality Book</i> , Ch. 10-11 and <i>Why Hospitals Should Fly</i> IHI-PS 102 – HUMAN FACTORS AND SAFETY (1 hour) IHI-PS 105 – COMMUNICATING WITH PATIENTS AFTER ADVERSE EVENTS (1 hour) Complete Discussion Topic 4 initial posting by June 19 and responses to classmates by June 23.
Utilize information systems, technology, and patient data for ethical, clinical	Demonstrate professional and high level communication skills when involved in peer review,	Patient safety & Medical Errors 5. Evaluate the etiology of patient errors. 6. Discuss the impact of errors on	Complete APPLICATION ACTIVITIES by June 23.

MSN Student Learning Outcome - ESOs Upon completion of this program the student will be able to:	Course Objective - EISLO Upon completion of this program the student will be able to:	Unit Objective(s) Upon completion of the unit the student will be able to:	Learning Activities with Due Dates To successfully complete the student will:
decision-making that promotes cost effectiveness and positive health outcomes. MSN Essential V: Informatics and Healthcare Technologies NONPF: Technology and Information Literacy	advocacy for patients and families, reporting of errors, and professional writing	patients, families, clinicians, and the healthcare agency. 7. Relate the role of teamwork in patient safety. 8. Discuss effective strategies for dealing with adverse events. 9. Apply safety practices from other industries in healthcare organizations. 10. Identify key elements of a safety-conscious organizational culture.	

MSN Student Learning Outcome - ESOs Upon completion of this program the student will be able to:	Course Objective - EISLO Upon completion of this program the student will be able to:	Unit Objective(s) Upon completion of the unit the student will be able to:	Learning Activities with Due Dates To successfully complete the student will:
Critique public policy which impacts professional nursing practice and health care delivery. Advocate for policies to improve the health outcomes of populations and the quality of the health care delivery system. MSN Essential VI: Health Policy and Advocacy NONPF: Ethics; Health Policy	Analyze errors and design system improvements using high reliability principles Role model the use of evidence-based practice and root cause analysis/just culture when analyzing possible or actual events.	Information technology & leadership for quality 1. Discuss the impact of complexity, economic pressures, and consumerism on quality patient care. 2. Appraise the role of informatics in problem solving and decision making in healthcare. 3. Evaluate technologies for different types of clinical care management initiatives. 4. Describe the impact of technology on clinical processes, change management, access to care, decision-support, clinical vocabulary, data analysis and reporting, and national level practice improvement. 5. Analyze the return on investment in clinical information systems.	Week 6: June 24-30 <i>The Healthcare Quality Book</i>, Ch. 12-15 IHI-PS 104 – ROOT CAUSE ANALYSIS AND SYSTEMS ANALYSIS (1.3 hours) IHI-PS 106 INTRODUCTION TO THE CULTURE OF PATIENT SAFETY (1 hour) Complete APPLICATION ACTIVITY by June 30. DUE JUNE 30: PATIENT

MSN Student Learning Outcome - ESOs Upon completion of this program the student will be able to:	Course Objective - EISLO Upon completion of this program the student will be able to:	Unit Objective(s) Upon completion of the unit the student will be able to:	Learning Activities with Due Dates To successfully complete the student will:
Develop strategies to improve individual and population health outcomes based on health promotion and disease reduction principles. MSN Essential VIII: Clinical Prevention and Population Health for Improving Health NONPF: Policy, Health Delivery System	Articulate to the healthcare team the process for how nursing and related healthcare quality and safety measures are developed, validated, and endorsed	Building an infrastructure to implement quality as an organizational strategy 6. Discuss leadership strategies for organizational transformation. 7. Identify the role of quality assurance, quality improvement, quality control and total quality management in the Quality Management Cycle. 8. Describe key elements of a quality infrastructure in a healthcare organization. 9. Evaluate the effectiveness of an organizational quality culture. 10. Discuss the impact of competition on healthcare quality improvement. 11. Describe the key steps in implementing quality in healthcare organizations.	SAFETY INITIATIVE PAPER
Utilize problem identification and outcome measurement as a basis for improving nursing practice. MSN Essential IX:	Actively seeks information about quality initiatives recognizing the value of what individuals and healthcare teams can do to improve patient care.	Changing clinician behavior 1. Relate the science of innovation diffusion to changing healthcare clinician behavior. 2. Apply the stages of change to reducing variation in clinical practice. 3. Describe implementation strategies	Week 7: July 1-7 Reading: <i>The Healthcare Quality Book</i>, Ch. 16-18 and <i>The Checklist Manifesto</i>

MSN Student Learning Outcome - ESOs Upon completion of this program the student will be able to:	Course Objective - EISLO Upon completion of this program the student will be able to:	Unit Objective(s) Upon completion of the unit the student will be able to:	Learning Activities with Due Dates To successfully complete the student will:
Master's Level Nursing Practice NONPF: Independent Practice		for changing clinical practice. 4. Discuss the role of checklists in managing complexity in clinical practice. 5. Identify barriers to implementing checklists in healthcare systems. Quality Improvement landscape & Accreditation 6. Describe the drivers behind the national quality agenda. 7. Identify the major developers of measures used in safety and quality improvement. 8. Discuss future trends in quality improvement and patient safety. 9. Evaluate the effectiveness of critical attributes used by accreditation agencies to measure quality and safety performance. 10. Discuss future challenges and changes in accreditation.	IHI-QI 105 – THE HUMAN SIDE OF QUALITY IMPROVEMENT (1.25 hours) IHI-PS 103 – TEAMWORK AND COMMUNICATION (1 hour) Complete Discussion Topic 5 initial posting by July 3 and responses to classmates by July 7.
Employ interprofessional collaborative strategies in the design, coordination, evaluation, and leadership of patient-	Assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the inter-professional team using effective	Purchasing and paying for quality 1. Discuss the relationship of value-based purchasing and competition in healthcare. 2. Describe the steps in the Design for Six Sigma Process. 3. Evaluate the performance	Week 8: July 8-14 (Final) <i>The Healthcare Quality Book</i> , Ch. 19

MSN Student Learning Outcome - ESOs Upon completion of this program the student will be able to:	Course Objective - EISLO Upon completion of this program the student will be able to:	Unit Objective(s) Upon completion of the unit the student will be able to:	Learning Activities with Due Dates To successfully complete the student will:
centered teams. MSN Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes NONPF: Leadership	communication skills.	measures, incentives, and rewards that are critical to quality for healthcare providers. 4. Compare the value-based purchasing model to the existing fee-for-service delivery model in the healthcare system.	IHI – MHO 101 Managing healthcare operations (1.75 hours) DUE July 14: Quality Improvement Project Paper. NOTE: Students may take longer on completion of this final assignment. Final summer grades are due by July 26th, however, the course ends July 14. NOTE: You have now completed all but two IHI courses toward your basic certificate of completion of IHI Open School courses. Take the next step and complete these last two courses for this important credential. • Leadership 101 • Patient- and Family-Centered Care 101 <i>Also check out the population health course, as it's an important</i>

MSN Student Learning Outcome - ESOs Upon completion of this program the student will be able to:	Course Objective - EISLO Upon completion of this program the student will be able to:	Unit Objective(s) Upon completion of the unit the student will be able to:	Learning Activities with Due Dates To successfully complete the student will:
			<i>emerging topic in community health care!</i>

Appendix III-A-7: NURS 575 Capstone Paper Grading Rubric

Student Name _____

Unsatisfactory: Below expected level of performance

Competent: At expected level of performance

Expert: Exceeds expectations at high level of performance

Assignment Requirements	MSN Learning Outcome	Unsatisfactory	Competent	Expert
Chapter 1 Introduction Overview of capstone project Problem that project will address Data that builds the case for your project Process of critical inquiry as a basis for practice decisions	Utilize problem identification and outcome measurement as a basis for improving nursing practice.	47 or below	48-53	54-60
	Engage in systematic critical inquiry as a basis for practice decisions for diverse patient populations.			
Chapter 2 Review of literature – Theoretical/Comprehensive Ethical/legal issues related to this capstone project Social determinants, culture, diversity, values and globalization as it relates to project. Quality improvement and/or patient safety initiatives related to project. How your project relates to improved individual or population health outcomes	Synthesize advanced theoretical, empirical, and ethical knowledge for application to a chosen domain of nursing.	59 or below	60-67	68-75
	Appraise the impact of social determinants, culture, diversity, values, and globalization in the delivery of population health.			
	Evaluate quality improvement and safety initiatives, accountability and communication to improve patient outcomes.			
	Develop strategies to improve individual and population health outcomes based on health promotion and disease reduction principles.			
Chapter 3 Relate literature review to the process of change in project. Leadership skills and behaviors necessary for the successful implementation of the project. Policy (and/or identify potential policy changes) related to project that will improve health outcomes or quality Key information systems or technology related to project to promote cost effectiveness or improve outcomes	Incorporate leadership skills and behaviors to foster best practices, promote professional growth, and positive change in people and systems within health care and education.	59 or below	60-67	68-75
	Apply current evidence-based knowledge to inform and/or initiate change in educational, clinical, and organizational environments			
	Utilize information systems, technology, and patient data for ethical, clinical decision-making that promotes cost effectiveness and positive health care outcomes.			
	Advocate for policies to improve the health outcomes of populations and the quality of the health care delivery system.			
	Critique public policy which impacts professional nursing practice and health care delivery.			

Chapter 4 Key outcomes from your project. How your project served as the culmination of MSN academic growth. Suggestions for further study related to this project or how to build on this project given the opportunity.	Engage in systematic critical inquiry as a basis for practice decisions for diverse patient populations.	47 or below	48-53	54-60
Paper is in correct APA format (cover page, abstract, body, references). 25-30 pages in length, excluding cover page and references.		23 or lower	24-26	27-30
Total points (300 points possible)				

Student Name _____ Date of oral comprehensive exam _____

Committee Chair: _____

Committee Members: _____

MSN Learning Outcome	Unsatisfactory – Below expected level of performance.	Competent – At expected level of performance.	Expert – Exceeds expectations at high level of performance
1. Synthesize advanced theoretical, empirical, and ethical knowledge for application to a chosen domain of nursing.			
2. Engage in systematic critical inquiry as a basis for practice decisions for diverse patient populations.			
3. Employ inter-professional collaborative strategies in the design, coordination, evaluation, and leadership of patient-centered care teams.			
4. Incorporate leadership skills and behaviors to foster best practices, promote professional growth, and positive change in people and systems within health care and education.			
5. Appraise the impact of social determinants, culture, diversity, values, and globalization in the delivery of population health.			
6. Advocate for policies to improve the health outcomes of populations and the quality of the health care delivery system.			
7. Synthesize advanced theoretical, empirical, and ethical knowledge for application to a chosen domain of			

MSN Learning Outcome	Unsatisfactory – Below expected level of performance.	Competent – At expected level of performance.	Expert – Exceeds expectations at high level of performance
nursing.			
8. Apply current evidence-based knowledge to inform and/or initiate change in educational, clinical, and organizational environments			
9. Develop strategies to improve individual and population health outcomes based on health promotion and disease reduction principles.			
10. Contribute to the nursing profession through mentoring, professional service and life-long learning.			
11. Utilize problem identification and outcome measurement as a basis for improving nursing practice.			
12. Demonstrates effective oral communication skills in presentation and during oral defense.			

Comments

(Student Name) _____ demonstrated an overall performance of:

☐ PASS

☐ FAIL

on the capstone presentation and oral comprehensive examination on _____

Date

Committee Chair _____

Committee Member _____

Committee Member _____

Appendix III-A-8: Key Elements of the DNP Capstone Proposal

The Capstone Project Proposal contains the following sections:

Title Page per APA Guidelines (6th Edition)

- Name of the project
- Student name and academic credentials
- Name of the academic institution and the words “in partial fulfillment of the requirements for the Doctor of Nursing Practice”
- Copyright information

Summary of the proposal

- No more than one page in length
- Insert it as the first page behind the title page
- It is a summary of what has been completed to date (It is analogous to the abstract in a research article).

Problem Statement - Describe the specific clinical problem(s) that this Capstone Project addresses

- Statement of the problem / situation / opportunity that precipitated the project
- Purpose / Objectives for the project
- High level description of the project including time frames. Timeline of Project Phases (Include a formal timeline chart in the appendices)
- Significance or policy implications
- Include: Research Questions, Hypotheses, and Null Hypotheses, PICO Question - State the appropriate research questions, research hypotheses, null hypotheses, and PICO problem that will guide the Capstone Project.

Review of the Literature:

- Support the problem statement with the review of appropriate evidenced based literature including search terms
- **Theoretical or Conceptual Framework**
- What framework, model or concept supports what you want to do? This could include a nursing theory or model, but could also be from any other discipline.
- Relate your problem to a conceptual or theoretical framework whose body of knowledge will be enhanced through this project. This is the framework for the discussion.
- Match the concepts included in your research question statements to specific propositions of the conceptual or theoretical framework.

Implementation (methods) and Operational Definitions

- Describe how you plan to accomplish your objectives. Be specific.
- For the proposal this information is written as to how you plan to do your project. When you do your final write-up, you revise this section and it is written as to what you actually did. This usually includes changing the verbs to past tense. You will need to include reasons to why different methods from your proposal were used – if applicable.
- Population and Sample – Describe target population and sample selection. Include Power analysis to determine sample size based upon statistics used and previous effect size.
- Describe instruments (should they be used), technical equipment information, etc here. Should the project involve data collection, details of survey instruments including reliability and validity are required. Copies of instruments should be appended to the initial proposal AND the final written document.
- Describe the operational definitions of the important independent and dependent variables you will address if applicable.
- Include approval of IRB or other authorities having jurisdiction, and evidence of any agency or site support required (with appropriate letter in appendices).

Evaluation Plan of Proposal

- For each objective include details of how you will evaluate it. In other words, how will you know that what you planned to do and how you are going to do it were successful? For the proposal this is written for how you are going to evaluate it. For the final project this is revised and written as to how you actually did the evaluation.
- What method of analysis will be used for each objective?
- Describe ethical considerations including IRB approval if applicable

Key Elements of the Capstone Project Final Report

The final written report includes revision of the elements above to be added to the proposal. In addition, your conclusions, recommendations and results will be described.

Results Section

- To what extent were the objectives achieved?
- For each objective discuss key facilitators if appropriate.
- For each objective describe barriers if appropriate.
- Include a section on unintended consequences (positive or negative)
- Limitations to your project: what prevented you from accomplishing your intended goals? What changes did you make to achieve your goal?
- This is a discussion of the results and not the actual result. For example, if the actual result involves a guideline for practice, the guideline is included in the appendices.

Recommendations Section

- What recommendations are you making after concluding this project? Be specific.
- Should the project be continued? Reduced? Expanded?
- Who needs to be involved if it is to continue?
- If it is to be phased out include timeline for that process.
- How will your project be applied in other settings?

Conclusion – briefly state a conclusion.

References and Appendices (e.g., timeline, tools to be used, or consent forms) - Appendices will include the timeline, tools to be used, demographic data collection forms, consent forms, IRB approvals, statistical analysis plans, and other relevant materials, such as planned educational activities. Appendices should be consistent with APA style guidelines (6th edition).

Rubric for Capstone Project Requirement	Unacceptable	Acceptable	Exceptional
Problem Background information/literature supports problem; Problem/change clearly identified; Scope of project realistic and appropriate	Problem is not clearly articulated. Literature review is disorganized and incomplete; project is not feasible.	The problem statement is acceptable and the project is feasible.	The problem is well chosen and articulated and significant in scope and potential impact.
Framework Need, feasibility and significance are clearly presented; Literature, benchmarks and supporting data provided and appropriate; Framework (theoretical/conceptual/practice) is evident and appropriate	Theoretical framework is inappropriate. Supporting literature is not present.	The literature review section is adequately organized and the methods are sufficient to provide an acceptable level of analysis.	The literature review is thorough, complete, well organized and clearly articulated. The theoretical/ conceptual framework is well thought out and presented.
Objectives Objectives stated in feasible and measurable terms; Evaluation measures linked to objectives	Objectives are not feasible or measurable.	Objectives are feasible and measurable.	Objectives are insightful and clearly linked to evaluation measures.
Action Plan/Methods Appropriate for objectives; Clear rationale for actions/method; Setting and group clearly described; Tools/measures described; Resources/supports and risks/threats and benefits noted	The methodology section is disorganized and the method selected is inappropriate for the project.	The methodology section is adequately organized and the methods are sufficient to provide an acceptable level of support for the project.	The methodology section is well organized. The methods and outcomes evaluation criteria chosen are at the highest level for the project.
Analysis Plans for analysis is well described in detail	Methods of analysis are not explained.	Methods of analysis are appropriate, though other methods may have been planned.	Plans for outcomes criteria are insightful and will provide useful implications for practice.

Rubric for Capstone Project Requirement	Unacceptable	Acceptable	Exceptional
Approvals Informed Consent, if necessary, meets human subject requirements	Informed consent was indicated, but not obtained	Informed consent, if indicated, was submitted or obtained	Informed consent was submitted or obtained from multiple institutions, if applicable.
Quality of Writing APA format	The proposal is poorly written, unorganized and contains grammatical errors.	The quality of writing is acceptable. The proposal is coherent and contains a few punctuation, and grammatical errors.	The quality of writing is above average. As a whole it is well organized, shows logical consistency, and is free of spelling, punctuation and grammatical errors.

Developed May 2013

Appendix III-A-9: MSN Program ESOs, Course Objective(s)/Expected Individual Student Learning Outcome (EISLO), and Learning Activity

MSN Program ESO and <i>Essential</i>	Course Objective(s) – EISLO	Learning Activity – Used to Evaluate Ability of Students to Meet the EISLO
1. Apply current evidence-based knowledge to inform and/or initiate change in educational, clinical, and organizational environments. Essential IV: Translating and Integrating Scholarship into Practice	NURS 504 Health Policy 1. Analyze the utilization of research and evidence-based nursing practice in shaping the health policy agenda. 2. Design a plan to effect a change in health policy affecting an identified population.	Policy Engagement Plan: Prepare a plan for taking action on a selected policy issue. It should include a brief synopsis of the issue, critical analysis of varying perspectives on the selected issue, evidence-based support for your perspective on the issue, and specific strategies for engaging in policy change on this issue.
1. Utilize problem identification and outcome measurement as a basis for improving nursing practice. Essential IX: Master's-Level Nursing Practice	NURS 535 Health Promotion and Disease Prevention 1. Apply concepts, including organization of clinical and public health systems, health economics, genetics and genomics, health information management, interprofessional collaboration, workforce development, and ethical frameworks to advance equitable and efficient prevention services, and promote effective population health policy.	Teaching Project: Identify a “group” within your community or workplace and plan, implement, and evaluate a teaching project on a selected health promotion or disease prevention topic. The teaching project should be evidence-based and reflect application of course discussions.

Appendix III-A-10: DNP Program ESOs, Course Objective(s)/Expected Individual Student Learning Outcome (EISLO), and Learning Activity

DNP Program ESO with Corresponding AACN <i>Essential</i> (2006)	Course Objective(s) – EISLO with Corresponding NONPF <i>Competencies</i> (2012)	Learning Activity – Used to Evaluate Ability of Students to Meet the EISLO
Integrate advanced knowledge of nursing theories, methods of inquiry, humanities, and sciences in the delivery of care to individuals, families, and communities. Essential I: Scientific Underpinnings for Practice	NURS 600 FNP Issues Examine theoretical and evidenced based clinical knowledge and learning experiences for role development of the advanced practice nurse. NONPF: Scientific Foundation; Leadership; Practice Inquiry; Independent Practice	Personal Plan for Leadership Development: Complete a leadership inventory. Using the information learned describe the ideal environment that would facilitate your leadership style as a DNP. Incorporate the concept of empowerment and identify a mentor who will assist you in developing a mentorship plan. Your “Mission Statement” and “Vision Statement” will be incorporated within the paper.
Critique complex primary care clinical situations and health care systems to promote optimal outcomes through evidence-based practice. Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care	NURS 601/610 Primary Care of Children/Adolescents Apply concepts in health promotion, anticipatory guidance, interdisciplinary collaboration and client advocacy in the care of children and adolescents. NONPF: Scientific Foundation; Quality; Practice Inquiry; Policy; Health Delivery System; Ethics; Independent Practice	Scholarly Paper: Cultural Competency and Cultural Sensitivity: Read Fadiman, A. (1997). <i>The spirit catches you and you fall down</i>. New York: Farrar, Straus & Giroux. Reflect on your own experiences and share your thoughts and feelings. Use stories from your own life and clinical experience. At the conclusion of your reflections, offer a summary as you relate the book to this course.

Appendix III-B-1: MSN - Congruency among the Course Description, EISLOs, ESOs, and Professional Standards/Competencies (AACN, NONPF)

Course Description	EISLOs, ESOs, and Professional Standards
NURS 500 Theoretical Foundations: Focuses on the <i>critical components of contemporary nursing knowledge</i>, including concepts, statements, metaparadigms, philosophies, conceptual models, and theories. Evaluates the variety of ways to <i>organize nursing knowledge and explore the implications of their application</i>. Through the clinical application of the course content, students <i>examine the use of theory and nursing knowledge in professional environments</i>.	1. Articulate knowledge of the historical evolution, philosophical tenets, and science development in nursing. ▪ ESO: Synthesize advanced theoretical, empirical, and ethical knowledge for application to a chosen domain of nursing. ▪ Essential I: Background for Practice from Sciences and Humanities ▪ NONPF Competency: Scientific Foundation 2. Examine the relationship of nursing theories and those of related disciplines. ▪ ESO: Synthesize advanced theoretical, empirical, and ethical knowledge for application to a chosen domain of nursing. ▪ Essential I: Background for Practice from Sciences and Humanities ▪ NONPF Competency: Scientific Foundation 3. Apply strategies for the analysis and classification of concepts relevant to professional nursing. ▪ ESO – Engage in systematic critical inquiry as a basis for practice decisions for diverse patient populations. ▪ ESO: Apply current evidence based knowledge to inform and/or initiate change in educational, clinical, and organizational environments. ▪ Essential IV: Translating and Integrating Scholarship into Practice ▪ NONPF Competencies: Scientific Foundation; Ethics; Quality; Practice Inquiry 4. Assess processes used in promoting conceptual knowledge in nursing. ▪ ESO: Contribute to the nursing profession through mentoring, professional service, and life-long learning. ▪ ESO: Utilize problem identification and outcome measurement as a basis for improving nursing practice. ▪ Essential VIII: Clinical Prevention and Population Health for Improving Health ▪ Essential IX: Master's Level Nursing Practice ▪ NONPF Competency: Independent Practice 5. Critique nursing theory based on parsimony and applicability using an evaluation framework. ▪ ESO: Engage in systematic critical inquiry as a basis for practice decisions for diverse patient populations. ▪ ESO: Employ interprofessional collaborative strategies in the

Course Description	EISLOs, ESOs, and Professional Standards
	design, coordination, evaluation, and leadership of patient-centered care teams. ▪ ESO: Develop strategies to improve individual and population health outcomes based on health promotion and disease reduction. Essential IV: Translating and Integrating Scholarship into Practice Essential VIII: Clinical Prevention and Population Health for Improving Health NONPF Competencies: Scientific Foundation; Ethics; Leadership; Policy; Health Delivery Systems 6. Analyze the congruence of concepts and theoretical statements in selected nursing models. ▪ ESO: Engage in systematic critical inquiry as a basis for practice decisions for diverse patient populations. ▪ ESO: Apply current evidence based knowledge to inform and/or initiate change in educational, clinical, and organizational environments. ▪ Essential IV: Translating and Integrating Scholarship into Practice ▪ NONPF Competencies: Quality; Practice Inquiry 7. Evaluate the use of nursing theories as a base for professional nursing practice, education, and evidence-based research. ▪ ESO: Evaluate quality improvement and safety initiatives, accountability, and communication to improve patient outcomes. ▪ Essential V: Informatics and Healthcare Technology ▪ NONPF Competencies: Leadership; Practice Inquiry; Quality; Independent Practice 8. Explore resources that promote a relationship between nursing science and professional practice. ▪ ESO: Evaluate quality improvement and safety initiatives, accountability, and communication to improve patient outcomes. ▪ ESO: Utilize information systems, technology, and patient data for ethical, clinical decision-making that promotes cost effectiveness and positive health care outcomes. ▪ ESO: Critique public policy which impacts professional nursing practice and health care delivery. ▪ Essential III: Quality Improvement and Safety ▪ Essential V: Informatics and Healthcare Technologies ▪ Essential VI: Health Policy and Advocacy ▪ NONPF Competencies: Quality; Technology and Information Literacy; Health Policy and Advocacy 9. Implement strategies for theory development within the discipline

Course Description	EISLOs, ESOs, and Professional Standards
	of nursing. ▪ ESO: Incorporate leadership skills and behaviors to foster best practices, promote professional growth, and positive change in people and systems within health care and education. ▪ ESO: Employ interprofessional collaborative strategies in the design, coordination, evaluation, and leadership of patient-centered care teams. ▪ Essential II: Organizational and Systems Leadership ▪ Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes ▪ NONPF Competency: Leadership

Appendix III-B-2: DNP - Congruency among the Course Description, EISLOs, ESOs, and Professional Standards/Competencies (AACN, NONPF)

Course Description	EISLOs, ESOs, and Professional Standards
NURS 650: FNP Preceptorship This clinical practicum focuses in-depth on the <i>student's practice in the role of an FNP</i> in the patient care setting with a selected population(s). This practicum experience is designed to <i>integrate and synthesize preceding clinical and didactic course knowledge and skills, development of clinical management, leadership and interdisciplinary collaborative practice skills</i> at an advanced competency level. The student will <i>practice the role of an advanced practice nurse</i> with an approved preceptor/mentor.	- Demonstrate advanced assessment skills of data collection via interview, patient chart review, and physical examination. ESO: Employ advanced nursing practice to facilitate the delivery of quality, cost-effective primary care for families across the lifespan. Essential VIII: Advanced Nursing Practice NONPF Competency: Independent Practice - Communicate data collected from the patient's history and physical exam in an organized oral presentation to their preceptor, and complete written documentation in the patient's health record using the problem oriented medical record format. ESO: Integrate advanced knowledge of nursing theories, methods of inquiry, humanities, and sciences in the delivery of care to individuals, families, and communities. Essential I: Scientific Underpinnings for practice NONPF Competency: Scientific Foundation - Apply clinical reasoning skills to the data collected in order to formulate an assessment statement(s), a list of the most likely differential diagnoses, and a comprehensive problem list that includes current, and past medical problems, as well as potential health problems. ESO: Critique complex primary care clinical situations and health care systems to promote optimal outcomes through evidence-based practice. Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care NONPF Competency: Practice Inquiry - Develop a comprehensive plan of care for the data collected including the appropriate diagnostic tools, therapeutic interventions, and patient education information for the problem(s) encountered for each patient at each patient encounter. ESO: Design evidence-based, ethical, safe, and cost effective strategies that use technology to improve health care outcomes for individuals and/or populations. Essential V: Health Care Policy for Advocacy in Health Care NONPF Competency: Quality - Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and

Course Description	EISLOs, ESOs, and Professional Standards
	other professionals to facilitate optimal care and patient outcomes. ▪ ESO: Incorporate leadership skills and behaviors to foster best practices, promote professional growth, and positive change in people and systems with health care and education. ▪ Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking ▪ NONPF Competency: Leadership 6. Demonstrate skills of collaboration, time management, and cost effective strategies in the primary care setting. ▪ ESO: Facilitate intra- and interprofessional collaboration to address health disparities and to improve health-care quality across diverse populations. ▪ Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes ▪ NONPF Competency: Leadership 7. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes with selected populations. ▪ ESO: Employ advanced nursing practice to facilitate the delivery of quality, cost-effective primary care for families across the lifespan. ▪ Essential VIII: Advanced Nursing Practice ▪ NONPF Competency: Independent Practice 8. Integrate health maintenance and health promotion concepts into plan of care for each patient encountered. ▪ ESO: Design evidence-based, ethical, safe, and cost effective strategies that use technology to improve health care outcomes for individuals and/or populations. ▪ Essential V: Health Care Policy for Advocacy in Health Care ▪ NONPF Competency: Quality 9. Educate and guide individuals and groups through complex health and situational transitions. ▪ ESO: Advocate for social justice, equity, and ethical policies in health care.. ▪ Essential V: Health Care Policy for Advocacy in Health care ▪ NONPF Competency: Ethics; Health Policy 10. Assume the role of an advanced practice nurse in interactions with peers, staff, patients, and families.

Course Description	EISLOs, ESOs, and Professional Standards
	▪ ESO: Employ advanced nursing practice to facilitate the delivery of quality, cost-effective primary care for families across the lifespan. ▪ Essential VIII: Advanced Nursing Practice ▪ NONPF Competency: Independent Practice

Appendix III-B-3: MSN Course Descriptions, AACN's Essentials, and NONPF's Competencies

NURS 500 Theoretical Foundations: Focuses on the critical components of contemporary nursing knowledge, including concepts, statements, metaparadigms, philosophies, conceptual models, and theories. Evaluates the variety of ways to organize nursing knowledge and explore the implications of their application. Through the clinical application of the course content, students examine the use of theory and nursing knowledge in professional environments.

AACN MSN Essentials: Background for Practice from Sciences and Humanities; Organizational and Systems Leadership; Translating and Integrating Scholarship into Practice

NONPF Competencies: Scientific Foundation; Leadership; Technology and Information Literacy; Ethics

NURS 501 Nursing Research: This course provides an introduction to advanced research concepts and methodologies. It will explore the application of research to evidence-based practice as well a broader scope of application to a variety of nursing research projects. Application of statistical concepts in data analysis and use of PASW computerized data analysis will assist the student to evaluate research findings and application to nursing practice.

AACN MSN Essentials: Background for Practice from Sciences and Humanities; Translating and Integrating Scholarship into Practice; Informatics and Healthcare Technologies

NONPF Competencies: Scientific Foundation; Quality; Practice Inquiry; Technology and Information Literacy; Ethics

NURS 502 Health Information Systems: Provides an exploration of the use of information systems in health care and nursing practice. Current trends and issues in using, designing, and implementing health care information systems will be examined. Healthcare information management, decision support and knowledge management applications will be examined in the context of challenges facing healthcare organizations today. Legal and ethical issues will be explored as related to the protection of the privacy, confidentiality, and security of information in health care environments. Utility of a wide array of personal health information management and social networking tools in communicating health-related information will be explored.

AACN MSN Essentials: Background for Practice from Sciences and Humanities; Organizational and Systems Leadership; Translating and Integrating Scholarship into Practice; Informatics and Healthcare Technologies; Health Policy and Advocacy; Clinical Prevention and Population Health for Improving Health

NONPF Competencies: Scientific Foundation; Leadership; Quality; Practice Inquiry; Technology and Information Literacy; Policy; Health Delivery System; Ethics

NURS 503 Organizational Leadership: Utilizes leadership and management theory and application to develop skills for the understanding and implementation of change. Components of the course include leadership theory and models, change theory and models, project management and systems theory, financial management, organizational culture, and continuous process improvement.

AACN MSN Essentials: Background for Practice from Sciences and Humanities; Organizational and Systems Leadership; Translating and Integrating Scholarship into Practice; Informatics and Healthcare Technologies; Health Policy and Advocacy; Clinical Prevention and Population Health for Improving Health

NONPF Competencies: Scientific Foundation; Leadership; Quality; Practice Inquiry; Technology and Information Literacy; Policy; Health Delivery System; Ethics

NURS 504 Health Policy: Prepares students to analyze policy issues, enhance their political knowledge and skills, and prepare for leadership roles in health policy-making. Cultivates understanding of political and economic forces related to nursing and health care delivery. Develops skills in influencing policy decisions related to health care, strategic partnerships, lobbying, the use of media, and working with communities for change in today's health care environment.

AACN MSN Essentials: Background for Practice from Sciences and Humanities; Organizational and Systems Leadership; Translating and Integrating Scholarship into Practice; Informatics and Healthcare Technologies; Health Policy and Advocacy; Clinical Prevention and Population Health for Improving Health

NONPF Competencies: Scientific Foundation; Leadership; Quality; Practice Inquiry; Technology and Information Literacy; Policy; Health Delivery System; Ethics

NURS 505 Quality Assessment and Improvement in Health Care Settings: Review of outcomes-based quality assessment and improvement methods. Focus will be on the techniques of measuring quality of care, customer satisfaction, and safety; implementing quality management programs; and creating a culture that supports adherence to best practices and standards.

AACN MSN Essentials: Background for Practice from Sciences and Humanities; Organizational and Systems Leadership; Translating and Integrating Scholarship into Practice; Informatics and Healthcare Technologies; Health Policy and Advocacy; Clinical Prevention and Population Health for Improving Health

NONPF Competencies: Scientific Foundation; Leadership; Quality; Practice Inquiry; Technology and Information Literacy; Policy; Health Delivery System; Ethics

NURS 525 Pathophysiologic Concepts: Advanced selected concepts in of pathophysiological processes and disease/disorder management. Course content is structured for the advance practice nurse, including evidenced based practice in assessment, disease management, diagnostic testing and treatment of selected body systems and disease processes across the lifespan.

AACN MSN Essentials: Background for Practice from Sciences and Humanities; Translating and Integrating Scholarship into Practice; Clinical Prevention and Population Health for Improving Health

NONPF Competencies: Scientific Foundation; Practice Inquiry; Policy; Health Delivery System; Ethics

NURS 526 Pharmacology for Advance Nurse Practitioners: Highlights the major drug classifications and the nursing management required for drug therapy. Core drug knowledge (pharmacotherapeutics, pharmacokinetics, pharmacodynamics, contraindications and precautions, adverse effects, and drug interactions) are presented. Patient variables (health status, lifespan and gender, lifestyle, diet, and habits, environment, and culture) and their use in accurate patient assessment in drug therapy are also presented. Emphasis is given to the importance of nursing management in drug therapy (maximizing therapeutic effect, minimizing adverse effects, and patient and family education). Course content provides the foundation of basic pharmacology necessary for advanced prescriptive authority in the State of Colorado.

AACN MSN *Essentials*: Background for Practice from Sciences and Humanities; Quality Improvement and Safety; Translating and Integrating Scholarship into Practice; Health Policy and Advocacy; Clinical Prevention and Population Health for Improving Health

NONPF *Competencies*: Scientific Foundation; Practice Inquiry; Policy; Health Delivery System; Ethics

NURS 527 Advanced Health Assessment: Prepares the advance practice nurse to conduct focused and comprehensive health assessments of clients across the lifespan. Includes diverse populations, biological, psychological, sociological, spiritual, and cultural aspects. Process of diagnostic reasoning is emphasized as the primary means of collecting and analyzing data obtained from the patient history, physical examination, and diagnostic procedures.

AACN MSN *Essentials*: Background for Practice from Sciences and Humanities; Translating and Integrating Scholarship into Practice; Clinical Prevention and Population Health for Improving Health

NONPF *Competencies*: Scientific Foundation; Practice Inquiry; Policy; Health Delivery System; Ethics

NURS 530 Chronic Illness Management: Provides a framework for competency in chronic illness and disease which now accounts for a large percentage of the nation's health care costs. Introduction to the prevalence of chronic disease and its impact on the individual, family, community, and society is explored. Explores nursing's role in prevention and intervention of specific medical diseases, and psychosocial aspects of chronic illness and disability.

AACN MSN *Essentials*: Background for Practice from Sciences and Humanities; Quality Improvement and Safety; Translating and Integrating Scholarship into Practice; Health Policy and Advocacy; Clinical Prevention and Population Health for Improving Health

NONPF *Competencies*: Scientific Foundation; Quality; Practice Inquiry; Policy; Health Delivery System; Ethics

NURS 535 Health Promotion and Disease Prevention: Concentrates on the theories and principles involved in the planning and implementation of nursing interventions appropriate for health promotion and disease prevention with diverse populations across the life span. Focus is on wellness in children, adults and elderly emphasizing family-centered care that incorporates screening, teaching, and health counseling with a strong health promotion focus across settings. Health Promotion and disease prevention strategies to reduce health disparities with an emphasis on national health goals will be addressed.

AACN MSN *Essentials*: Background for Practice from Sciences and Humanities; Quality Improvement and Safety; Translating and Integrating Scholarship into Practice; Informatics and Healthcare Technologies; Health Policy and Advocacy; Clinical Prevention and Population Health for Improving Health

NONPF *Competencies*: Scientific Foundation; Quality; Practice Inquiry; Technology and Information Literacy; Policy; Health Delivery System; Ethics

NURS 540 Teaching Strategies: Theories, principles, and application of evidenced-based teaching strategies that promote proficiency in teaching and learning. Learning environment development that supports nursing student success across a variety of settings from clinical to classroom. Integration of didactic learning with an educational practicum.

AACN MSN *Essentials*: Background for Practice from Sciences and Humanities; Organizational and Systems Leadership; Translating and Integrating Scholarship into Practice; Informatics and Health Care Technologies; Interprofessional Collaboration for Improving patient and Population Health Outcomes

NONPF *Competencies*: Scientific Foundation; Leadership; Practice Inquiry; Ethics

NURS 545 Curricular Design/Evaluation: Emphasizes functional approaches to the design of curriculum and educational programs in nursing. Philosophical foundations of nursing education and curriculum development. Models for curriculum design and development of educational programs or courses within the context of organizational mission and philosophy, philosophical or theoretical frameworks, and desired learning outcomes and competencies.

AACN MSN *Essentials*: Background for Practice from Sciences and Humanities; Organizational and Systems Leadership; Translating and Integrating Scholarship into Practice; Informatics and Health Care Technologies; Interprofessional Collaboration for Improving patient and Population Health Outcomes

NONPF *Competencies*: Scientific Foundation; Leadership; Practice Inquiry; Ethics

NURS 575 Capstone Project: Development of capstone project demonstrating synthesis of the student's graduate work and lays the groundwork for future scholarship. Capstone project should reflect the student's clinical practice setting with a selected population group. Project will culminate in a formal paper and presentation of project in an academic setting.

AACN MSN *Essentials*: Background for Practice from Sciences and Humanities; Organizational and Systems Leadership; Quality Improvement and Safety; Translating and Integrating Scholarship into Practice; Informatics and Health Care Technologies; Health Policy and Advocacy; Interprofessional Collaboration for Improving patient and Population Health Outcomes; Clinical Prevention and Population Health for Improving Health; Master's-Level Nursing Practice

NONPF *Competencies*: Scientific Foundation; Leadership; Quality; Practice Inquiry; Technology and Information Literacy; Policy; Health Delivery System; Ethics; Independent Practice

NURS 580 Thesis: Development of thesis demonstrating synthesis of the student's graduate work and lays the groundwork for future scholarship. Topic chosen for thesis should reflect the student's nursing practice setting with a selected population group. Thesis project involves original research and will culminate in dissemination of findings in a formal paper to be submitted for publication. Note: This course will be deleted Fall 2013.

Appendix III-B-4: DNP Course Descriptions, AACN's *Essentials*, and NONPF's *Competencies*

NURS 600 Family Nurse Practitioner Issues: This course covers the roles and responsibilities of the nurse practitioner in augmenting client health and health services. Students examine the history of nurse practitioners, client relations and legal and ethical considerations. Aspiring nurse practitioners learn about interdisciplinary teams, health policy formation, and political strategies. Professional involvement and practice, leadership, collaboration, and teamwork in variety of settings are examined.

AACN DNP *Essentials*: Scientific Underpinnings; Organizational and Systems Leadership for Quality Improvement and Systems Thinking; Health Care Policy for Advocacy in Health Care; Interprofessional Collaboration for Improving Patient and Population Health Outcomes; Advanced Nursing Practice

NONPF *Competencies*: Scientific Foundation; Leadership; Quality; Policy; Health Delivery System; Ethics; Independent Practice

NURS 601 Primary Care of the Child/Adolescent: Focuses on primary care of the child and adolescent, beginning with the newborn. Content addresses growth, nutrition, well client care and guidance, assessment, diagnosis and management of acute and chronic conditions in this client population. Culture and ethnic considerations, child development, family, environment theories and concepts will be integrated throughout the didactic and clinical components of the course.

AACN DNP *Essentials*: Scientific Underpinnings; Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care; Health Care Policy for Advocacy in Health Care; Interprofessional Collaboration for Improving Patient and Population Health Outcomes; Clinical Prevention and Population Health for Improving the Nation's Health; Advanced Nursing Practice

NONPF *Competencies*: Scientific Foundation; Quality; Practice Inquiry; Policy; Health Delivery System; Ethics; Independent Practice

NURS 602 Primary Care of the Adult: Focuses on the principles and issues relevant to Advance Practice Nursing in Primary Care. Emphasis will be placed on health care management of adult patient with stable chronic and/or multiple complex problems utilizing clinical relevant research and guidelines. Develops knowledge to provide primary health care, including wellness counseling of healthy adults, management of acute and chronic conditions of adults, referral of conditions requiring management by other health professionals, and community implications related to the health of adults. Examines evidenced-based trends and issues in the health of adults and explores the topic of health promotion research.

AACN DNP *Essentials*: Scientific Underpinnings; Clinical Scholarship and Analytical Methods for Evidence-Based Practice; Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care; Health Care Policy for Advocacy in Health Care; Interprofessional Collaboration for Improving Patient and Population Health Outcomes; Clinical Prevention and Population Health for Improving the Nation's Health; Advanced Nursing Practice

NONPF *Competencies*: Scientific Foundation; Quality; Practice Inquiry; Policy; Health Delivery System; Ethics; Independent Practice

NURS 603 Primary Care of the Elderly: Focuses on the primary care of older adults with complex geriatric conditions and issues impacting care across a variety of settings. Prepares the advance practice nurse to meet the medical, bio- psycho-social and functional needs for the aging person with acute and chronic illness through appropriate assessment, diagnostic, and management activities.

AACN DNP Essentials: Scientific Underpinnings; Clinical Scholarship and Analytical Methods for Evidence-Based Practice; Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care; Health Care Policy for Advocacy in Health Care; Interprofessional Collaboration for Improving Patient and Population Health Outcomes; Clinical Prevention and Population Health for Improving the Nation's Health; Advanced Nursing Practice

NONPF Competencies: Scientific Foundation; Quality; Practice Inquiry; Policy; Health Delivery System; Ethics; Independent Practice

NURS 610 Clinical Practicum – Child and Adolescent: Application of theoretical concepts of primary care in care of children and adolescents . Integration of health assessment, pathophysiology, pharmacology, health promotion and disease prevention, chronic and acute illness management in clinical practice as an advance practice nurse.

AACN DNP Essentials: Scientific Underpinnings; Clinical Scholarship and Analytical Methods for Evidence-Based Practice; Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care; Health Care Policy for Advocacy in Health Care; Interprofessional Collaboration for Improving Patient and Population Health Outcomes; Clinical Prevention and Population Health for Improving the Nation's Health; Advanced Nursing Practice

NONPF Competencies: Scientific Foundation; Quality; Practice Inquiry; Policy; Health Delivery System; Ethics; Independent Practice

NURS 620 Clinical Practicum – Adult: Application of theoretical concepts of primary care in care of adults. Integration of health assessment, pathophysiology, pharmacology, health promotion and disease prevention, chronic and acute illness management in clinical practice as an advance practice nurse.

AACN DNP Essentials: Scientific Underpinnings; Clinical Scholarship and Analytical Methods for Evidence-Based Practice; Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care; Health Care Policy for Advocacy in Health Care; Interprofessional Collaboration for Improving Patient and Population Health Outcomes; Clinical Prevention and Population Health for Improving the Nation's Health; Advanced Nursing Practice

NONPF Competencies: Scientific Foundation; Quality; Practice Inquiry; Policy; Health Delivery System; Ethics; Independent Practice

NURS 625 Statistics for Health Sciences: Provides students with the basic knowledge and skills to effectively use biostatistics in different research design and data analysis, and to understand articles in related professional journals. Topics include choosing correct statistical methods and study designs in nursing research and practice; descriptive statistics; probability and probability distributions; estimation and hypothesis testing; simple linear regression; introduction to analysis of variance; and an introduction to the use of statistical software packages.

AACN DNP Essentials: Scientific Underpinnings; Organizational and Systems Leadership for Quality Improvement and Systems Thinking; Clinical Scholarship and Analytical Methods for

Evidence-Based Practice; Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

NONPF Competencies: Scientific Foundation; Quality; Technology and Information Literacy; Health Delivery System

NURS 626 Epidemiology: Explores epidemiological concepts and biostatistics as applied to public health problems and advanced clinical nursing practice. Emphasis is placed on the principles and methods of epidemiologic investigation, appropriate summaries and displays of data, and the use of classical statistical approaches to measuring the health of the population. Explores understanding the causes of poor health and reducing health disparities, translating evidence into practice, and evaluating the impact of policies and programs. Topics include the dynamic behavior of disease; usage of rates, ratios and proportions; various epidemiologic study designs for investigating associations between risk factors and disease outcomes, criteria for causal inferences, and legal and ethical issues. Application of epidemiology in the areas of health services, screening, genetics, and environment policy are presented.

AACN DNP Essentials: Scientific Underpinnings; Clinical Scholarship and Analytical Methods for Evidence-Based Practice; Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

NONPF Competencies: Scientific Foundation; Quality; Technology and Information Literacy; Health Delivery System

NURS 630 Clinical Practicum – Elderly: Application of theoretical concepts of primary care in care of elderly. Integration of health assessment, pathophysiology, pharmacology, health promotion and disease prevention, chronic and acute illness management in clinical practice as an advance practice nurse.

AACN DNP Essentials: Scientific Underpinnings; Clinical Scholarship and Analytical Methods for Evidence-Based Practice; Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care; Health Care Policy for Advocacy in Health Care; Interprofessional Collaboration for Improving Patient and Population Health Outcomes; Clinical Prevention and Population Health for Improving the Nation's Health; Advanced Nursing Practice

NONPF Competencies: Scientific Foundation; Quality; Practice Inquiry; Policy; Health Delivery System; Ethics; Independent Practice

NURS 640 Clinical Practicum – Rural Health Care: Application of theoretical concepts of primary care in care of rural population groups. Integration of health assessment, pathophysiology, pharmacology, health promotion and disease prevention, and chronic and acute illness management in clinical practice as an advance practice nurse. Explores unique aspects of advance practice nursing role in rural health care.

AACN DNP Essentials: Scientific Underpinnings; Clinical Scholarship and Analytical Methods for Evidence-Based Practice; Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care; Health Care Policy for Advocacy in Health Care; Interprofessional Collaboration for Improving Patient and Population Health Outcomes; Clinical Prevention and Population Health for Improving the Nation's Health; Advanced Nursing Practice

NONPF Competencies: Scientific Foundation; Quality; Practice Inquiry; Policy; Health Delivery System; Ethics; Independent Practice

NURS: 650 Family Nurse Practitioner Preceptorship: This clinical practicum focuses in-depth on the student's practice in the role of an FNP in the client care setting with a selected population(s). This practicum experience is designed to integrate and synthesize preceding clinical and didactic course knowledge and skills, development of clinical management, leadership and interdisciplinary collaborative practice skills at an advanced competency level. The student will practice the role of an advance practice nurse with an approved preceptor/mentor.

AACN DNP Essentials: Scientific Underpinnings; Clinical Scholarship and Analytical Methods for Evidence-Based Practice; Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care; Health Care Policy for Advocacy in Health Care; Interprofessional Collaboration for Improving Patient and Population Health Outcomes; Clinical Prevention and Population Health for Improving the Nation's Health; Advanced Nursing Practice

NONPF Competencies: Scientific Foundation; Leadership; Quality; Practice Inquiry; Policy; Health Delivery System; Ethics; Independent Practice

NURS 660 Transition into Advance Nurse Practice: Focuses on concepts of scope of practice, professional growth, role development, theory guided and evidenced based practice for the advance practice nurse. Professional involvement and practice, leadership, teamwork, collaboration, legal, ethical, reimbursement, and role acquisition issues for advance practice nurses.

AACN DNP Essentials: Scientific Underpinnings; Organizational and Systems Leadership for Quality Improvement and Systems Thinking; Clinical Scholarship and Analytical Methods for Evidence-Based Practice; Health Care Policy for Advocacy in Health Care; Interprofessional Collaboration for Improving Patient and Population Health Outcomes; Clinical Prevention and Population Health for Improving the Nation's Health; Advanced Nursing Practice

NONPF Competencies: Scientific Foundation; Leadership; Quality; Practice Inquiry; Policy; Health Delivery System; Ethics; Independent Practice

NURS 700 Evidence-Based Practice: Prepares the graduate-level registered nurse to discover, examine, and evaluate knowledge, theories, and creative approaches to health care. Students will develop skills needed to: a) identify research questions in practice; b) critically evaluate existing practice in the light of research findings; and c) develop strategies to incorporate research findings into the clinical setting.

AACN DNP Essentials: Scientific Underpinnings; Organizational and Systems Leadership for Quality Improvement and Systems Thinking; Clinical Scholarship and Analytical Methods for Evidence-Based Practice; Health Care Policy for Advocacy in Health Care; Clinical Prevention and Population Health for Improving the Nation's Health; Advanced Nursing Practice

NONPF Competencies: Scientific Foundation; Leadership; Quality; Practice Inquiry; Technology and Information Literacy; Policy; Health Delivery System; Ethics; Independent Practice

NURS 750 Capstone: Application of Evidence Based Practice I: Focuses on initial development of scholarly project proposal that demonstrates synthesis of the student's doctoral work and lays the groundwork for future scholarship. Emphasis for the project is on use of evidence to improve either

practice or patient outcomes. Scholarly project reflects the student's clinical immersion in a practice setting with a selected population group.

AACN DNP Essentials: Scientific Underpinnings; Organizational and Systems Leadership for Quality Improvement and Systems Thinking; Clinical Scholarship and Analytical Methods for Evidence-Based Practice; Health Care Policy for Advocacy in Health Care; Clinical Prevention and Population Health for Improving the Nation's Health; Advanced Nursing Practice

NONPF Competencies: Scientific Foundation; Leadership; Quality; Practice Inquiry; Technology and Information Literacy; Policy; Health Delivery System; Ethics; Independent Practice

NURS 760 Capstone: Application of Evidence Based Practice II: Culmination of scholarly project includes translation of research into practice and the dissemination and integration of new knowledge into clinical practice as an advance practice nurse. Evidence is generated through a practice setting to guide improvements in practice and outcomes of care.

AACN DNP Essentials: Scientific Underpinnings; Organizational and Systems Leadership for Quality Improvement and Systems Thinking; Clinical Scholarship and Analytical Methods for Evidence-Based Practice; Health Care Policy for Advocacy in Health Care; Clinical Prevention and Population Health for Improving the Nation's Health; Advanced Nursing Practice

NONPF Competencies: Scientific Foundation; Leadership; Quality; Practice Inquiry; Technology and Information Literacy; Policy; Health Delivery System; Ethics; Independent Practice

Appendix III-D-1: Discussion Question Grading Rubric			
Poor 0 Points	Below Average 1-2 points	Good 3 points	Excellent 4 points
The response: Does not provide any clear answers to the identified question Is unclear and lacking in organization Is incomplete and limited in analysis Is not based on course content or class discussion Does not meet the 250 word requirement Contains numerous grammar and spelling errors	The response: Answers the identified question but is ambiguous and incomplete Lacks organization Presents interesting ideas but they are loosely linked to course content or class discussions Offers little content that invites ongoing class discussion Does not include scholarly references beyond course readings Is approximately 250 words in length Contains several grammar and spelling errors Meets criteria for 3-4 points but is posted late	The response: Answers the identified question making reasoned arguments from course content Uses personal experiences related to course content Compares and contrasts ideas (from assigned readings and additional sources of scholarly information) Is persuasive but strays a bit off the topic Is concise and organized; assesses value of theories in real world situations Builds on postings of others but is presented in a manner that leaves limited opportunity for discussion or expansion by fellow learners Includes content from course readings, additional scholarly articles, or class	The response: Includes content that is insightful, well-developed, and organized in response to the identified question Is clearly and logically presented; compares and contrasts ideas; predicts or draws conclusions Offers a depth of understanding yet is open and encouraging of others to reflect on what has been written. Poses questions that will encourage further dialogue Presents and expands on ideas that are clearly supported by knowledge gained through reading or class discussions; refers to published evidence-based research (primarily beyond the assigned readings) Includes content from course readings, additional scholarly articles, or class discussions (does not use Web sites)

Developed Sept. 2011		discussions (does not use Web sites) Provides additional resources (supplemental to assigned readings) to support comments Is approximately 250 words in length Is free of spelling or grammatical errors	Provides additional resources (supplemental to assigned readings) to support comments Is approximately 250 words in length [I do not count words but please strive to remain clear and concise] Contains no spelling or grammatical errors
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Appendix III-D-2: Participation Rubric [used to assign weekly points/grades]

	Undeveloped 0 points	Below Average 1 point	Average 2 points	Good 3 points	Excellent 4 points
Amount of Participation	Posts minimal comments	Posts minimal comments	Posts a number of comments	Posts a variety of meaningful comments	Posts a number of comments to peers – each is thoughtful and invites ongoing dialog
Quality of Participation	Comments: remain personal in nature digress from the topic being discussed offer limited substance (simply state agreement or disagreement without explanation) are irrelevant to course content contain numerous grammar and/or spelling errors that impede the quality of the	Comments: restate information (from the text or discussions) demonstrate limited comprehension of major ideas (i.e. list, describe, label) do not build upon or advance the ongoing discussion Incorporate marginal use of critical thought contain both grammar and spelling errors that limit the overall	Comments: incorporate course content with real world experiences stimulate thoughtful discussion with critical thinking provide rationale for application of course content into real world examples summarizes ideas previously presented incorporate assigned readings into response contain several grammar and/or spelling errors that impact quality and value of response	Comments: reflect on readings and discussions as related to professional environment provide specific feedback that invites critical ongoing discussion incorporate ideas or themes in a manner that encourages further exploration support ideas with scholarly references that are in addition to assigned readings contain a few grammar and/or spelling errors that do not limit quality of the	Comments: evaluate and discriminate between opinions and facts related to topic assimilate reasoned arguments based on course content extend previous statements to generate innovative discussions evaluate significance of incorporating theoretical content into real world situations supports ideas with scholarly references that are in addition to assigned readings use correct grammar and spelling contain at least 250 words [I don't really

	response do not meet word requirement	effectiveness of the response contain at least 250 words	contain at least 250 words	response contain at least 250 words	count words but please remember to be concise]
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Note: Point reductions can be taken for failure to follow threading; using disrespectful tone; including “borrowed” content without including an appropriate citation; incorrect spelling and/or grammar. *Developed September 2011*

Appendix III-F-1: Report of Student Performance

Student Name: _____ **Course:** _____

1. **REPORT OF STUDENT PERFORMANCE (RSP):** If a student shows a pattern of unsatisfactory/inappropriate behaviors relating to clinical practice or failing to meet clinical objectives, the faculty will initiate an RSP with the student. The RSP will serve as a learning contract between the student and the faculty.
 - a. The RSP will include the behavior (s) which led to the performance report, goals, expected outcomes, strategies and/or interventions to achieve the goals.
 - b. The student and the faculty will specify a date when they will meet to evaluate the effectiveness of the RSP.
 - c. A 3% overall grade reduction will be applied in the course the RSP was initiated. Inability to meet the terms of the contract will result in a course grade of "F".
 - d. A student who fails a course as a result of performance in the clinical area may be given an RSP even though one was not completed earlier in the term.
2. Faculty members reserve the right to have a student immediately removed from a clinical unit based upon unsafe student performance. This can result in a course grade of "F".

☐ Written Warning ☐ Verbal Warning ☐ On-going review ☐ Program Termination

EVENT: Description, Date/ Time (add additional pages if necessary):

RECOMMENDATIONS FOR REMEDIATION (add additional pages if necessary):	
☐ Apology ☐ Write paper	Details:

☐ Review Article/DVD ☐ Lab/Simulation ☐ Time Management Plan ☐ Dress Code ☐ Communication ☐ Professional behavior ☐ Other	
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Your signature indicates you have read and understand this document.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

STUDENT OUTCOME (add additional pages if necessary):	DATE:

IS THERE A NEED FOR ONGOING REVIEW?

☐ No, Student has attained expected level of performance following remediation

☐ Yes, Date of next review: _____

Additional dates of review: _____, _____, _____, _____

(Document all reviews in Student Outcomes Box)

Date: _____ **Initials:** _____

Final Copies:

Original should be completed, signed and placed in student file.

Copies to Program Director, faculty completing form, and student.

Appendix III-G-1: Evaluation of Selected Curriculum and Teaching-Learning Practices MSN

MSN ESOs	Data Collection Tool and Scoring Method	Benchmark	Curricular Revision/Program Improvement
Synthesize advanced theoretical, empirical, and ethical knowledge for application to a chosen domain of nursing.	Direct - NURS 575/580: Capstone/Thesis Defense – grading rubric (Spring) - Education (NURS 540 – Teaching Strategies, 545 – Curriculum Design/Evaluation) and Advance Nursing Practice (NURS 530 – Chronic Illness, 535 – Health Promotion and Disease Prevention) Cognate Courses – Final exam or paper – grading rubric (Spring) Indirect - GPA (ongoing)	- Students will meet score of 90% or higher on grading rubric - Students will meet score of 90% or higher on evaluation rubric for scholarly paper or course final exam 100% of students will maintain a 3.0 or higher GPA in the program.	Potential revision of curricular content/structure; teaching learning practices; textbooks/learning materials; admission criteria
Engage in systematic critical inquiry as a basis for practice decisions for diverse patient populations.	Direct NURS 501 – Nursing Research: Final scholarly paper – grading rubric Indirect Employer Survey – satisfaction score	- Students will meet score of 90% or higher on evaluation rubric 90% of employers will choose strongly agree/agree on embedded questions	Potential revision of admissions criteria; explore further opportunities for interdisciplinary learning; review of clinical placements for appropriate learning experiences; revision of teaching/learning

		on employer survey	methodologies
Utilize information systems, technology, and patient data for ethical, clinical decision-making that promotes cost effectiveness and positive health care outcomes.	Direct NURS 502: Health Information Systems – course paper or examination Indirect Student Exit Survey	- Students will score of 90% or higher on evaluation rubric for scholarly paper or examination 90% of students will choose strongly agree/agree on embedded questions on student exit survey	Explore further opportunities for engagement with regional policy initiatives; curriculum revision; revision of teaching methodologies; review of textbook/learning materials selection; faculty development.

Appendix III-G-2: Evaluation of Selected Curriculum and Teaching-Learning Practices DNP

MSN ESOs	Data Collection Tool and Scoring Method	Benchmark	Curricular Revision/ Program Improvement
Appraise organizational and system leadership principles in the analysis, delivery, and management of nursing care for safe practice environments.	Direct - Final paper in NURS 610 - Child/Adolescent Practicum, 620 – Adult Practicum, 630 -Elderly Practicum, 640 – Rural Practicum – Evaluation Rubric (Fall/Spring) - FNP Certification Examination (Spring)	- Students will meet score of 90% or higher on evaluation rubric 90% of students will successfully pass the certification exam on first attempt.	Review of textbook/learning materials selection; review of clinical placements for appropriate learning experiences; curriculum revision; revision of teaching methodologies; preceptor training
	Indirect Preceptorship Evaluation – NURS 650 FNP Preceptorship - Evaluation Rubric (Spring)	Students will meet score of 90% or higher on evaluation rubric.	
Design practice environments that support quality improvement, a culture of safety, accountability and communication to improve patient outcomes in diverse	Direct Final exam/paper in NURS 600 – FNP Issues and NURS 660 – Transition to ANP – embedded assessment score or evaluation rubric (Fall/Spring)	Students will meet score of 90% or higher on evaluation rubric or exam.	Faculty development; curriculum revision; revision of teaching methodologies; review of textbook/learning materials selection.
	Indirect Employer Survey – satisfaction score (Spring – 1 and 3 years)	90% of employers will choose strongly	

settings.

agree/agree on
embedded questions
on employer survey.

- Critique complex primary care clinical situations and health care systems to promote optimal outcomes through evidence-based practice.

Direct

- Final exam/paper in NURS 700 – Evidence-Based Practice (Fall/Spring)

Indirect

- Student Exit Survey (Spring)

- Students will meet score of 90% or higher on evaluation rubric or exam.

- 90% of students will choose strongly agree/agree on satisfaction questions on student exit survey.

Review of admission criteria; faculty development; curriculum revision; revision of teaching/learning methodologies; review of textbook/learning materials selection.

Assessment Plan for Evaluation of Program ESOs (*indicates assessment common to CMU Graduate Program

Common Matrix – Appendix I-B-II)

Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
Direct: Capstone Defense in NURS 575; 750/760*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	Course specific formative evaluation NURS 500 – 100% of students have successfully completed a final paper. NURS 535 – 93% of students met benchmark on final paper. One non-degree seeking student did not finish course or final paper and did not continue in program. NURS 530 - 100% of students have successfully completed a final paper. NURS 540 - 100% of students have successfully completed a final paper. NURS 545 - 100% of students have successfully completed a final paper. NURS 600 – 100% of students have successfully completed a final
Direct: MSN: NURS 500 Final Paper* Education Cognate (NURS 540, 545) and Advanced Nursing Practice Cognate (NURS 530, 535) Course Final Paper	Final exam grade or evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric or cognate course final exam and/or paper.	Spring/Fall (Faculty)	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
	Final Paper*				paper.
	Indirect: GPA	Minimum score requirement	100% of students will maintain a 3.0 or higher cumulative GPA in the program.	Spring/Fall (Program Director)	GPA: 85% of students have maintained cumulative GPA at 3.0 or higher during each semester of the program. Faculty to modify admission processes and/or curriculum as deemed appropriate. NOTE: NURS 575 Capstone being offered for first time in fall, 2013. Curriculum Revision: Revision of teaching methodologies; Review of textbook/learning materials selection; deletion of thesis option. Review of admission criteria – essay expectations revised to promote evaluation of scholarly preparation for graduate studies. Schedule Pharmacology and Pathophysiology in separate semesters.

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
					Advise students (for financial aid purposes) that full-time enrollment has been revised from 9-credit hours to 6-credit hours – effective fall 2013. Advise graduate students to balance work-life and academic life carefully.
MSN: Incorporate leadership skills and behaviors to foster best practices, promote professional growth, and positive change in people and systems within health care and education. DNP: Appraise organizational and system	Direct: Capstone Defense in NURS 575; 750/760*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	Course specific formative evaluation NURS 503 – 100% of students have successfully completed a final paper. NURS 600 – 100% of students have successfully completed a final paper. NOTE: MSN Capstone being offered for first time in fall, 2013. Student exit survey, placement of graduates, and employer surveys will be conducted after graduation
	Direct: Written comprehensive paper and capstone oral examination (NURS 575; 750/760)*	Embedded assessment score on case study	Students will meet score of 90% or higher on paper and exam.	Spring/Fall (Faculty)	
	Direct:	Final exam grade or evaluation	Students will meet score of 90% or higher on	Spring/Fall (Faculty)	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
leadership principles in the analysis, delivery, and management of nursing care for safe practice environments.	MSN: Final Course Papers in NURS 503* DNP: Final Course Papers in NURS 600; 650; 660*	rubric developed by nursing faculty teaching in graduate program	evaluation rubric.		of initial cohort and ongoing after that. Curriculum Revision: Review of clinical placements for appropriate learning experiences. Develop guidelines for assessing clinical sites.
	Indirect: Student exit survey*	Satisfaction score	90% of students will choose strongly agree/agree on satisfaction questions on student exit survey.	Spring (Program Director)	
	Placement of graduates	Quantification of successful placement of graduates in nursing education or leadership	80% of graduates will be placed in nursing education or leadership positions within 6- months of graduation.	Spring (Program Director)	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
		positions			
	Employer surveys*	Satisfaction score	90% of employers will choose strongly agree/agree on embedded questions on survey.	Spring/Fall (Faculty)	
MSN: Evaluate quality improvement and safety initiatives, accountability and communication to improve patient outcomes. DNP: Design practice environments that support quality improvement, a	Direct: Capstone Defense in NURS 575; 750/760*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	Course specific formative evaluation NURS 505: 90% of students met benchmark on QI project final paper. 100% of students met benchmark on application activities. One additional student took an incomplete in the course. NOTE: Capstone being offered for first time in fall, 2013. Employer surveys will be conducted 6-months after graduation of initial cohort and ongoing after that. CMU Graduate policy revision –
	Direct: Written comprehensive paper and capstone oral examination*	Minimum score	Students will meet score of 90% or higher on exam.	Spring/Fall (Faculty)	
	Direct: MSN: Course paper and	Embedded assessment score	Students will meet score of 90% or higher on exam.	Spring/Fall (Faculty)	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
culture of safety, accountability, and communication to improve patient outcomes in diverse settings.	application activities in NURS 505*				clarification of incomplete requirements/process.
	DNP: Course paper and application activities in NURS 650, 660, 700*				
	Indirect: Employer surveys*	Satisfaction score	90% of employers will choose strongly agree/agree on embedded questions on survey.	Spring (1 year and 3 years) (Program Director)	
MSN: Engage in systematic critical inquiry as a basis for practice decisions for diverse patient populations.	Direct: Written comprehensive paper and capstone oral examination*	Minimum score	Students will meet score of 90% or higher on exam.	Spring/Fall (Faculty)	Course specific formative evaluation NURS 501 - 100% of students have successfully completed a final paper. NURS 525 - 100% of students have successfully completed course examinations. One student withdrew
	Direct: Capstone Defense in NURS 575;	Evaluation rubric developed	Students will meet score of 90% or higher on	Spring/Fall (Faculty)	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
DNP: Critique complex primary care clinical situations and health care systems to promote optimal outcomes through evidence-based practice.	750/760*	by nursing faculty teaching in graduate program	evaluation rubric.		prior to mid-term.
	Direct: MSN: Course paper in NURS 501. Final course exams in 525, 526, 527* DNP: Final course exams in 601, 602, 603, 626, 640*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	NURS 526 - 73% of students have successfully completed course examinations. Faculty reviewed course content and teaching-learning processes. They are appropriate for graduate curriculums and necessary for course content. Advise students that this is a challenging course. NURS 527 - 89% of students have successfully completed course examinations. Two students received Incompletes – program director to contact these individuals to determine their plans for completion of the course. NURS 601 - 100% of students have successfully completed course examinations.
	Indirect: Employer survey*	Satisfaction score	90% of employers will choose strongly agree/agree on embedded questions on student exit	Spring (1 year and 3 years) (Program Director)	Curricular Revisions: Explore further opportunities for interdisciplinary learning.

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
			survey.		Offer NURS 526 Fall 2013 and Spring 2014 so students may take lighter course load – then evaluate if this schedule should be continued.
	Indirect: Manuscript preparation*	Number prepared/ submitted/ accepted for publication	25% of students will submit manuscripts for publication.	Spring/Fall (Faculty)	
MSN: Apply current evidence-based knowledge to inform and/or initiate change in educational, clinical, and organizational environments. DNP: Design evidence-based, ethical, safe, and cost-effective strategies that use technology to	Direct: Written Comprehensive Exam*	Minimum score or grade	Students will meet score of 90% or higher on exam.	Spring/Fall (Faculty)	Course specific formative evaluation NURS 503 - 100% of students have successfully completed a final paper. NURS 505 – 90% of students have successfully completed course examinations. NURS 600 - 100% of students have successfully completed a final paper and course examinations. Curricular Revisions: Explore further opportunities for engagement
	Direct: Capstone Defense in NURS 575; 750/760*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	
	Direct: MSN: NURS 503, 505 final paper*	Minimum score or evaluation rubric developed by nursing	Students will meet score of 90% or higher on exam.	Spring/Fall (Faculty)	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
improve health care outcomes for individuals and/or populations.	DNP: NURS 600, 650, 660 course examinations and/or final paper*	faculty teaching in graduate program			with regional quality initiatives.
	Indirect: Clinical Practicum Evaluation*	Evaluation rubric developed by nursing faculty teaching in graduate program and external reviewer	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	
	Employer survey*	Satisfaction score	90% of employers will choose strongly agree/agree on embedded questions in survey.	Spring (1 year and 3 years) (Program Director)	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
MSN: Utilize information systems, technology, and patient data for ethical, clinical decision-making that promotes cost effectiveness and positive health care outcomes. DNP: Evaluate current and emerging health technologies to improve care delivery and organizational systems.	Direct: Capstone Defense in NURS 575; 750/760*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	Course specific formative evaluation NURS 502 – 100% of students successfully completed a final paper. NURS 610 – 100% of students successfully completed a final assignment. Curricular Revision: Explore further opportunities for engagement with regional policy initiatives
	Direct: Course papers/exams in NURS 502*	Embedded assessment score	Students will meet score of 90% or higher on exam.	Spring/Fall (Faculty)	
	Direct: MSN: Clinical Practicum Evaluation in NURS 575* DNP: Clinical Practicum Evaluation in NURS 610, 620,	Evaluation rubric developed by nursing faculty teaching in graduate program and external reviewer	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
	630, 640, 650*				
	Indirect: Student exit survey*	Satisfaction score	90% of students will choose strongly agree/agree on embedded questions on student exit survey.	Spring (Program Director)	
	Employer survey*	Satisfaction score	90% of employers will choose strongly agree/agree on embedded questions in survey.	Spring (1 year and 3 years) (Program Director)	
MSN: Critique public policy which impacts professional nursing practice and health care	Direct: Written comprehensive paper and capstone oral examination*	Embedded assessment score on case study	Students will meet score of 90% or higher on exam.	Spring/Fall (Faculty)	Course specific formative evaluation NURS 504: F11: 100% of students met benchmark on policy analysis paper.

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
delivery. DNP: Advocate for social justice, equity, and ethical policies in health care.	Direct: Capstone Defense in NURS 575; 750/760*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	F12: 50% of students met benchmark on policy analysis paper. One additional student took an incomplete in course due to premature delivery of infant – removal of ‘I’ will be completed fall 2013. Instructor will add “examples” of final paper to class shell and increase examples of policy analysis process in content presentations. Curricular Revision: Provide more examples of policy analysis for students to review prior to assignment. Revise teaching materials to include more specific instructions on assignment.
	Direct: MSN: Policy analysis final paper in NURS 504* DNP: final paper in NURS 660*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	
	Indirect: Employer survey*	Satisfaction score	90% of employers will choose strongly agree/agree on embedded questions in survey.	Spring (1 year and 3 years) (Program Director)	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
MSN: Advocate for policies to improve the health outcomes of populations and the quality of the health care delivery system. DNP: Initiate changes in health care systems through the design and implementation of health policies that strengthen the health care delivery system.	Direct: MSN: Course assignments in NURS 504 – Policy engagement plan, Lobbying engagement plan, Opinion editorial* DNP: Course assignments in 660*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	Course specific formative evaluation NURS 504 – Policy engagement plan, Lobbying engagement plan, Opinion editorial – 100% of students successfully completed plan and editorial. NURS 535 – F11: 93% of students met benchmark on identified SLO in final paper in NURS 535. One non-degree seeking student did not finish NURS 535 or final paper and did not continue in program F12: 100% of students met benchmark on final papers. Curriculum Revision: Review of textbook/learning materials selection;
	Direct: Capstone Defense in NURS 575; 750/760*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
	Indirect: Employer survey*	Satisfaction score	90% of employers will choose strongly agree/agree on embedded questions in survey.	Spring (1 year and 3 years) (Program Director)	Review of clinical placements for appropriate learning experiences; Review of admission criteria.
	Student exit survey*	Satisfaction score	90% of students will choose strongly agree/agree on embedded questions on student exit survey.	Spring (Program Director)	
MSN: Employ inter-professional collaborative strategies in the design, coordination, evaluation, and leadership of patient-centered care teams.	Direct: Clinical Practicum Evaluation in NURS 575*	Evaluation rubric developed by nursing faculty teaching in graduate program and external reviewer	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	Course specific formative evaluation - Group Projects evaluation NURS 502 - 100% met benchmark in NURS 502 ethical case study assignment. NURS 502 - 100% met benchmark in with ethical case study.

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
DNP: Facilitate intra- and inter-professional collaboration to address health disparities and to improve health care quality across diverse populations and cultures.	Direct: Capstone Defense in NURS 575; 750/760*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	NURS 504 - 100% met benchmark with policy engagement plan. NURS 505 – 100% met benchmark with QSEN initiative. Curricular Revision: Explore further opportunities for interdisciplinary learning
	Indirect: Employer survey*	Satisfaction score	90% of employers will choose strongly agree/agree on embedded questions in survey.	Spring (1 year and 3 years) (Program Director)	
	Direct: MSN: Group Projects evaluation NURS 502: Ethical case study NURS 504: Policy	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
	engagement plan NURS 505: QSEN Initiative presentation* DNP: course assignment and final course paper 650, 660*				
MSN: Appraise the impact of social determinants, culture, diversity, values, and globalization in the delivery of population health. DNP: Initiate changes in health care systems through the design and implementation of health policies	Direct: Capstone Defense in NURS 575; 750/760*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	Course specific formative evaluation Education Cognate NURS 540 – 100% of students successfully completed a final paper. NURS 545 – 100% of students successfully completed a final paper. Advanced Nursing Practice Cognate
	Direct: Written comprehensive paper and capstone oral examination*	Minimum score	Students will meet score of 90% or higher on exam.	Spring/Fall (Faculty)	
	Direct: MSN:	Final exam grade or evaluation rubric	Students will meet score of 90% or higher on evaluation rubric	Spring/Fall (Faculty)	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
that strengthen the health care delivery system.	NURS 527 specific assignment Education Cognate (NURS 540, 545) and Advanced Nursing Practice Cognate (NURS 530, 535) Course Final Paper* DNP: NURS 625, 626 specific assignment*	developed by nursing faculty teaching in graduate program	or cognate course final exam.		NURS 530 – 100% of students successfully completed a final paper. NURS 535 F11: 93% of students met benchmark on final paper. One non-degree seeking student did not finish course or final paper and did not continue in program. F12: 100% of students met benchmark on final papers. NURS 527 – 100% of students met benchmark on final paper.
	Indirect: Student exit survey*	Satisfaction score	90% of students will choose strongly agree/agree on satisfaction questions on student exit survey.	Spring (Program Director)	NURS 610 – 100% of students met benchmark on assignment. NURS 625 – 3 students successfully completed the course and received an A; 1 student received an F. Faculty allowed her to register for courses Fall 2013; she will need to repeat NURS 625 and achieve a
	Direct:	Evaluation rubric	Students will meet score of	Spring/Fall	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
	MSN: Clinical Practicum evaluation in NURS 575* DNP: NURS 610, 620, 630, 640 specific practicum assignments*	developed by nursing faculty teaching in graduate program and external reviewer	90% or higher on evaluation rubric.	(Faculty)	passing grade Spring 2014. Curriculum Revision: Explore further opportunities for learning focused on cultural diversity and globalization.
MSN: Develop strategies to improve individual and population health outcomes based on health promotion and disease reduction principles. DNP: Initiate changes in health care systems through the design and	Direct: Capstone Defense in NURS 575; 750/760*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	Course specific formative evaluation NURS 525 – 20 students have completed the course to date (16 As; 4 Bs) – feedback remains positive; faculty believe course is promoting program outcomes. NURS 526 – 11 students have completed the course to date (8 Bs; 2 Cs, 1 I). Students find this to be a challenging course. Faculty have reviewed the syllabus and teaching-learning practices and view both as appropriate for graduate nursing
	Direct: Written comprehensive paper and capstone oral examination*	Minimum score	Students will meet score of 90% or higher on exam.	Spring/Fall (Faculty)	
	Direct:	Final exam grade or	Students will meet score of	Spring/Fall	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
implementation of health policies that strengthen the health care delivery system.	MSN: NURS 525, 526, 527, 530, 535 specific assignments* DNP: NURS 610, 620, 630, 640 specific assignments*	evaluation rubric developed by nursing faculty teaching in graduate program	90% or higher on evaluation rubric or cognate course final exam.	(Faculty)	education. Will continue to monitor. NURS 527 – 17 students have completed the course to date (9 As; 8 Bs). Two students have an incomplete – one is asking to continue in the program and will remove the I as quickly as possible; the other student has not enrolled in any subsequent courses. Program Director will contact this student to determine if she will be continuing with course work. NURS 530 – 100% of students have successfully completed the course. NURS 535 F11: 93% of students met benchmark on identified SLO in final paper in NURS 535. One non-degree seeking student did not finish NURS 535 or final paper and did not continue in program. F12: 100% of students met benchmark on assignment. NURS 610: 100% of students
	Indirect: Student exit survey*	Satisfaction score	90% of students will choose strongly agree/agree on satisfaction questions on student exit survey.	Spring (Program Director)	
	Direct: MSN: Clinical Practicum evaluation in NURS 575*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring (Faculty)	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
	DNP: Clinical Practicum evaluation in NURS 610, 620, 630, 640, 650, 750/760*	and external reviewer			successfully completed the clinical practicum. Curriculum Revision: Complete development of the Capstone Handbooks.
MSN: Contribute to the nursing profession through mentoring, professional service and life-long learning. DNP: Employ advanced nursing practice to facilitate the delivery of quality, cost-effective primary care for families across the lifespan.	Direct: Capstone Defense in NURS 575; 750/760*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	NURS 610: 100% of students successfully completed the clinical practicum. Curriculum Revision: Explore further opportunities for service learning and mentoring.
	Indirect: Student exit survey*	Satisfaction score	90% of students will choose strongly agree/agree on satisfaction questions on student exit survey.	Spring (Program Director)	
	Direct: MSN: Clinical	Evaluation rubric	Students will meet score of	Spring/Fall (Faculty)	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
	Practicum evaluation in NURS 575* DNP: Clinical Practicum evaluation in NURS 610, 620, 630, 640, 650, 750/760*	developed by nursing faculty teaching in graduate program and external reviewer	90% or higher on evaluation rubric.		
1. Utilize problem identification and outcome measurement as a basis for improving nursing practice.	Direct: Capstone Defense in NURS 575; 750/760*	Evaluation rubric developed by nursing faculty teaching in graduate program	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	Course specific formative evaluation NURS 502 – 98% met benchmark (one student has incomplete and will be completing course work Fall 2013). NURS 505 – 90% met benchmark. NURS 545 – 100% met benchmark Curriculum revision: Remain in touch with students who are not progressing through the courses. Evaluate reasons for non-progression – are they personal
	Direct: Written comprehensive paper and capstone oral examination*	Minimum score	Students will meet score of 90% or higher on exam.	Spring/Fall (Faculty)	
	Direct:	Final exam grade or evaluation	Students will meet score of 90% or higher on	Spring/Fall (Faculty)	

ESO	Assessment Data Collection/Tools	Scoring Method	Benchmark	Measurement Cycle (Responsibility)	Results/Use of Feedback
	Core and Cognate Course Final Exam/Paper MSN: NURS 502, 505, 545 Final Paper.	rubric developed by nursing faculty teaching in graduate program	evaluation rubric or cognate course final exam.		issues or related to curriculum. Ensure that students understand the process for removing an Incomplete from their transcript.
	Direct: MSN: Clinical Practicum evaluation in NURS 575* DNP: Clinical Practicum evaluation in NURS 610, 620, 630, 640*	Evaluation rubric developed by nursing faculty teaching in graduate program and external reviewer	Students will meet score of 90% or higher on evaluation rubric.	Spring/Fall (Faculty)	

Developed April 2013

Appendix IV-A-2: Formal Data Collection Processes

Data	Processes	Time Frame
Current Students – combined approaches are used to facilitate participation and provision of meaningful feedback.	• Course/Faculty Evaluation • Clinical Preceptor Evaluation • Clinical Facility Evaluation • ESOs and EISLOs Assessment Processes	Courses/faculty are evaluated at the conclusion of each semester (MSN and DNP) Clinical preceptors and facilities are evaluated each semester a practicum is offered (MSN and DNP capstones and DNP practicum courses) ESOs and EISLOs are evaluated by specific assignments and rubrics within each course, during the capstone defense, and oral examination
Graduating Students • MSN Graduation Rate is defined as the percent of students who complete the program within four years • DNP Graduation Rate is defined as the percent of students who complete the program within six	• MSN and DNP Exit Interview and Satisfaction Survey • MSN and DNP Graduation Rates • Institutional surveys of graduating students	Exit interview/surveys and graduation rates are evaluated at the conclusion of each semester that students exit either program. CMU institutional surveys are completed as part of the petition to graduate process.

years		
FNP Certification Exam Pass Rates	First time writers of FNP certification exams (DNP)	Annual evaluation based on documentation of certification exam pass rates.
Graduate Employment Rate Graduate Accomplishments	Alumni survey	Alumni survey regarding employment in advanced practice, leadership, or educational roles completed annually. Alumni survey completed 6 months, 1 and 3 years after graduation.
Alumni Satisfaction	Alumni survey	Alumni survey completed 6 months, 1 and 3 years after graduation.
Employer Satisfaction	- Employer survey - Graduate Advisory Board	Annually

Appendix IV-A-3: Standardized Campus-Wide Evaluation Form

CRN: 46799
Time: -

Course: NURS 500, 001
Term: Spring 2012

Instructor:

# Evaluations	3
Census Enroll	4
Response Rate	75.00%

Required Section

1. The course assignments are clear.

	N	%
Strongly Agree	2	66.67%
Agree	1	33.33%
Neither Agree nor Disagree	0	0.00%
Disagree	0	0.00%
Strongly Disagree	0	0.00%
Not Observed	0	0.00%
Median		5.00
Mean		4.67

2. The grading policies/procedures/criteria for this course are clear.

	N	%
Strongly Agree	2	66.67%
Agree	1	33.33%
Neither Agree nor Disagree	0	0.00%
Disagree	0	0.00%
Strongly Disagree	0	0.00%
Not Observed	0	0.00%
Median		5.00
Mean		4.67

3. The teaching methods/techniques used by the professor are effective.

	N	%
Strongly Agree	2	66.67%
Agree	1	33.33%
Neither Agree nor Disagree	0	0.00%
Disagree	0	0.00%
Strongly Disagree	0	0.00%
Not Observed	0	0.00%
Median		5.00
Mean		4.67

4. The exams and assignments of the course are consistent with the course content.

	N	%
Strongly Agree	2	66.67%
Agree	1	33.33%
Neither Agree nor Disagree	0	0.00%
Disagree	0	0.00%
Strongly Disagree	0	0.00%
Not Observed	0	0.00%
Median		5.00
Mean		4.67

5. The course is appropriately challenging.

	N	%
Strongly Agree	2	66.67%
Agree	1	33.33%
Neither Agree nor Disagree	0	0.00%
Disagree	0	0.00%
Strongly Disagree	0	0.00%
Not Observed	0	0.00%
Median		5.00
Mean		4.67

6. The course syllabus accurately reflects the learning outcomes.

	N	%
Strongly Agree	2	66.67%
Agree	1	33.33%
Neither Agree nor Disagree	0	0.00%
Disagree	0	0.00%
Strongly Disagree	0	0.00%
Not Observed	0	0.00%
Median		5.00
Mean		4.67

7. The instructor is well prepared for class.

	N	%
Strongly Agree	2	66.67%
Agree	1	33.33%
Neither Agree nor Disagree	0	0.00%
Disagree	0	0.00%
Strongly Disagree	0	0.00%
Not Observed	0	0.00%
Median		5.00
Mean		4.67

8. The instructor responds to student questions at an appropriate level.

	N	%
Strongly Agree	2	66.67%
Agree	1	33.33%
Neither Agree nor Disagree	0	0.00%
Disagree	0	0.00%
Strongly Disagree	0	0.00%
Not Observed	0	0.00%
Median		5.00
Mean		4.67

9. The instructor uses a variety of teaching methods.

	N	%
Strongly Agree	2	66.67%
Agree	1	33.33%
Neither Agree nor Disagree	0	0.00%
Disagree	0	0.00%
Strongly Disagree	0	0.00%
Not Observed	0	0.00%
Median		5.00
Mean		4.67

10. The instructor explains how material in the course is useful or relevant.

	N	%
Strongly Agree	2	66.67%
Agree	1	33.33%
Neither Agree nor Disagree	0	0.00%
Disagree	0	0.00%
Strongly Disagree	0	0.00%
Not Observed	0	0.00%
Median		5.00
Mean		4.67

11. The instructor is accessible to students during office hours or by appointment.

	N	%
Strongly Agree	2	66.67%
Agree	1	33.33%
Neither Agree nor Disagree	0	0.00%
Disagree	0	0.00%
Strongly Disagree	0	0.00%
Not Observed	0	0.00%
Median		5.00
Mean		4.67

12. The instructor promotes respect and civility for all students.

	N	%
Strongly Agree	3	100.00%
Agree	0	0.00%
Neither Agree nor Disagree	0	0.00%
Disagree	0	0.00%
Strongly Disagree	0	0.00%
Not Observed	0	0.00%
Median		5.00
Mean		5.00

CRN: 46799 Course: NURS 500 Instructor: Cynthia Thomas

What were the most effective aspects of this course?

- Discussions with other students
- I knew what was due and when
- The ability to do my school work on my own timw schedule. I was able to work school into my schedule.

What changes would you recommend for this course?

- None
- Possibly a face to face class meeting once or twice during the semester.
- None I can currently think of at this moment.

Please provide additional ideas about how Colorado Mesa University can better assist you in your online course.

- none
- none
- Better available tech support and easier navigation through the site.

Other Comments:

- none
- none
- none.

Appendix IV-B-1: Progression and Graduation Rates

Program	Number of Students	Progressing (completing at least 1 course per term)	Not Actively Completing Coursework
Admitted Non-Degree Seeking MSN Students	17	0	17
Admitted MSN Students	18	15	3
Admitted DNP Students	13	10	3

At this point we recognize that:

1. A majority of the admitted MSN students are progressing and can complete degree requirements within the four-year stipulation.
2. A majority of the admitted DNP students are progressing and can complete degree requirements within the six-year stipulation.
3. It is apparent that students admitted as non-degree seeking are not actively completing coursework. Upon review of the data and through dialogs with these students faculty determined that:
 - Five of these students indicated they would continue with course work if it led to certification as a Nurse Educator. Faculty will evaluate the possibility of offering (at a later date) this program.
 - Eight of these students were new graduates indicating a desire to eventually become a FNP. They are working full-time and have decided to wait with completing their course work. They are aware of the four-year stipulation and know that course work may have to be repeated.

Appendix IV-D-1: MSN Course Evaluation Data

% of students selecting agree or strongly agree. Benchmark goal is 85%.	Spring 2012	Summer 2012	Fall 2012	Spring 2013
The course assignments are clear.	88%	90%	100%	85%
The grading policies/procedures/ criteria for this course are clear.	84%	90%	100%	96%
The teaching methods/techniques used by the professor are effective.	92%	70%	100%	85%
Exams and assignments in this course are consistent with the course content.	96%	70%	100%	96%
The course is appropriately challenging.	92%	90%	100%	91%
The course syllabus accurately reflects the learning outcome.	92%	100%	100%	96%
The instructor is well-prepared for the class .	88%	90%	100%	89%
The instructor responds to the students questions at an appropriate level.	92%	90%	97%	83%
The instructor uses a variety of teaching methods.	96%	80%	97%	85%
The instructor explains how the material is useful or relevant.	88%	90%	93%	89%
The professor is accessible by email or telephone during the stated office hours or by appointment.	92%	90%	93%	89%
The instructor promotes respect and civility for all students.	96%	90%	100%	96%

Appendix IV-D-2: DNP Course Evaluation Data

% of students selecting agree or strongly agree. Benchmark goal is 85%.	Spring 2013
The course assignments are clear.	100%
The grading policies/procedures/ criteria for this course are clear.	100%
The teaching methods/techniques used by the professor are effective.	75%
Exams and assignments in this course are consistent with the course content.	100%
The course is appropriately challenging.	87.5%
The course syllabus accurately reflects the learning outcome.	100%
The instructor is well-prepared for the class	87.5%
The instructor responds to the students questions at an appropriate level.	87.5%
The instructor uses a variety of teaching methods.	75%
The instructor explains how the material is useful or relevant.	87.5%
The professor is accessible by email or telephone during the stated office hours or by appointment.	87.5%
The instructor promotes respect and civility for all students.	100%