



**DEPARTMENT OF HEALTH SCIENCES
GRAND JUNCTION, CO**

**MASTERS OF SCIENCE IN NURSING (MSN) AND
DOCTOR OF NURSING PRACTICE (DNP)**

SELF-STUDY REPORT

PREPARED BY: THE GRADUATE NURSING FACULTY
SUBMITTED TO: COMMISSION ON COLLEGIATE NURSING EDUCATION
AUGUST 2018

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Abbreviations

The following program specific abbreviations are used in this report:

ASG	Associated Student Government
APN	Advanced Practice Nurse
BOT	Board of Trustees
CEC	Clinical Education Center
CET	Clinical Evaluation Tool
CMU	Colorado Mesa University
CO	Colorado
CPS	Course Progression Sheet
CSBON	Colorado State Board of Nursing
CPPM	Curriculum Policies and Procedures Manual
D2L	Desire to Learn (the LMS used at CMU)
DH	Department Head
DHS	Department of Health Sciences
EFO	Expected Faculty Outcome
EISLO	Expected Individual Student Learning Outcome (also termed course objective)
ESO	Expected Student Outcome
GAB	Graduate Advisory Board
GCC GJ	Graduate Curriculum Committee Grand Junction, Colorado
GNP	Graduate Nursing Program
GPSS	Graduate Program Student Skills
NURS	Nursing (as in, course number prefix)
PC	Program Coordinator
SEP	Systematic Evaluation Plan
TPC	Tenure and Promotion Committee

Websites and Associated Links*

* The websites and the associated links within the Self-Study Report are listed in each Standard and are also provided here for ease of access.

Introduction

- Colorado Commission on Higher Education: Master Plan (<https://highered.colorado.gov/publications/CDHE-Master-Plan-2017.pdf>)
- 2020 Strategic Plan (<https://www.coloradomesa.edu/president/documents/StrategicPlan01-2016.pdf>)
- HLC Assurance Review 2017 (<https://www.coloradomesa.edu/accreditation/hlc-assurance/index.html>)
- CMU Catalog (<https://catalog.coloradomesa.edu/>)

Standard I

I-A

- Program Sheets – MSN (all three cognates)
 - Advanced Nursing Practice Cognate (<https://www.coloradomesa.edu/academic-program-sheets/documents/1819/msn-advnursingpractice-18191.pdf>)
 - Nursing Education Cognate (<https://www.coloradomesa.edu/academic-program-sheets/documents/1819/msn-nursinged-1819.pdf>)
 - Nursing Leadership and Administration Cognate (<https://www.coloradomesa.edu/academic-program-sheets/documents/1819/msn-leadershipadmin-18191.pdf>)
- Program Sheet – DNP (<https://www.coloradomesa.edu/academic-program-sheets/documents/1819/dnp-fnp-1819.pdf>)
- Graduate Nursing Program Handbook (<https://www.coloradomesa.edu/health-sciences/documents/graduate-nursing-program-handbook.revised-6.6.18-c-toc.pdf>)
- Graduate Nursing Program Preceptor Handbook (https://www.coloradomesa.edu/health-sciences/documents/preceptor-handbook.ay-2018_2019.updated-5.18.18.pdf)

I-B

- Student Learning Assessment Handbook, 2017-2018 (<http://www.coloradomesa.edu/assessment/documents/assessment-handbook.2017-18.pdf>)
- Program Review Manual, February 2018 (<http://www.coloradomesa.edu/academic-affairs/documents/manuals/ProgramReviewManual.pdf>)

I-C

- CMU Professional Personnel Employment Handbook, 2017; (https://www.coloradomesa.edu/human-resources/cmu-ppeh-allsections_august2017.pdf)
- Resource Guide for Faculty (<https://www.coloradomesa.edu/academics/documents/NewtoCMUResourceGuide.pdf>)

I-D

- CMU Professional Personnel Employment Handbook (http://www.coloradomesa.edu/human-resources/faculty-staff/cmu-ppeh-allsections_august2017.pdf),
- Resource Guide for Faculty (<https://www.coloradomesa.edu/academics/documents/NewtoCMUResourceGuide.pdf>)
- Graduate Policies & Procedures Manual (<https://www.coloradomesa.edu/graduate/documents/GraduatePoliciesProcedures.pdf>),
- Board of Trustees Policy Manual (<http://www.coloradomesa.edu/trustees/documents/bot-policy-manual.pdf>)
- DHS Policy Manual (<http://www.coloradomesa.edu/academic-affairs/documents/manuals/DepartmentHeadManual.pdf>).
- CMU Catalog (<https://catalog.coloradomesa.edu/>)
- Student governance (described in the CMU catalog) (<https://catalog.coloradomesa.edu/>),
- Associated Student Government Constitution (<https://www.coloradomesa.edu/student-life/asg/asg-constitution-2018-spring-ballot.pdf>)
- Associated Student Government web pages (<https://www.coloradomesa.edu/student-life/asg/index.html>)
- The Faculty Senate (<https://www.coloradomesa.edu/faculty-senate/index.html>)

I-E

- Graduate Policies & Procedures Manual (<https://www.coloradomesa.edu/graduate/documents/GraduatePoliciesProcedures.pdf>)
- Graduate Nursing Program Handbook (<https://www.coloradomesa.edu/health-sciences/documents/graduate-nursing-program-handbook.revised-6.6.18-c-toc.pdf>)
- CMU Catalog (<https://catalog.coloradomesa.edu/>)
- The Maverick Guide (<https://www.coloradomesa.edu/student-services/documents/MaverickGuide.pdf>)
- Nursing Graduate Programs, webpage (<https://www.coloradomesa.edu/health-sciences/graduate/index.html>)

I-F

- CMU Catalog (<https://catalog.coloradomesa.edu/>)
- DHS website (<https://www.coloradomesa.edu/health-sciences/index.html>)

Standard II

II-D

- Graduate Policies & Procedures Manual (<https://www.coloradomesa.edu/graduate/documents/GraduatePoliciesProcedures.pdf>)

II-E

- Graduate Nursing Program Preceptor Handbook (https://www.coloradomesa.edu/health-sciences/documents/preceptor-handbook.ay-2018_2019.updated-5.18.18.pdf)

II-F

- Professional Personnel Employment Handbook (https://www.coloradomesa.edu/human-resources/cmu-ppeh-allsections_august2017.pdf)
- Nurse Tim, Inc. (<https://nursetim.com/>)

Standard III

III-A

- MSN Program of Study (<https://www.coloradomesa.edu/health-sciences/graduate/master-science-nursing.html>)
- Graduate Nursing Program Handbook (<https://www.coloradomesa.edu/health-sciences/documents/graduate-nursing-program-handbook.revised-6.6.18-c-toc.pdf>)
- DNP-FNP Program of Study (<https://www.coloradomesa.edu/health-sciences/graduate/master-science-nursing.html>)

III-C

- CMU Catalog (<https://catalog.coloradomesa.edu/>)

III-E

- Graduate Nursing Program Preceptor Handbook (https://www.coloradomesa.edu/health-sciences/documents/preceptor-handbook.ay-2018_2019.updated-5.18.18.pdf)

III-G

- Graduate Nursing Program Preceptor Handbook (https://www.coloradomesa.edu/health-sciences/documents/preceptor-handbook.ay-2018_2019.updated-5.18.18.pdf)

Standard VI

IV-A

- Graduate Nursing Program Preceptor Handbook (https://www.coloradomesa.edu/health-sciences/documents/preceptor-handbook.ay-2018_2019.updated-5.18.18.pdf)
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Introduction

The State of Colorado and Mesa County

Colorado (CO) is the nation's eighth largest state, with a land mass of over 103,000 square miles. According to the U.S. Census Bureau, between 2010 and 2018, the population was projected to increase to 5,607,154 (ranking 21st in the nation for population), with an average population of 54 people per square mile (national average of 92 people per square mile). Much 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 148,225 people reside in a 3,341 square mile area (<https://www.gjep.org/resource-center/demographics/>).

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 western rural counties, it is difficult to maintain 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, CO's 61,000 nurses (RNs, LPNs, APNs) 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 the Bureau of Labor Statistics (2018), the job outlook for RNs will increase 15% from 2016 to 2026. The nursing and primary care provider shortage has far-reaching effects, particularly in rural communities and the surrounding region on the western slope that are serviced by Grand Junction and Mesa County (https://www.colorado.gov/pacific/sites/default/files/PCO_HPSA-mua-mup-map.pdf). Further, Mesa County is designated, by HRSA, as a health professional shortage area – specifically for medical, dental, and mental health services (<https://datawarehouse.hrsa.gov/>). This suggests that a significant increase in opportunities for APNs, especially nurse practitioners, is emerging to help meet the primary care needs of CO residents.

A challenge facing the profession is our capacity to educate professional nurses, given the growing shortage of nursing faculty and the aging workforce. According to the CO Center for Nursing Excellence (2018), 32% (21,000) of CO's licensed registered nurses are 55+, 11,000 are over the age of 60. To meet the growing demand “Colorado will need 1,100 new physicians, advanced practice registered nurses and physician assistants each year for the coming decade” (<http://www.coloradonursingcenter.org/>). Colorado Mesa University (CMU) is assuming its part in a response to these challenges.

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 (*CMU Progress Report August 2015, p. 1-3*; https://www.coloradomesa.edu/strategic-plan/documents/2015StrategicPlanProgressReport_Final.pdf). The role and mission of the institution was reenacted in 2010 by the CO General Assembly (CO Revised Statutes 23-53-101) and amended in 2011 when Mesa State College was renamed CMU (*CMU Catalog, 2018-2019*; <https://catalog.coloradomesa.edu/about-colorado-mesa-university/overview-cmu/>). Currently, CMU offers 83 majors, on-site and online programs, and a student-to-faculty ratio of 22:1.

The institution has a performance contract with the CO Commission on Higher Education (CCHE) articulating a commitment to the state's four strategic 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 (<https://higher.ed.colorado.gov/publications/CDHE-Master-Plan-2017.pdf>). CMU celebrates exceptional teaching, academic excellence, scholarly and creative activities that fosters diversity, critical thinking, and social responsibility that advances the common good of CO and beyond (*CMU Catalog, 2018-2019*; <https://catalog.coloradomesa.edu/about-colorado-mesa-university/overview-cmu/>).

Campuses

Main: CMU's main campus is physically located in Grand Junction (GJ), CO and encompasses 90 acres. A city of over 61,000, GJ serves as the cultural, educational, and commercial center for the region that extends to a population of over 150,000. 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. CMU offers programs of value in the areas of civic and cultural life, research, and recreation. The institution plays an active and 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: The Tilman M. Bishop campus is the result of a partnership of the CMU, Mesa County Valley School District 51, and area businesses and is the main site of CMU's two-year division: Western CO Community College Programs at the Bishop campus serve the technical education needs of both college and area high school students.

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.

Distance Education and Online: CMU understands the constant challenge of having to balance the pursuit of educational with other life commitments. CMU offers quality online courses across the region and nation that includes graduate nursing education. Online education provides

learning opportunities that enable students to create their own learning experience through collaboration and engagement with faculty and other students in a vibrant learning community.

Organizational Structure

CMU is comprised of 13 academic departments. The Master of Science in Nursing (MSN) and Doctor of Nursing Practice (DNP) are among several programs representing various health disciplines in the Department of Health Science (DHS). A campus-wide organizational chart is provided in Appendix O-1. A DHS organizational chart is provided in Appendix O-2.

Strategic Planning: Strategic goals give direction to where CMU wants to go and what it seeks to accomplish. The goals reflect choices that CMU has made, based upon its vision, resources, and a sense of the external opportunities and internal strengths. Across campus and throughout the community, staff and community liaisons remain involved in strategic planning that has outlined goals and objectives making up the 2020 Strategic Plan (<https://www.coloradomesa.edu/president/documents/StrategicPlan01-2016.pdf>). The plan will be available in the Resource Room).

Enrollment: CMU has an enrollment of more than 9,500 students; 14.8% are characterized as out-of-state, and 0.9% are international. The student population is 54% female, 46% male. Of the student profile, 1.4% are graduate students. Of the students served, 18.8% are classified as non-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 up through 2017 can be found online at <https://www.coloradomesa.edu/institutional-research/student-profiles/fulltime-enrollment.html>; <https://www.coloradomesa.edu/institutional-research/documents/EnrollmentsbyProgram.pdf>; <https://www.coloradomesa.edu/institutional-research/documents/cds2017-2018.pdf>; and, https://www.coloradomesa.edu/institutional-research/documents/EOT_Fall_Total.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), with the latest reaffirmation of accreditation occurring in 2017 and extending to 2024. The **HLC Assurance Review 2017** documents will be made accessible in the Resource Room.

The Carnegie Classification (<http://carnegieclassifications.iu.edu/lookup/lookup.php>) for CMU is:

- Undergraduate Instructional Program: Balanced arts & sciences/professions, some graduate coexistence
- Graduate Instructional Program: Postbaccalaureate: Other-dominant, with other professional programs

Department of Health Sciences (DHS)

CMU and 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. 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 graduate (MSN, DNP), baccalaureate (BSN; RN-to-BSN) and community college level (LPN, LPN-to-BSN degrees). DHS'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 Program Overview

Each graduate nursing program (GNP) is delivered using an online 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. Applications for the GNP are due by April 1 of each calendar year for a fall matriculation. The MSN program offers three cognates: nursing education, advanced nursing practice, and leadership/administration. The 36-credit hour MSN program is designed for students already possessing a BSN. The DNP program is a 79-credit hour program that prepares graduates as family nurse practitioners (FNP).

Standard I

Program Quality: Mission and Governance

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

I-A.

The mission, goals, and expected program outcomes are:

- congruent with those of the parent institution; and
- consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

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

The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:

- *The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];*
- *The Essentials of Master's Education in Nursing (AACN, 2011);*
- *The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and*
- *Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2012].*

A program may select additional standards and guidelines.

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

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

Program Response:

Each program's mission statement, goals, and expected student outcomes (ESOs; identified as Program Outcomes) are written, accessible to current and prospective students, are aligned with those of CMU and the DHS, and are clearly differentiated as master's and doctoral level. Expected Individual Student Learning Outcomes (course objectives, referred to as EISLOs) are consistent with relevant professional standards and guidelines for the preparation of nursing professionals.

CMU'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 a Practical Nurse program, which lays the foundation for advanced curriculums. Graduate nursing courses represent higher rungs in the career ladder. Graduate curricula align with the mission, goals, and ESOs, and are congruent with those of CMU. These statements are included in program information sheets, *Graduate Nursing Program Handbook*; *Graduate Nursing Program Preceptor Handbook*; and are accessible to current and prospective students on the institution's 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 DHS programs are aligned with those of CMU (Appendix I-A-1). Each program stems from the stated values and vision and has a specific mission statement and goals; the program goals are clearly differentiated as master's and doctoral level.

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>).

MSN Program: Faculty recognize graduates will function in three main areas: educators, leaders, and advanced nursing practice. The educator cognate has been active since 2011. Most of our students are enrolled in the advanced nursing practice cognate. In spring 2017, the *Graduate Curriculum Committee* (GCC) approved a third cognate, nursing leadership and administration, of which no students are registered at this time. These nurses will pursue new and innovative roles 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 evidence-based information. Evidence-based practice, outcomes management, clinical research, and clinical decision-making are highlighted in each course. For example, the Capstone experience enables students to demonstrate mastery of ESOs and synthesis of MSN essentials addressed in Standard III.

Graduates of the MSN 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. Applicants are admitted based on intellectual capacity, clinical and academic performance, maturity, clarity of goals, and other qualities appropriate to graduate study in nursing. Not all 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 Program: Faculty recognize 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 to deliver primary care across the lifespan. The DNP scholarly project enables students to demonstrate mastery and synthesis of ESOs and provides evidence of competency achievement as found in Standard III.

Graduates of the DNP program will focus on providing primary care to diverse populations and communities with an emphasis on improving quality and access to services. They 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 consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals. 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.

Mission, Vision, and Goals: Each program's mission and goals have been cross-mapped to demonstrate congruency with those of CMU, the DHS, the BSN program, the *Essentials*, and *NONPF* (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 located on the DHS website.

ESOs and Professional Standards and Guidelines: Expected student outcomes (ESOs) for the graduate programs have been established (Appendix I-A-3). The ESOs are included in program information sheets, *Graduate Nursing Program Handbook (GNP Handbook)*, and the *Graduate Nursing Program Preceptor Handbook* are accessible to current and prospective students on the institution's and the DHS's graduate nursing programs website under student resources at: <https://www.coloradomesa.edu/health-sciences/graduate/index.html>

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) 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.

The graduate nursing program follows professional standards and national guidelines that advance CMU's graduate nursing programs including:

- Colorado State Board of Nursing (CSBON), Nurse Practice Act (found at https://www.colorado.gov/pacific/dora/Nursing_Laws)
- American Association of Colleges of Nursing (AACN)
 - MSN education, located at <http://www.aacnnursing.org/Nursing-Education-Programs/Masters-Education>
 - DNP education located at <http://www.aacnnursing.org/Nursing-Education-Programs/DNP-Education>
 - Standards for accreditation of baccalaureate and graduate degree nursing programs (2013), located at <http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate/standards>
 - Quality and safety education for advanced nursing practice (QSEN; 2012), located at <http://www.aacnnursing.org/Quality-Safety-Education>
 - Essentials series: The essentials of doctoral education for advanced nursing practice (2006), located at <http://www.aacnnursing.org/Education-Resources/AACN-Essentials>
 - Position statement on the practice doctorate in nursing, located at <http://www.aacnnursing.org/DNP/Position-Statement>
- American Nurses' Association (ANA; 2010). Nursing: Scope and standards of practice, located at <https://www.nursingworld.org/practice-policy/scope-of-practice/>
- American Association of Nurse Practitioners. Located at <https://www.aanp.org/education/student-resource-center/starting-your-career/9-%20education/1060-certification-for-entry-level-nps>
- National League for Nursing (NLN; 2007). Nurse educator competencies: Creating

- an evidence-based practice for nurse educators.
- Institute of Medicine (IOM; 2010). *The future of nursing: Leading change, advancing health*, located at <https://europepmc.org/books/NBK209880;jsessionid=8880F7A83B28F857686DBC2A908DE8BE>
 - National Organization of Nurse Practitioner Faculties (NONPF; 2017).
 - Doctor of Nursing Practice Nurse Practitioner Clinical Scholar. Located at <https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/docs/ClinicalScholarFINAL2016.pdf>
 - Nurse practitioner core competencies. Located at https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/2017_NPCoreComps_with_Curric.pdf
 - Criteria for evaluation of nurse practitioner programs (2012). Located at <https://www.aanpcert.org/resource/documents/evalcriteria2012.pdf>
 - Healthy People 2020 located at <https://www.healthypeople.gov/2020/default>

Additional professional standards and guidelines that inform CMU's graduate nursing programs include:

- American Nurses' Association (ANA) (2015). *Nursing: Scope and Standards of Practice (3rd Edition)*. Silver Spring, MD: Nursebooks.org.
- American Nurses' Credentialing Center retrieved from <http://www.nursecredentialing.org/>
- APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee (2008). *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education*.
- Commission on Collegiate Nursing Education (2013). *Standards for accreditation of baccalaureate and graduate degree nursing programs*.
- US Department of Health & Human Services (2014). *Healthy People 2020*. Retrieved from <https://www.healthypeople.gov/2020/default>
- National Academy of Sciences Institute of Medicine (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.
- National Academy of Sciences Institute of Medicine (2016). *Assessing Progress on the Institute of Medicine Report: The Future of Nursing*. Washington, DC: The National Academies Press.
- National League for Nursing (NLN) (2017). *NLN program outcomes and competencies for graduate academic nurse educator preparation*.

Courses in both MSN and DNP programs 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.

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 at: <https://www.coloradomesa.edu/health-sciences/graduate/index.html>. 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 between the CMU DNP-FNP Program and the *Competencies, and Criteria for evaluation of nurse practitioner program (NTF, 2012)* are illustrated in Appendix I-A-4. Faculty recognize 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). 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 2015 report "*Assessing Progress on the IOM Report: The Future of Nursing*", 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-5 provides examples of how this content is integrated into MSN and DNP course work.

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.

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. The process enables faculty to determine if the needs and expectations of the community of interest, as defined by the DHS and faculty, are being met.

Systematic Evaluation Plan: Faculty use the 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 curricular elements. Faculty review each element (as stipulated in the *SEP; Student Learning Assessment Handbook, 2017-2018* [<http://www.coloradomesa.edu/assessment/documents/assessment-handbook.2017-18.pdf>] and *Program Review Manual*, February 2018 [<https://www.coloradomesa.edu/academic-affairs/documents/manuals/ProgramReviewManual.pdf>]) and subsequent revisions to assess if they are reflective of and congruent with contemporary practice, professional nursing standards, and guidelines. For example, graduates complete an Alumni Survey (MSN, Appendix I-B-2; DNP, Appendix I-B-3) one-year post-graduation; faculty have established a benchmark indicating ‘90% of students will choose greater than 3.0 on satisfaction items.’ Exit Surveys (MSN, Appendix I-B-4; DNP, Appendix I-B-5) are administered at the completion of the student’s final semester of course work and Employer Surveys (Appendix I-B-6) are reviewed annually to assess satisfaction; a benchmark of ‘90% satisfaction’ has been established. Current students are asked to complete the Graduate Student Survey (Appendix I-B-7; benchmark of ‘90% satisfaction’) enabling faculty to compile ongoing feedback and implement curricular revisions as needed. Appendix I-B-1 provides a summary of benchmarks used for curricular review processes. The SEP, in full of corresponding data documentation and compilation, 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.

Community of Interest: Faculty define the ‘community of interest’ in a manner consistent with 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 programs. The community of interest includes both internal constituencies (current students, faculty, staff and appointed personnel, and the university as a whole) and external constituencies (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 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 to ensure the mission, goals, and ESOs are responsive to their needs and interests. These elements, for each program, were most recently reviewed and approved by the faculty April 2018 to ensure they are congruent with CMU and professional standards and guidelines. Surveys from various communities of interest (e.g. students, alumni, employers) are reviewed annually to assess satisfaction; a benchmark of ‘90% satisfaction’ (from each group) has been established. Survey data will be available in the Resource Room (see also Standard IV).

Professional and Societal Trends: DHS faculty respond to professional and societal trends as well as regional and local needs. For example, one faculty nurse practitioner works in a rural pediatric practice, serving in a primary care and a weight wellness clinic. One nurse practitioner

works with senior housing establishments performing health screening and wellness clinics for older adults and adults with disabilities. Lastly, one nurse practitioner works with an area mental health facility coordinating their medication assisted treatment (MAT) program. Faculty remain cognizant of national trends and publications by attending national conferences such as the National Association of Pediatric Nurse Practitioners or the American Academy of Nurse Practitioners. Pertinent information is shared and discussed during faculty meetings (Meeting Minutes will be available in the Resource Room). In addition, faculty review publications from various professional bodies, including AACN, CCNE, and NONPF (faculty vitae are provided in the Resource Room). As the MSN and DNP curriculums are reviewed and revised, faculty consider the needs of advance practice nurses, clinical agencies, and residents of the surrounding communities. For example, *Pathophysiologic Concepts* (NURS 525), *Pharmacology for ANP* (NURS 526), *Advanced Health Assessment* (NURS 527), *Chronic Illness Management* (NURS 530), and *Nurse Educator Practicum* (NURS 560) are designed to prepare nurses to enhance their clinical expertise and function as nurse educators. Additionally, input from our external community of interest led to the development of *Rural Health Care Clinical Practicum* (NURS 640). Addition of the co-requisite didactic portion NURS 604 formalized the connection of practical applications to formal theoretical frameworks. This course provides nurses with the education and the skills necessary to meet the complex and challenging demands of rural practice. It is hoped they will help to re-shape and revitalize the future of primary care in rural settings.

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 are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.

Elaboration: The nursing unit identifies expectations for faculty, whether in teaching, scholarship, service, practice, or other areas. Expected faculty outcomes are congruent with those of the parent institution.

Program Response:

Expected faculty outcomes (EFOs) are clearly identified by the DHS and faculty; they are written and are communicated to the faculty. EFOs are congruent with those of CMU and the DHS and address expectations related to teaching, scholarship, service, advising, and practice.

The EFOs, in relation to teaching, scholarship, service, advising, and practice, are congruent with CMU, the DHS mission, program missions, goals, and established ESOs. The EFOs are consistent with institutional expectations for appointment, promotion, and tenure (*CMU Professional Personnel Employment Handbook*, 2017; https://www.coloradomesa.edu/human-resources/cmuppeh-allsections_august2017.pdf). EFOs are clarified upon hire and reviewed annually (as stipulated in the SEP; data will be available in the Resource Room).

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 advisory board meetings, and other responsibilities assigned by the Department Head (DH).

Annual Performance Evaluation: All CMU faculty complete an annual evaluation for reappointment, tenure, promotion, and post-tenure review. 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. Faculty are evaluated with input from the DH and the VPAA. Individuals develop a performance plan (for the upcoming academic year) each spring semester. The plan is reviewed and approved by the DH and VPAA. Performance ratings include *Excellent*, *Highly Proficient*, *Proficient*, and *Below Standard*. General evaluation criteria and their relative weights used in the evaluation process for DHS faculty are as follows:

- **Teaching effectiveness** – range of 50-65%
- **Advising** – minimum of 5%
- **Scholarly Activity** – minimum of 10%
- **Service** – minimum of 10%

EFO Benchmarks for Tenure Track faculty teaching in the MSN and DNP programs (as specified in the SEP):

- 80% of faculty will receive a rating of highly proficient or above in each category on the annual evaluation.
- 80% of faculty will receive a composite ranking of highly proficient or above on the annual evaluation.
- 80% of faculty will achieve a composite ranking of 4.0 on each course evaluation.
- 80% of faculty will complete a minimum of two scholarly activities each year.
- 100% of faculty will actively participate in university, department, program, or community activities.
- 90% of faculty will be involved in clinical practice on a regular basis.

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

Faculty Roles: The emphasis at CMU is on the role of being an educator, emphasized in the *Resource Guide for Faculty* (<https://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 **practice role** allows faculty to make direct contributions to patient care. Examples of clinical practice include an outpatient primary care pediatric practice, a community-based outpatient center for mental health needs, and senior living housing. These opportunities allow the practitioners to 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. Rocky Mountain Chapter of the National Association of Pediatric Nurse Practitioners, Nu Kappa chapter of Sigma Theta Tau International Nursing Honor Society). Faculty participate with local and national agencies (e.g. Governor's Council on Aging, STRIVE). All faculty incorporate research findings and clinical guidelines into clinical practice and teaching methodologies as evidence by course objectives. **Scholarship** is an expectation of all DHS faculty. Graduate nursing faculty serve as principal investigators in research, authors of academic publications (e.g. research articles, conference abstracts) and nursing textbooks, and presenters at national conferences. For example, one graduate faculty member presented at the American College of Preventive Medicine's annual conference on the care of cancer survivors. Another faculty member recently completed her PhD dissertation on the care of HIV patients and expects to submit articles for publication based on her doctoral work. Several institution-wide faculty development opportunities are also offered by CMU and local/regional health care providers to facilitate faculty professional growth. For example, the Office of Sponsored Programs and Academic Research provides professional development workshops for faculty who want to improve skills in grant application and writing processes. Newly hired faculty are mentored by senior faculty. Aggregate data related to EFOs will be further discussed in Standard IV.

Appointment: The basic structure for academic faculty is instructor, assistant professor, associate professor, and professor. The minimal educational and experiential qualifications for faculty are: **1. Instructor:** master's degree (or other appropriate degree for discipline) plus demonstrated competence; instructors do not hold academic rank and usually 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 PhD or a DNP. Individuals (full- or part-time) teaching a DNP clinical course must have national certification as a nurse practitioner.

Promotion and Tenure: 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 forwards this information along with a recommendation and comments to the VPAA, who, in turn forwards a recommendation to the President of CMU. Promotions are awarded or denied by the CMU President. An award of tenure is a privilege earned by faculty based on their past performance during any tenure-track period. Tenure is not acquired automatically by length of service. The tenure-track period is, under annual assignments, up to seven years; faculty who are not awarded tenure by the end of his/her seventh assignment are not eligible for additional tenure-track assignments.

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

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

Program Response:

Roles of the faculty and students in the governance of each program are clearly defined and promote participation. Faculty are involved in the development, review, and revision of academic program policies (as stipulated in the SEP).

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

Faculty roles in program governance are specified in *The CMU Professional Personnel Employment Handbook* (http://www.coloradomesa.edu/human-resources/faculty-staff/cmuppeh-allsections_august2017.pdf), the *Resource Guide for Faculty* (<https://www.coloradomesa.edu/academics/documents/NewtoCMUResourceGuide.pdf>), *Graduate Policies & Procedures Manual* (<https://www.coloradomesa.edu/graduate/documents/GraduatePoliciesProcedures.pdf>), the *Board of Trustees Policy Manual* (<http://www.coloradomesa.edu/trustees/documents/bot-policy-manual.pdf>), and the *DHS Policy Manual* (<http://www.coloradomesa.edu/academic-affairs/documents/manuals/DepartmentHeadManual.pdf>). Each role, as stipulated in the SEP, supports and promotes active participation. Student governance is described in the CMU catalog (<https://catalog.coloradomesa.edu/>), *Associated Student Government Constitution* (<https://www.coloradomesa.edu/student-life/asg/asg-constitution-2018-spring-ballot.pdf>) and the Associated Student Government web pages (<https://www.coloradomesa.edu/student-life/asg/index.html>), are accessible on CMU website (<https://www.coloradomesa.edu/>).

- **Faculty Campus-Wide:** The Faculty Senate (<https://www.coloradomesa.edu/faculty-senate/index.html>) 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 Faculty Senate; these include, for example: Academic Policies (review faculty evaluation policies and procedures); Assessment (verify assessment results are used for programmatic improvement); Graduate Curriculum (review the results of program reviews for any issues that impact the curriculum).
- **Student Campus-Wide - Associated Student Government (ASG);** <https://www.coloradomesa.edu/student-life/asg/index.html>: Student representatives are appointed by the ASG and serve for the academic year. Meetings are conducted in open forum; all interested parties are welcome to attend. MSN and DNP students currently are not active in the ASG.
- **DHS:** Program coordinators (PCs) meet with the DHS Department Director several times each term. All faculty in the DHS meet at least twice per year; this typically occurs at the beginning (prior to the start of classes) and end of each semester. Each PC conducts faculty meetings throughout the term; student representatives are invited to attend these meetings and share concerns/comments from their peers. Students may also participate in department and program meetings through use of technology e.g. Zoom virtual conferencing.
- **Graduate Programs:** Faculty and student roles in the governance of the graduate nursing programs are clearly specified in *The Professional Personnel Employment Handbook* and *Graduate Nursing Program Handbook*. They generally enable their meaningful participation in governance processes. Faculty teaching graduate courses function and meet as a committee-of-the whole once a month. Current students in either program is aware that faculty meet monthly and they are invited to attend these meetings. Students are invited to attend faculty meetings via email.
- **Student Participation in 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. 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 are using electronic communication (such as Zoom) to elicit student comments and/or feedback. Minutes (without student related issues) and documents discussed during the meeting are available via e-mail to them for their review and input. Additionally, students are invited to participate (in person or by phone/ Zoom) during the first 60 minutes of each faculty meeting. As of fall 2016, faculty use campus email to send a link to the *Graduate Newsletter*.

Nurse Practitioner (NP) faculty have develop admission, progression and graduation criteria for the FNP program. Development, evaluation and reorganization of the curriculum is reviewed and revised by the faculty with active certification as nurse practitioners. Course infrastructure facilitate the curriculum content as described in Appendix I-A-4. Nurse practitioners on faculty attend national conferences in the population area to maintain current knowledge of national population specific outcomes according to NONPF, AACN and the specialty organizations that guide curriculum at the advanced practice nursing level.

Specific documentation regarding admission and progression criteria is recorded in the minutes reflected in the SEP (data associated with the SEP is available in the Resource Room). Graduation criteria are reviewed when national standards for the terminal degree change (AACN, 2006). Curriculum revisions reflect formal student feedback from course evaluations when content is assessed for curricular modifications.

I-E.

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

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

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

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

"The (baccalaureate degree in nursing/master's degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accreditation>)."

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,

¹ *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).*

² *Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2012).*

and fees. CMU official documentation specifies graduates have earned an MSN (Advanced, Education, or Administration/ Leadership Cognate) or a DNP-FNP.

The mission, goals, and ESOs are reflected in the *Graduate Program Policies and Procedures Handbook* (<https://www.coloradomesa.edu/graduate/documents/GraduatePoliciesProcedures.pdf>), the *Graduate Nursing Program (GNP) Handbook* (<https://www.coloradomesa.edu/health-sciences/documents/graduate-nursing-program-handbook.revised-6.6.18-c-toc.pdf>) and recruitment materials which are updated annually or when revisions are approved. The current *CMU Catalog* (2018-2019; <https://catalog.coloradomesa.edu/>) and *The Maverick Guide* (<https://www.coloradomesa.edu/student-services/documents/MaverickGuide.pdf>) provide students with the current academic calendar, tuition, fees, financial aid, transfer of credit policies, and general admissions policies and procedures; the catalog can be found on the institution's website. Accreditation status is correctly included in the *CMU Catalog*, *GNP Handbook*, and on the DHS website. Students seeking an MSN degree, who have completed prior graduate course work, may seek transfer of up to 9 credits; students seeking a DNP degree who have completed prior graduate course work, may seek transfer of up to 18 credits. Acceptance and transfer of such credits is based on faculty approval. The *Graduate Policies and Procedures Manual* (2012, Revised 2018, Effective July 2018; <https://www.coloradomesa.edu/graduate/documents/GraduatePoliciesProcedures.pdf>) includes policies related to graduate offerings. Students are advised that CMU reserves the right to adjust charges, including tuition, fees, and room and board, at any time deemed necessary by the CMU Board of Trustees. Documents and publications are developed and reviewed for changes and accuracy by various university committees made up of nursing faculty, faculty senate, PCs, DHs, admissions, registrar, and academic affairs. Accreditation status is noted in all documents and publications and includes the Commission's address, phone number, and website.

Graduate Nursing Program Handbook: Current program guidelines for graduate nursing courses are found in the *Graduate Nursing Program (GNP) Handbook* (<https://www.coloradomesa.edu/health-sciences/documents/graduate-nursing-program-handbook.revised-6.6.18-c-toc.pdf>). Graduate nursing students are invited to an orientation at the beginning of each fall term. The *Handbook* is reviewed during this orientation. Faculty explain that students are responsible for complying with the guidelines and procedures contained in the publication, as well as those in other official CMU publications and announcements. *Handbook* contents are communicated to students who choose to not attend the orientation process. Students are instructed to download a copy of the *Handbook* at the beginning of each academic year. Students must sign and return a statement (which is then scanned into the student's file) indicating they have received the publication and agree to comply with the guidelines as outlined in the *Handbook*. Additionally, current students, prospective applicants, and faculty are advised that current information regarding the programs is 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 procedures, and degree completion requirements. Guidelines applying to specific courses are included in course syllabi.

All graduate nursing students have a MAVZone email address they are required to check on a regular basis. Any changes in guidelines or procedures between publications of the CMU *Catalog* and *Handbook* are emailed to the students at the same time they are updated on the DHS website.

FNP Certification Examination: As documented in the *GNP Handbook* and on the DNP program website, students are instructed to access information regarding the FNP certification process using the specified organization's website.

Licensing: Graduate admission criteria require prospective students to have an RN license and a BSN to enter the graduate program. Upon completion of the graduate program, student transcripts show the completed degree and the area of specialization.

I-F.

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

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

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

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. Policies are fair and equitable, written and communicated to relevant constituencies. Policies are available on the CMU and DHS websites.

A review and comparison of each graduate nursing program confirms congruency with CMU academic policies that provide support for the mission, goals, and ESOs of CMU and the DHS. A primary source for those wishing to review academic policies is the CMU *Catalog* (<https://catalog.coloradomesa.edu/>). This document is published annually and can be found on the university website. Current students are also reminded to review their *GNP Handbook* relative to program specific guidelines that supplement the policies of the University.

The policies of the University are fair, equitable, published, reviewed, and revised as necessary to foster improvement for each program. In addition, the DHS program specific guidelines outlined in the program handbooks are fair, equitable, published, reviewed, and revised as necessary to foster improvement for each program. Policies and guidelines are implemented consistently. The SEP provides a method by which the graduate program procedures and processes are regularly reviewed. CMU policy and DHS procedure and guidelines reviews occur, and revisions are made as needed.

The academic policies and student expectations for both graduate programs are the same as those of CMU overall; the DHS and the graduate programs supplement the overall university policies with program specific guidelines. This includes processes related to: filing a grievance; claiming a disability; claims of harassment; academic integrity; right to privacy; student conduct. University personnel in admissions, academic affairs, financial aid, educational access services, and the registrar work collaboratively with the DHS faculty to develop, revise, and routinely review CMU policies and program specific guidelines 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 university policies and DHS program specific guidelines and recommend change when necessary. The PC, DH, administrative assistant, and the Office of Student Affairs is responsible for updating and disseminating university policies and DHS program specific guidelines through orientation programs, the university/DHS website, and other electronic means. The DHS and graduate nursing program guidelines are reviewed annually (as stipulated in the SEP). Students can review program-specific guidelines on the DHS and program websites; additionally, they are instructed to review the online version of the *CMU Student Handbook* and the *GNP Handbook*. When new program guidelines or processes are developed, they are distributed to students through email notifications or in writing and are incorporated into the *GNP Handbook*.

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

Faculty believe that when processes of the DHS or graduate nursing programs differ from those of CMU, these differences are justified 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. Students must maintain a minimum of 80% in all graduate nursing courses. Students receiving a grade of 79% or lower must repeat the course. Concerns for safety, including potential risks to students and patients, are occasionally raised. Students observed to be unsafe in a clinical environment are identified and reported to the PD and may be dismissed from the graduate nursing program. Other examples of specific admission requirements include health immunization requirements, CPR certification, active and unencumbered nursing license, and proof of liability insurance. Each policy is clarified in the *GNP Handbook* and is posted on the DHS website (<https://www.coloradomesa.edu/health-sciences/index.html>).

Standard II

Program Quality: Institutional Commitment and Resources

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

II-A.

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

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

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

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; Appendix I-B-1) 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 faculty with the necessary flexibility to manage resources. See Appendix II-A-1 for budget overview (2013-2014 through 2018-2019).

Campus Budget: The Colorado Commission on Higher Education (CCHE) is the policy and coordinating board for the state's higher education system. CCHE grants full authority and responsibility for the control and governance of CMU to the BOT (Board of Trustees). To assist in meeting their responsibilities, the trustees delegate to the CMU president the authority to interpret and administer policies in all areas of operations and, as such, the president is responsible to the board. Opportunity for faculty input into budget processes 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. 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 DHs. 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.

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. In 2018, the administration recognized the need to increase the salaries of all tenure and tenure track faculty to be comparable to peer institutions. In addition, salaries for incoming tenure track faculty were also increased.

Physical space is sufficient and configured in ways that enable each program to achieve its mission, goals, ESOs, and the EFOs. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the mission, goals, and ESOs and the EFOs.

Available physical resources include, but are not limited to the: Tomlinson Library, sufficient classroom and office space in the Health Sciences Building (HS), and the Clinical Education Center (CEC). The CEC includes rooms with six beds in each and a two-bed high fidelity critical care simulation suite; one skills lab designed as a home-based location. 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. Faculty offices are equipped with a desk, chair, filing cabinet, bookcase, telephone, and a computer. However, there are periodically scheduled optional intensives for graduate students to participate in if they choose. This optional intensive utilizes the CEC as needed. All classrooms are equipped using "smart" technologies that include networked computers, document readers, video projector, TV/VCR, and video-taping capabilities.

The DHS moved into a remodeled facility January 2017. This construction project included major refurbishing and remodeling of 9,600 sq. ft. in the former Community Hospital Medical Plaza and adding 25,718 sq. ft. of new space. The new facility now includes:

- Student areas including dedicated classrooms, post-clinical conference rooms, group study areas, computer lab, critical care simulation lab, and student resource room
- Clinical laboratories for radiologic sciences, medical laboratory technology, nursing assessment and clinical skills development
- Administrative staff and faculty offices and department reception, workroom, conference rooms. Each area is adequately supplied with state of the art office equipment that meets the needs of daily routines encompassing on-site and distance education.

Course Delivery/Management: Courses are delivered using a web-based distance education format. The learning management system utilized by CMU is Desire2Learn (D2L), which serves

as the online platform and is utilized for course delivery. This virtual learning management system is cloud based and was recently updated to the more advanced D2L-Daylight version in May 2018. This learning management system provides a variety of features that enhances online communication, content delivery, classroom management, as well as archive abilities, and more. CMU and the D2L Instructional Technology staff provide student and faculty support for D2L seven days a week (Sunday 1 pm to midnight; Monday–Thursday, 7:30AM to midnight, Friday 7:30am to 5pm; Saturday 10 am to 5 pm).

In addition to D2L, all students and faculty have access to instructional technologies including lecture recording software, screen casting, and video streaming in Panopto and VoiceThread. Tutorials are available for students and faculty. Microsoft One Drive cloud-based sharing is available for students and faculty facilitating the options for elearning group projects. Students are also provided with additional free technologies for successful online learning including the full-version of Office 365, and life-time access to the Digication ePortfolio.

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.

The SEP provides a defined process for regular review of fiscal and physical resources (see Appendix I-B-1). CMU is a state supported institution receiving 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. As mentioned, the DHS has moved into a new facility January 2017. The facility provides much needed physical space and resources. Allocation processes stipulate faculty identify items needed for instructional purposes and submit these requests to the PCs and/or DH. The DH then presents funding requests to the university administration. Budgetary review occurs annually employing direct input from DHs, the VPAA, the president, the BOT, and the CCHE. Administration is aware that securing additional faculty prepared to teach a graduate nursing course is a competitive process, especially in terms of annual salary. Recent hires include a PhD-prepared individual who holds national certification as an adult-gerontological primary care nurse practitioner; a DNP with both family nurse practitioner and psychiatric-mental health nurse practitioner certifications; and two PhD faculty members who are trained as a clinical nurse specialist and public health nurse, respectively. Fall 2018 will add a tenure-track EdD-prepared nurse. A full-time tenure track to teach across programs is currently being advertised.

II-B.

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

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

Review of academic support services occurs and improvements are made as appropriate.

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. These services are evaluated on a regular basis as stipulated in the SEP; improvements are made as appropriate.

Campus-Wide: Academic support services are available and are generally sufficient to meet the needs of each graduate nursing program. The exception to this is the need for scientific writing support. There is a tutoring center on campus which assists all CMU students with basic writing assistance. However, graduate nursing faculty have communicated to the Office of Academic Affairs of the need for graduate-level writing resources on campus. In the absence of a campus-wide graduate writing center, the nursing faculty are creating a scientific writing toolkit based on the American Psychological Association (APA) guidelines. Current and prospective students are also referred to online writing resources offered through APA and other academic organizations. Surveys are used to obtain necessary feedback/data (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. Academic support services include (but are not limited to) the following:

- **Academic Advising and Career Services:** testing support, tutoring, writing support, educational access, career assessment, career advising, employment preparedness workshops, internship information, and academic advising.
- **Admissions Office:** initial point of contact for prospective students and their families; recruitment of students; processing of admissions applications and petitions for changes to residency classification for tuition purposes.
- **Advising for MSN and DNP Students:** the PCs and faculty provide ongoing advisement to current and prospective students. Faculty strive to inform applicants of the preparation and academic skills necessary for completion of graduate level course work. Students have the option of meeting with academic advisors in person, via telephone, or via technology (e.g. Zoom, email, D2L chat).
 - For current students, faculty advisors are assigned upon the students' entry into the graduate program. Students, in conjunction with faculty advisors, develop course progression sheets (CPS). The CPS lists the classes students should enroll in each semester for the entirety of their program. Students are advised to meet with their advisors at least annually and as needed.
 - For prospective students, the PCs, with use of an application rubric, reviews each prospective student's application for completeness. Then, a minimum of two graduate nursing faculty members review applications (transcripts, verification of nursing license, references, professional writing sample, essay). Prospective students who meet the admission criteria are sent letters of

acceptance and information on course enrollment and academic advising prior to the start of fall semester of each calendar year.

- **Banner:** 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.
- **Campus Recreation Services:** use of an indoor swimming pool; weight training equipment; aerobic equipment and classes; yoga and Pilates classes; personal trainers.
- **Degree Works:** Degree Works is a web-based degree audit tool available to students through the MAVZone portal. Students and advisors can view the student's course progression per their declared major, review degree progress, see remaining requirements, and run what-if scenarios to explore other majors/minors.
- **Desire 2 Learn (D2L):** course management system; allows faculty and students to better communicate and enhance course work, and to more efficiently deal with the structural necessities of enrollment and grading. Faculty can 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 ongoing student feedback.
- **DHS Administrative and Professional Staff:** two full-time administrative assistants and several work study/student assistants are available to assist students and faculty. One administrative assistant is split between the graduate and BSN programs. Administrative staff makes certain personnel, budget, and curriculum items are submitted to the appropriate campus department. Additionally, they are responsible for professional correspondence, support of department administration and faculty related to departmental issues, complete 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).
- **Digication ePortfolio:** provides faculty/staff and students with a cloud-based website to showcase personal and professional achievements gained in- and out-side the classroom. The ePortfolio is managed by a CMU staff member who provides technology support to faculty and students interested in his or her development of a personalized ePortfolio. The ePortfolio can be packaged to follow students to serve as a mechanism to showcase their professional work in practice following graduation.
- **Educational Access Services:** support services for students with documented disabilities including volunteer note takers, testing accommodations, and textbooks in alternate formats.
- **Financial Aid and Planning:** 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.
- **Information Technology:** support for faculty, staff, and students including administrative computing system, academic systems, and software.

- **MAVZone:** computerized communication system. MAVZone is the gateway to CMUs online information services for students and faculty. A secured site, students/faculty and staff login to the site and accesses campus announcements, campus web services, registration, email, the library, and group activities. Providing an array of entry points, MAVZone serves as the initial portal to D2L, the campus community, IT, faculty and student services, and more. Prospective students may use the online search system to assess course availability.
- **Moss Performing Arts Center:** provides music, dance, and theatre students with the facilities needed to let their creativity shine. The Center is home to the William S. Robinson Theatre, a recital hall, the Walter Walker Reception Area, an experimental theatre, a design studio, dance studios, numerous music practice rooms, smart technology classrooms, and faculty offices.
- **Panopto:** a video recording platform used for lecture capture or for recording content to be viewed by students either in or outside the classroom. Students login to the campus to watch videos published by faculty for a given class. Panopto Recorder is available for use in classrooms having webcams installed at the instructor stations, and in select group rooms in the Library. The software is free to be installed on any personal PC, laptop, or mobile device for faculty/staff and students. All recordings are automatically uploaded to the Panopto server and integrated with D2L, making the content immediately available to enrolled students completing a particular class.
- **Registrar's Office:** services include registering students into classes, maintaining academic records, and certifying degree requirements for graduation. 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, enrollment verification for loan or insurance purposes, preparation of transcripts and evaluation of transcripts from other institutions to determine transferability.
- **Student Wellness Center:** services are available on an outpatient basis including: 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. For emergency illness or accidents occurring after the center's hours, or on weekends, students are instructed to access an urgent care center.
- **Testing Center:** services include providing examinations required for admission to graduate and professional schools, examinations for proficiency and certification in nursing and teaching, and the credit by examination program. Assessment of academic skills in English and mathematics are provided for current and potential students. Faculty, teaching in either the MSN or DNP program, have required students to use the testing center to complete proctored examinations. Distance students are made aware of this requirement and are responsible for securing similar arrangements.
- **Tomlinson Library:** services to support the information, instructional, and research needs of the university community. Approximately 161 online databases are

available for faculty and student use through the library's website. The Interlibrary Loan Department and Prospector Program is used to obtain requested materials from other libraries. Additionally, faculty can request materials for the library to purchase resources to enhance student learning. A DHS faculty serves on the Library Committee who over-see and evaluates the inventory of available resources. Students in the graduate programs now have access to *Up-to-Date*, *The Red Book*, the *Cochrane* Collection, and other significant online resources.

- **Tutorial Services:** free tutoring for a variety of courses and subjects, including basic writing assistance. Qualified peer tutors, recommended by faculty, are trained to help students with their academic endeavors.
- **Zoom:** The DHS faculty and staff enjoy utilizing Zoom, a web-based video conferencing tool that provides instant access for face to face communication. DHS faculty utilize this tool to connect with students and each other on a daily basis, regardless of distance.

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

The SEP (see 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; additionally, students provide feedback on the Graduate Nursing Student Survey (Appendix I-B-7) administered each semester. Evaluations are completed anonymously online (D2L course shell) at the end of each semester and are summarized by the institutional research analyst. Initially, faculty review the summarized data for their specific courses; then they identify areas of concern during bi-weekly meetings (see Meeting Minutes). In general, MSN and DNP students have indicated satisfaction with support resources; adequacy of support services will be further discussed in Standard III and IV.

II-C.

The chief nurse administrator:

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

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He

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

Program Response:

The chief nurse administrator for the nursing program units is an RN, holds a graduate degree as a PhD in nursing, is academically and educationally qualified, and is vested with administrative authority to work with faculty and the Department Head (DH) of Health Sciences to accomplish the mission, goals, and ESOs of the graduate programs.

Historically, Debra Bailey PhD, FNP, CDE, served as DH from fall 2012 until spring 2017. Sandra Nadelson PhD, MSN, MEd, RN, served as DH from May 1, 2017 to May 8, 2018. On May 8, 2018, Bette Schans PhD, RT (R), FASRT was appointed interim DH. Dr. Schans began at CMU in 1994 as an Assistant Professor and Program Director for Radiologic Technology. In her role as Program Director, a role she served in for 18 years, she was responsible for accreditation actions for the JRCERT. Dr. Schans has presented (locally, regionally, nationally, internationally), published, and served in leadership roles associated with her radiologic technology expertise. She was the Director of Assessment and Accreditation Support for CMU from 2012 to 2018. She was awarded Emeritus Professor status in 2016. Dr. Schans earned her Ph.D. in Education and Human Resource Studies from Colorado State University; her M.S. in Management and Organization from the University of Colorado – Denver; her B.S. in Health Care Management from Metropolitan State College in Denver, and her A.A.S. in Radiologic Technology from the Community College of Denver. Dr. Schans will serve in this current position until a new DH is hired. Recruitment for a new DH will begin fall 2018.

In compliance with the accreditation standards and expectations of the graduate program as well as the Colorado State Board of Nursing requirements, Dr. Lucy Graham, PhD, MPH, RN, was appointed and is currently serving as the interim chief nursing administrator for all of CMU's nursing programs. Dr. Graham completed her PhD in nursing in 2016. She is an assistant professor of nursing since 2016 and teaches in both the undergraduate and graduate nursing programs. Her area of expertise is HIV. She managed a federally-funded clinic for people living with HIV in western Colorado for 13 years. CVs will be available in the Resource Room.

II-D.

Faculty are:

- **sufficient in number to accomplish the mission, goals, and expected program outcomes;**
- **academically prepared for the areas in which they teach; and**
- **experientially prepared for the areas in which they teach.**

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

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

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

Program Response:

Currently there are six full-time faculty teaching graduate level nursing courses. They also teach undergraduate nursing courses (BSN and RN to BSN programs). All full-time, tenured, and tenure-track faculty teaching graduate courses are doctorally-prepared and are licensed to practice nursing in the state of CO. In addition, faculty are trained in specialty areas (e.g. public health) or are advanced practice nurse practitioners (e.g. family, pediatric, adult-gerontology, psychiatric-mental health). 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], 2012) principles related to educational requirements for faculty teaching in graduate nursing programs. Appendix II-D-1 provides a list of faculties with corresponding credentials. (Faculty transcripts will be available in the Resource Room). As enrollment in each program increases there will be a need for additional (full- and part-time) faculty to teach at the graduate level. A nurse with an EdD as the terminal degree was hired for the position of assistant professor in summer of 2018. DHS is currently recruiting for another tenure track faculty position which will cover both graduate and undergraduate programs.

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 teach in their areas of specialization. Both graduate curriculums are provided in a distance education format by doctorally-prepared faculty who maintain advance practice certification. Both the MSN and DNP programs are co-coordinated by two doctorally-prepared faculty (one Pediatric Nurse Practitioner; one Adult-Gerontological Primary Care Nurse Practitioner), each with a .25 FTE administrative assignment. The faculty, as a whole, remains concerned about the ongoing availability of graduate nursing faculty. As is the case with programs of nursing nationwide, the limited pool of doctorally-prepared faculty and qualified applicants remain a critical recruitment issue. DNP-prepared faculty are especially difficult to recruit. Faculty continue 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 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. At CMU, it is expected 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 *Graduate Policies and Procedures Manual* (2012, Revised 2018, Effective July 2018; <https://www.coloradomesa.edu/graduate/documents/GraduatePoliciesProcedures.pdf>) faculty who teach graduate level courses receive one credit release per three credit course. In the graduate nursing program, this is reserved for faculty practice (Appendix II-D-2). For example, Dr. Cox works as a psychiatric nurse practitioner at the regional mental health facility. Dr. Marshall is a pediatric nurse practitioner in a community-based-setting. Dr. Hall is a gerontological nurse practitioner who has a community-based clinical practice and is involved in clinical research. Dr. Graham practices in a federally-funded outpatient clinic for people living with HIV where she is also involved with research. See Appendix II-D-1 for Faculty Credentials.

Advising: During the academic year faculty provide advising to students seeking admission into the graduate nursing programs; during the summer, advising is available by appointment. Upon admission to the graduate nursing program, each student meets with one of the faculty (typically PCs) to review the course progression sheet (CPS). Faculty maintain a minimum of five office hours per week (on-campus; by phone; or online) and tend to adopt an open-door policy for additional times students have any learning needs. Faculty and students frequently use the campus wide email network for enhanced and readily available communication. Zoom web-based technology provides teleconferencing capability for face-to-face real-time meetings and is used by faculty meeting with students to clarify or negotiate CPS changes.

II-E.

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

Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are:

- *clearly defined;*
- *congruent with the mission, goals, and expected student outcomes; and*
- *congruent with relevant professional nursing standards and guidelines.*

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

Program Response:

Preceptors are academically and experientially qualified for their roles in assisting achievement of mission, goals, and ESOs. The roles of preceptors with respect to teaching, supervision, and student evaluation are clearly defined; congruent with each program's mission, goals, ESOs, and relevant professional nursing standards and guidelines.

The roles of preceptors with respect to teaching, supervision, and student evaluation are clearly communicated in the *Graduate Nursing Program Preceptor Handbook* (<https://www.coloradomesa.edu/health-sciences/documents/preceptor-handbook.ay-2018-2019.updated-5.18.18.pdf>). Preceptors are academically and experientially qualified to fulfill their role; each preceptor submits a Preceptor Agreement Form (available in the handbook). Preceptors 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.

Faculty recognize 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.

Preceptors have the expertise to support student achievement of ESOs. Preceptor performance expectations are clearly communicated to preceptors.

Each preceptor must be approved by course faculty. The *Graduate Nursing Program Preceptor Handbook* clearly delineates the various aspects of the preceptor role. As an extension of the faculty, preceptors are primarily used in the practicum courses [*Child/Adolescent* (NURS 610); *Adult* (NURS 620); *Older Persons* (NURS 630); *Rural Health Care* (NURS 640); *PNP Preceptorship I* (NURS 650); and in *PNP Preceptorship II* (NURS 652)]. Preceptors work with MSN students in *Advanced Health Assessment* (NURS 527), *Pathophysiologic Concepts* (NURS 525), *MSN Capstone* (NURS 575), and other selected MSN coursework [e.g. *Nurse Educator Practicum* (NURS 560)]. Each preceptor submits a biographical data sheet (see *GNP Preceptor Handbook*, p. 4) to the course faculty prior to working with students in the clinical setting. Expectations of preceptors' performances are clearly communicated to the prospective preceptor by the student using the preceptor handbook 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 (see *GNP Preceptor Handbook*). Faculty maintain responsibility for the final evaluation of the student and for submission of a final course grade.

The educational process is a collaborative endeavor involving the preceptors, the student, and the faculty. Everyone has a very specific role to advance the student's knowledge and skill in a specialty area of practice. The *Graduate Nursing Program Preceptor Handbook* clarifies 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 faculty input, a preceptor for each clinical course. The preceptor must be an expert in the area in which the student wishes to develop expertise. 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 clinical field, a MD/DO with specialized training and experience, a nurse with a high level administrative position (e.g. director, vice-president, president, CEO), a nurse with an advanced business or other degree. Clinical preceptors must hold a position in the organization where they 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. Students select a clinical preceptor outside of his/her 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. A table detailing current preceptor qualifications will be available in the Resource Room.

II-F.

The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected faculty outcomes. For example:

- *Faculty have opportunities for ongoing development in the scholarship of teaching.*
- *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*

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. Practice is an EFO; opportunities to meet this expectation are provided and supported by the institution.

Teaching is the most important faculty role at CMU. The *Professional Personnel Employment Handbook* (https://www.coloradomesa.edu/human-resources/cmu-ppeh-allsections_august2017.pdf), serves as the faculty handbook, specifies a teaching load for full-time faculty of 24 semester hours per academic year. This is typically 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, service, and practice obligations. Formal evaluation of CMU faculty performance occurs annually and is based on four elements (teaching effectiveness, student advising, scholarly activity, service). Clinical practice is required of MSN and DNP faculty teaching in clinical courses (please see Key Element I-C). Examples of faculty outcomes will be available in the Resource Room, including professional development, advising, scholarship, and practice. Full-time tenure-track faculty are given one credit release time for faculty-practice for each three-credit class taught at the graduate level.

Professional Development: Monies are made available to faculty at both the university and departmental level. Grant funding that was used to establish the graduate program has been depleted. Currently, funding for professional development is competitive across campus. Graduate nursing faculty apply for funding to the Office of Academic Affairs. Money is awarded based on Academic Affairs review criteria. CMU funds are available annually 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 for use in professional development. Professional development funds may be used for scholarly projects, professional travel, or for tuition reimbursement. DHS has provided an annual subscription with *Nurse Tim, Inc.* (<https://nursetim.com/>), a web-based professional development organization offering educational in-services on a variety of topics. Faculty attend virtual or campus-wide presentations. Campus-wide professional development sessions have recently included ‘*Mental health and suicide prevention*’; ‘*Campus Safety*’; ‘*Critical thinking unmasked: How to infuse it into a discipline-based course*’; ‘*D2L basics: Gradebook and syllabus*’. The DHS supports the attendance of new faculty at a variety of educational opportunities. For example, graduate faculty were supported financially to attend AACN’s doctoral and master’s conferences in the 2017-2018 AY.

Advising: Students are admitted into the MSN and DNP programs each fall. Potential applicants can find admission guidelines/criteria on the DHS website. PCSs and the administrative assistant are available to provide guidance as needed. Continuing students meet annually and as needed with the PCs to establish, continue, and/or modify a course plan. Class sizes average between five-15 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 are aware 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 are active members of Sigma Theta Tau International Nu Kappa chapter and one serves on the Rocky Mountain Chapter of the National Association of Pediatric Nurse Practitioners. Some faculty are members in the Colorado Nurse’s Association.

Scholarship: 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. Additionally, DHS faculty use a formal mentoring program (Appendix II-G-1) to assist new hires in becoming proficient in their role within the department and the CMU faculty community. The pathway to tenure is also reviewed with the faculty to mentor them in the process of transitioning from teacher to teacher – scholar (Appendix II-G-2).

Standard III**Program Quality: Curriculum and Teaching-Learning Practices**

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

III-A.

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

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

Program Response:

The curriculum for the MSN and the DNP programs was developed, implemented, and revised to reflect clear statements of ESOs congruent with the mission, goals, and roles expected of program graduates.

Faculty prepare graduate-level nurses to meet the demands of an increasingly complex health care system and are responsible for developing course materials and content congruent with nursing science and professional advanced nursing practice. The curricula for each program are outcomes-focused and competency-based. Curricula integrate the most current professional standards and have distinctly stated goals articulating the outcomes and/or 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 in order to meet course requirements. Benchmarks (as stipulated in the SEP) provide a mechanism for faculty to evaluate if the mission, vision goals, ESOs, and EISLOs are being achieved.

Curriculum Development: CMU's *Curriculum Policies and Procedures Manual (CPPM)* provides a process for creation of new programs and ongoing curricular revision. Based on the curricular framework outlined in the *CPPM* (2018) and using professional standards and guidelines [e.g. Nurse Practitioner Core Competencies Content (NONPF, 2017); White Paper: The Doctor of Nursing Practice Nurse Practitioner Clinical Scholar (NONPF, 2017), *Interprofessional HP Curriculum Framework* (Healthy People Curriculum Task Force, 2015); *DNP NP Toolkit* (NONPF, 2013); *Sample Curriculum Templates for (DNP) NP Education*

(NONPF, 2013); *Criteria for Evaluation of NP Programs*, NTF, 2012)], faculty delineated MSN and DNP plans of study to facilitate the attainment of expected outcomes that are congruent with each program's mission, goals, and the roles for which the program is preparing its graduates. Examples of plans of study for each program can be found in Appendices III-A-1 and III-A-2. Each curriculum includes ESOs aligning with the appropriate AACN *Essentials* and NONPF *Competencies* (Appendices III-A-3 and III-A-4; see also Appendix I-A-2).

EISLOs provide a guide for completion of each course. As stated, EISLOs contribute to achievement of each program's mission, goals, and ESOs. EISLOs are linked to learning activities that are evaluated on an ongoing basis as stipulated in the SEP.

EISLOs are linked to the benchmarks incorporated in the CMU Assessment Plan (see Appendices IV-A-2 and IV-A-3). The CMU Assessment Plan stipulates how each outcome is evaluated and establishes a time frame for completing the review process. Each curriculum is designed to facilitate achievement of ESOs and EISLOs; all curricular elements are supported by professional standards and guidelines (see Key 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 derive from each program's mission statement, goals, and ESOs. Courses are structured enabling students to develop mastery and application of clinical knowledge, skills, and abilities reflective of the roles for which the program is preparing its graduates. Consistent with an outcome-focused, competency-based curriculum, essential knowledge (content), competencies (skills), and experiences (practice) are identified for each course and are provided in a manner enabling students to master the ESOs and EISLOs. Faculty use a curricular map to guide the evaluation process; an example curricular map (DNP) is provided in Appendix III-A-5. The curricular map provides a foundation for the course maps included in each course shell; an example is included in Appendix III-A-6.

MSN Program: The 36-credit program is designed for students already possessing a BSN (the programs of study for the MSN can be found at <https://www.coloradomesa.edu/health-sciences/graduate/master-science-nursing.html>). Graduates are prepared to provide and improve care to patients, families, and/or communities and to lead in educational and complex health care systems. The curriculum is supported by professional standards and guidelines (see Key Element I-A). ESOs are stated in the *Graduate Nursing Program Handbook* (<https://www.coloradomesa.edu/health-sciences/documents/graduate-nursing-program-handbook.revised-6.6.18-c-toc.pdf>) and in individual course syllabi. Course objectives (EISLOs) and learning activities are consistent with the ESOs.

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, demonstrate accountability, and communicate in a manner promoting patient outcomes. A student's ability to achieve this outcome is evaluated in numerous courses in the program. The MSN Capstone incorporates these elements in a service learning project. Students develop projects with community partners using the GNOME (Goals, Needs, Objectives, Methods, Evaluation) model. Examples of students' projects include the development of a nursing education program for the administration of medications used in end-stage pulmonary disease. Another student completed a systematic review of best practices for pediatric pain management in the emergency department setting and presented her findings to the local emergency department staff. Capstone projects are evaluated using grading rubrics. The

corresponding assessment benchmark stipulates ‘90% of students achieve a grade of 90% or higher on the evaluation rubric’.

DNP Program: The 79-credit hour DNP-FNP builds upon the generalist foundation acquired through a BSN or advanced generalist MSN (the program of study for the DNP-FNP can be found at <https://www.coloradomesa.edu/health-sciences/graduate/master-science-nursing.html>). Several changes to the curriculum were proposed and approved by the graduate curriculum committee in spring 2018. Elimination of the required three credit elective decreased the total hours to 79 from 82. Additional content from an elective may be at the recommendation of the program coordinators or DNP Project Chair but may not be necessary for every project. The CMU graduate curriculum committee deemed that one credit in clinic equates to 50 hours of student engagement. One clinical practicum credit was added to each of the specific population group content areas to ensure students meet the required clinical time in primary care. For example, *Clinical Practicum Care of the Child/Adolescent* (NURS 610) increased from two to three credits; *Clinical Practicum Care of the Adult* (NURS 620) increased from two to three credits; *Clinical Practicum Care of the Elderly* (NURS 640) increased from two to three credits. *FNP Preceptorship* (NURS 650) increased from four to six credits. Additionally, *FNP Preceptorship* was divided into two 3- credit courses to allow for advancement from “High Clinical Skill Level” (NURS 650) to “Independent Clinical Skill Level” in a newly developed course NURS 652, *FNP Preceptorship II*. One additional hour of didactic content for *Rural and Vulnerable Populations* (NURS 604) was added to provide a theoretical framework for the clinical component. Content includes rural population health concepts, characteristics of vulnerable populations, and cultural characteristics specific to vulnerable and rural populations. The title of the correlating clinical practicum, was shortened to *Clinical Practicum: Rural Health* (N640), to create uniformity for the courses. The concept of vulnerability is independent of rurality so is discussed in the didactic course and throughout the curriculum. In keeping with current recommendations, the term “elderly” was replaced by “Older Person” in the course *Primary Care of the Elderly*. Elderly is a term that can be perceived as derogatory. It may connote frailty, as opposed to natural aging as a process.

New graduate leadership, in 2017, revised the course sequencing to provide structure of curriculum content to maximize students’ learning. As a result, course curriculum revisions were submitted to the Graduate Curriculum Committee in 2017 and were approved in 2018. Course scaffolding that assumes content is premised on previous coursework was structured within the overall program by requiring formal pre-requisites. For example, students must complete all 500- level coursework prior to the 600 level courses. *Health Promotion and Disease Prevention*, (NURS 535) is recommended to be taken prior to *Chronic Illness* (N530). *Primary Care of the Adult* and its co-requisite clinical practicum (N602/ N620) or *Primary Care of the Older Person* (N603) or the co-requisite clinical practicum (N630) are now required prior to pediatrics.

One of the most significant curriculum changes was to *Transition into Advanced Practice Nursing* (NURS 660). In reviewing other programs, evaluating our own student outcomes, and reflecting on student’s learning of the scholarly process, this course (NURS 660) was restructured to *Transitions to the Doctor of Nursing Practice* (DNP). Windshield surveys of other programs indicate the need for a DNP project process that encompasses eight to 10 credits. This is consistent with student feedback from the CMU DNP program. A course specific to the

development of the DNP project purpose and problem was substantiated from student discussions at graduate faculty meetings. Transitions content related to the role and function of the Advanced Practice Nurse (APN) would be better suited to the *APN Issues* course (NURS 600), as students require that information at the onset of clinical experiences. Student outcomes in Transitions, demonstrated students were achieving 100% on assignments related to professional issues indicating a ceiling effect for assignments consistent with the *APN Issues* course. Content will be relocated to the N600 *APN Issues* course without sacrificing the objectives or rigor. NURS 660 *Transitions to the DNP*, will focus on the transition to the role of the DNP. The outcome for NURS 660 will be development of the DNP project problem statement and purpose. Development of the problem statement and purpose was incorporated in NURS 660 in the past. The problem statement and purpose development will be in isolation without additional content of the professional issues in the future. 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. The curriculum is supported by professional standards and recommendations (see Key Element I-A).

The DNP mission specifies graduates will translate scientific findings, evaluate programs and outcomes, produce clinical scholarship, and transform health care systems and policies. An ESO dictates students will critique complex primary care clinical situations and health care systems to *promote optimal outcomes through evidence-based practice*. Students' ability to achieve this outcome is evaluated in numerous courses. For example, in *Primary Care of Children and Adolescents* (NURS 601), students analyze different mental health conditions in children and compare the evidenced-based USPSTF recommendations for adults to the pediatric guidelines. Access to pediatric mental health evaluation and treatment is evaluated. Principles of health promotion and advocacy for mental health in the pediatric population is discerned. Students complete a systematic review and present their findings to their peers in a Deep Dive presentation. Each student contributes to a discussion forum about their findings. Recommendations are compared with what is available in their community for pediatric mental health services. The corresponding assessment benchmark stipulates 'students will achieve a grade of 90% or higher' on the Deep Dive assignment.

Evidence for outcome achievement at the student level is captured in each course and practicum experience. Faculty include a course map in the course shell linking to the expected terminal degree outcomes (for example, see Appendix III-A-6). Faculty development of course maps with DNP Program ESLO's has been inconsistent in the graduate program. Beginning in fall 2018, a template and exemplars will be provided in a strategic planning graduate faculty meeting for development of course curriculum mapping. Curriculum mapping will become an ongoing component of new the new faculty orientation schedule.

Culminating Experience—Capstone or DNP Project: MSN students must complete a culminating capstone experience if completing an MSN, or a project if in the DNP program. The DNP title was changed from capstone to project for consistency with recommended language for the terminal degree. The culminating experience provides students with an opportunity to produce a scholarly work synthesizing their graduate education. MSN capstones (NURS 575)

focus on relevant service learning projects utilizing a systematic review process. MSN students work with community partners to provide needed service learning as identified by the stakeholders. The scholarly systematic review is presented in a format amenable to the service learning project. Student findings (oral and written) are defended academically in a formal setting to the faculty. DNP Projects identify a gap in clinical practice. DNP students work with their team members to identify methodologies to address that gap in clinical practice. Teams are comprised of a faculty co- team leader and a content expert. Using the word “team” is consistent with AACN recommendations to differentiate DNP projects from PhD dissertation committees. The student is co-team leader, facilitating the opportunity to demonstrate leadership role development consistent with a DNP. Students attend a faculty meeting to present their initial problem statement and purpose for their *capstone* project in N 660. Faculty feedback is provided to students at the time of the presentation and synthesized within a rubric in the course shell. This process of faculty feedback on the project will continue with the new curriculum for NURS-660 *Transition to the DNP*. Once in NURS-750, *DNP Project: Application of Evidenced-Based Practice I* and subsequent NURS-760, *DNP Project: Application of Evidenced-Based Project II*, students assume the role of co-leader with a faculty team. Students are expected to demonstrate synthesis of ESOs, faculty feedback, and stakeholder needs within their DNP project. Expectations for successful completion of the project are included in the course syllabi (available in the Resource Room). An overview of these expectations is provided in Appendix III-A-7. Students are expected to link specific assignments in their graduate learning to DNP Program outcomes, NONPF guidelines, and respective *Essentials* in an ePortfolio in their culminating project classroom. This is shared with their cohort and faculty. (Student examples of the ePortfolio will be available in the Resource Room.)

Progression: The *Handbook* stipulates students must achieve a minimum of an 80% to successfully complete a course; maintain a cumulative 3.0 GPA; repeat any nursing courses if they receive a grade below a B. If students fail a second nursing course (below a B), they are withdrawn from the program and are not re-admitted. If students fail more than one course in a semester, they are reviewed by faculty and treated on an individual basis.

III-B.

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

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

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

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

APRN education programs (degree and certificate) (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

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

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

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

Program Response:

Each program was developed, implemented, and revised to reflect professional nursing standards and guidelines relevant to the program/area, role, population focus, and specialty. ESOs are reflective of the professional standards and guidelines. It is clearly evident how content, knowledge, and skills (identified by sets of standards) are incorporated into each curriculum.

ESOs are consistent with and incorporate professional nursing standards and guidelines as relevant to the particular program emphasis (Appendix I-A-3). EISLOs are consistent with the roles for which each program is preparing its graduates. Students complete degree requirements through a combination of online coursework, on-campus or synchronous online focus sessions, course-related practice experiences, and completion of a practice-oriented project. Didactic practicum coursework is designed to provide a strong foundation for successful completion of the Master's Capstone and the DNP Project at the end of the specific program of study. *The Essentials* and *Competencies* correspond with ESOs, course descriptions, EISLOs, teaching-learning strategies, and course assignments. Faculty utilize the SEP and curricular maps to clarify how ESOs and EISLOs remain reflective of the *Essentials* and corresponding learning activities. Recommendations about elevating, integrating, or eliminating specific content are evaluated during scheduled faculty meetings. Changes are approved by the graduate leadership team and sent to the graduate curriculum committee for approval.

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 in Nursing* (AACN, 2011); and *Criteria for Evaluation of Nurse Practitioner Programs* [National Task Force on Quality Nurse Practitioner Education (NTF), 2012]. Additional relevant professional standards and guidelines identified by the faculty are incorporated as updated guidelines become available. Please see Key Element I-A. A curricular plan for three MSN cognates is in place. The education, advanced nursing, and the leadership and administration cognate include 36 semester hours of coursework. Students graduating with an advanced nursing cognate complete *Quality Improvement* (NURS 505); *Chronic Illness* (NURS 530); and *Health Promotion and Disease Prevention* (NURS 535). The leadership and administration cognate complete interdisciplinary courses in the department of business. Coursework in this cognate includes *Advanced Management Theory* (MANG 510), *Advanced Business Law and Ethics* (BUGB 500); and *Human Resource Management* (HRMA 520). The Masters' Capstone is consistent with all masters' cognates in that it is a service learning project, but the focus is in the administration sector. Students graduating with a nursing education cognate complete *Teaching Strategies for the Nurse Educator* (NURS 540); *Curriculum Design and Evaluation* (NURS 545); and *Nurse Educator Practicum* (NURS 560). Students in the advanced nursing cognate complete experiences in a variety of settings included outpatient clinics, schools, and public health sites. Student in the nursing education cognate complete experiences in formal educational and direct care settings. Students in the leadership and administration cognate complete experiences in the health administration sector.

DNP: The DNP program curriculum incorporates *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006), *The Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012), and additional relevant professional standards and guidelines identified

by the faculty. Students who enter the DNP program with bachelor's degree in nursing must complete 79 semester hours of coursework, pass an oral defense related to the synthesis of the DNP project, and successfully complete a minimum of 1000 clinical hours for terminal degree conferral. The DNP coordinator completes an assessment of post-master's applicants' clinical hours to determine the additional clinical hours required for the DNP. Faculty support the definition of practice documented in the *DNP Essentials (2006)*, 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". Thus, the 1,000 clinical hours DNP requirement is completed in a variety of clinical practice settings (e.g. primary, long term, urgent, specialty) including hours specific to the DNP project process. Clinical hours should be part of a "supervised academic program" (*DNP Essentials, 2006*). Clinical hours are completed over a 15-week period each semester with one credit-hour equivalent to 50 hours per the CMU graduate curriculum committee handbook.

III-C.

The curriculum is logically structured to achieve expected student outcomes.

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

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

*Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in *The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)*, even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.*

*DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire doctoral-level competencies delineated in *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.*

Program Response:

Each curriculum is logically structured to achieve ESOs and EISLOs. 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 serves as a foundation for informed advanced clinical practice. Each curriculum is structured to achieve expected program outcomes (ESOs). Faculty review outcome data each semester, in a systematic manner, according to the SEP. Faculty evaluation of current students' successes in the program, student feedback, and faculty assessment of student achievement of EISLOs and ESOs is ongoing and reflected in the SEP.

MSN: The purpose of the MSN program is to provide an organized sequential plan of study leading to preparation as a clinical leader, nursing leadership administrator, or nurse educator. Admission into the program requires students have a BSN 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. The program provides 36 credit hours leading to a master's degree with an emphasis in advanced nursing practice, nursing leadership and administration, or nursing education. The addition of the leadership and administration cognate is new. Interdisciplinary education is a catalyst for the development of this program option. The MSN program must be completed in four years. The curriculum consists of four components: the foundational core (24 credit hours), the advanced practice (nine credit hours), the specialization cognates (nine credit hours), and Capstone (three credit hours). In lieu of the capstone process, students have the option of NURS 580 Thesis, should student interest be in research. Course descriptions are included in the CMU *Catalog* (<https://catalog.coloradomesa.edu/>). 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 clinical practice and leadership as prescribed by the *Essentials*. Examples include: *Nursing Research Methods* (NURS 501) which builds upon the evidence-based practice 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 reflecting the synthesis and application of knowledge gained throughout the curriculum. The MSN curriculum also provides a foundation 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 practice. The DNP curriculum builds on a baccalaureate (BSN-to-DNP) foundation. Course descriptions are included in the CMU *Catalog*. The curriculum was

developed based on the following assumptions: 1. Applicants would have achieved learning outcomes consistent with AACN's *Essentials of Master's Education for Advanced Practice Nursing* (2011); *The Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012). 2. 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 entering students have completed the master's level courses (500 level) prior to enrolling in a 600-level course or have completed prior graduate courses leading to advanced practice certification.

Graduates with this terminal clinical degree are prepared for roles in direct care or indirect, systems-focused care. Students develop the clinical, organizational, health policy and leadership skills to design and implement programs of care delivery that significantly impact health care outcomes. 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 and preparation in specific population competencies and content. Clinical practice experiences afford the opportunity for reinforcement of the didactic content.
- 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.
- NONPF population core competencies guide the FNP population didactic and practicum coursework. Students evaluate evidence and utilize this evidence in clinical decision-making, leadership skills, and implementing clinical decision-making.
- DNP advanced practice curriculum coursework guides applying research and theoretical understanding to plan and inform change in practice. Emphasis on assessment of populations, program evaluation, and use of data to make programmatic decisions is fundamental to innovative DNP scholarly projects reflect the synthesis and application of knowledge gained throughout the curriculum.

III-D.

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

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

Program Response:

Teaching-learning practices and environments support the achievement of ESOs and EISLOs. Faculty provide continual guidance with students about their assignments through email communication, telephone, and in-person meetings.

Faculty employ pedagogical and adult-focused models of learning, as appropriate, in order to better engage adult learners. Completing course requirements are supported by synchronous as well as asynchronous access to faculty. Online resources are an important component of each program. Students are informed of program announcements as soon as possible through the graduate news link that is updated once a semester. Students are also made aware of changes via email. As stipulated in the SEP, teaching-learning practices and the curricula 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). As courses are developed and offered, strengths and weakness are identified, shared, and deliberated upon at faculty meetings. Faculty strive to make revisions as soon as weaknesses are identified. 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, in 2014, significant changes were made to *Epidemiology* (NURS 626) based on faculty review of student feedback. Course learning outcomes were clarified; textbooks were updated, and the course outline was enhanced. Additionally, teaching-learning practices were modified to include video tutorials for completion of course assignments, power point presentations with audio lectures, and specific weekly or biweekly assignments. Assignments incorporated interactive web-based tutorials that employed sound feedback, interactive quizzes, and music in real life epidemiologic case scenarios.

Faculty have established a benchmark specifying ‘90% of the students enrolled in a course will express satisfaction with teaching-learning practices and environments’. For example, in *Health Promotion Disease Prevention* (NURS 535), students requested more opportunity to have “real-world” application of classroom assignments. The instructor has now created an opportunity for students to identify a sample health promotion grant, and construct a letter of intent, grant application, and grant budget as a graded activity. In *Primary Care of the Adult* (NURS 602), students requested narration or voice-over for class lectures. The instructor has now amended the course lectures to include both narrated and non-narrated lectures.

Online learning: In the D2L learning environment, faculty utilize discussion boards, online chats, web-conference sessions, and synchronous sessions via online support technology. Virtual office hours are offered by all faculty who teach online. Additional technologies such as Panopto, ZOOM, and Voice Thread are available to support the achievement of ESOs. D2L is available through the university website and can be accessed by students and faculty from home or work via any computer. D2L offers tutorials in use of Panopto and Voice Thread. D2L allows students and faculty to communicate classroom needs, exchange information, post course materials, and utilize power points or other presentation modalities. One Drive is available for students to share and edit group projects. University library services are supportive of students and faculty. Numerous electronic databases are available to assist with obtaining print or video material for course assignments. Dedicated online librarians with expertise in CINAHL, PubMed, Cochrane or other health related databases are embedded in the online classrooms. Office hours for librarians include weekends or evenings.

Faculty utilize standardized rubrics for assessing systematic reviews and service learning projects. With standardized criteria, faculty convey a consistent level of expectation and work with students to progressively improve their analytical skills. Assignments include papers and presentations that are prepared and presented both individually and collaboratively. For example, in *Theoretical Foundations*, each student progresses over time to advance their knowledge of theory development with application to real life as they share with classmates in a narrated presentation. Students interact together and with course faculty, throughout the designated week, sharing personal learning and new-found concepts through peer-review opportunities (see Appendix III-D-1 for excerpts of assignment details). In *Primary Care of Rural and Vulnerable Populations*, students participate in a synchronous online discussion where they compare and contrast middle range theoretical characteristics of rural and vulnerable populations in their communities using an emic and etic approach. The 600 level courses were reviewed to create a similar infrastructure: clinical practicum incorporate a service-learning project using the GNOME model; corresponding didactic courses expect a systematic review in a topic relevant to the course content. Duplicative infrastructure of the courses facilitates student learning of course content.

III-E.

The curriculum includes planned clinical practice experiences that:

- enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
- are evaluated by faculty.

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

Program Response:

The MSN and DNP programs include planned clinical practice experiences enabling students to integrate new knowledge and demonstrate attainment of ESOs and EISLOs. Practicum experiences are evaluated by the faculty.

Practicum experiences offer opportunities for students to provide care for ethnically, culturally, and economically diverse populations. Locations for clinical practicum experiences include primary care, acute care, long term care, rural and underserved communities, nonprofit agencies, and public health sites. Preceptors who work with students are evaluated for their appropriateness for the preceptor role (please see Key Element II-E).

Coordination of Clinical Placements: Faculty have established contracts (also referred to as *affiliation agreements*), with a variety of agencies to provide students with optimal learning experiences (Affiliation Agreements will be available in the Resource Room). These agencies include, for example, regional hospitals, community clinics, and physician offices. Students may request CMU establish a contract with additional facilities and are aware this can be a lengthy process. Faculty who are facilitating clinical practicum courses (pediatric, adult, elderly, rural, final practicum) assist students in developing an individualized plan to meet their personal goals, objectives, ESOs, and EISLOs from evaluations on the clinical evaluation tool (CET) in the GNP Preceptor Handbook (https://www.coloradomesa.edu/health-sciences/documents/preceptor-handbook.ay-2018_2019.updated-5.18.18.pdf). The CET was revised to allow for sequential progression from the first clinical to the final preceptorship clinical where independent practice is the normed expectation. Scaffolded scoring from a baseline score at the beginning clinical is expected: students start with the expectation of achieving a 70% and progress to over 90% by the final clinical. The preceptor handbook was revised to reflect the standardized curriculum between the clinical practicum courses. Student progression expectations are clear in the information in the CET and the GNP preceptor handbook.

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, students enrolled in the *Nurse Educator Practicum* (NURS 560) are able to integrate theory in a reality context of the teaching role. *Clinical Practicum: Adult* (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. *Clinical Practicum: Elderly* (NURS 630) supports the application of theoretical concepts of primary care of the elderly including the integration of health assessment, pathophysiology, pharmacology, health promotion and disease prevention, chronic and acute illness management in clinical settings. *FNP Preceptorship* (NURS 650) focuses in-depth on the role of an FNP in the client-care setting with selected populations; experiences are 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.

III-F.

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

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

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 the graduate advisory board (GAB), preceptors, community health care agencies, community residents, and potential employers.

- **Graduate Advisory Board (GAB):** The GAB meets each semester to provide input in the planning and evaluation of the graduate nursing program. Current students from either the MSN or DNP program attend meetings as they are able. The GAB also serves as a liaison between the community, clinical agencies, and the faculty. The GAB offers ongoing support and/or recommendations related to curriculum, teaching-learning practice, and clinical sites.
- **Prospective students:** Are provided information regarding the curriculum via the Graduate Nursing Program webpage, via telephone calls or Zoom meetings with graduate nursing faculty, and during health care-related recruitment fairs and area professional conferences. Faculty are aware of the need to recruit students from various ethnicities and cultural backgrounds.
- **Current students:** Enter either the MSN or DNP program with a minimum of a BSN degree from an accredited institution and are licensed RNs. The online course format creates opportunities for students to remain in their home communities while they complete their graduate education courses. The online environment enables faculty to share their knowledge of current research and clinical expertise with students using threaded discussions, video conference calls, and feedback on class assignments. Immersion practice in the clinical setting affords students opportunities to focus on the application of knowledge across the spectrum of care under the direction of a faculty and/or a preceptor. Students are able to further integrate specific educational principles into their clinical practice. Additionally, students provide feedback for ongoing curricular improvement through course evaluation processes.

Students are provided with multiple opportunities to achieve ESOs and EISLOs. For example, in *Clinical Practicum of the Child and Adolescent* (NURS 610), concepts of developmental stages are an expectation underlying clinical documentation submitted for evaluation. In *Clinical Practicum of the Elderly* (NURS 630), students participate in clinical experiences in a variety of primary care settings (e.g. long-term care, outpatient care, home care) where they evaluate and treat a variety of common geriatric syndromes and conditions. Formal meetings are held with students and faculty to discuss their DNP scholarly projects prior to enrollment in the DNP scholarly project courses (NURS 750, NURS 760). In *Transitions to Advanced Nursing Practice* (NURS 660), students are expected to demonstrate community commitment to their projects by obtaining a letter of support for the project from their stakeholder organization.

- **Graduate Student Orientation:** Faculty recognize the value of providing opportunities for students to interact with student peers and faculty outside the online classroom. Graduate student orientations provide a face-to-face format to facilitate

that process. New and returning students are invited to campus for scheduled orientations at the beginning of each semester. Content is presented in small group breakout sessions or classroom presentation formats with opportunities for discussion. Examples of topics have included implementation of the Typhon clinical tracking program and techniques for writing at the graduate level. Orientation continues to expand and is strongly encouraged to enhance student success. Dedicated skills content for ongoing 600 level students in the format of Graduate Program Student Skills (GPSS) Intensives began in January 2017. GPSS-Intensives will be focused on learning specific skills or specialty content with guest providers who are considered experts in that area. Topics reviewed in depth include radiology review, billing and coding, and women's health skills days. These are 'hands on' opportunities to interact with regional guest presenters and their faculty as shown in Appendix III-F-1.

- **Faculty:** Faculty are members of the community of interest. They are also decision makers and implementers of curricular change and are responsible for curricular integrity. Faculty use their expertise to constantly assure teaching-learning practices are appropriate to the student population and build on prior learning. Additionally, faculty share ideas for curricular improvements with one another including course assignment and teaching methodology including Deep Dives and use of instructional videos.

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

- **Feedback from students:** Current students complete online standardized course evaluations at the end of each course related to curriculum and teaching-learning practices. Submission of course evaluations as a pre-condition for the release of the grade is not required. Faculty appeal to students within the classroom to submit formal feedback. Submitted course evaluations are reviewed by the faculty and the DH. Suggestions for revisions are discussed during faculty meetings. For example, students requested the clinical assignments be consistent across clinical courses within the DNP program (*Child-Adolescent*, NURS 610; *Adult*, NURS 620; *Older Persons*, NURS 630; *Rural* NURS 640). Thus, instructors for the clinical courses aligned the clinical assignments. For example, each course now includes service-learning projects. The need must be congruent with each course's objectives. Faculty have established a benchmark stating '90% of students indicate teaching-learning practices are effective in fostering ongoing improvement'.
- **Feedback from Employers:** Employers are members of the community of interest. As such, the needs and expectations of employers are assessed annually using the Employer Survey. The Employer Survey is distributed to employers of the MSN and DNP graduates. The survey provides data regarding graduates' skills in critical thinking and scientific reasoning, health policy, ethical principles, leadership, and evidence-based practice. Faculty have established a benchmark stipulating '90% of employers choose strongly agree/agree on embedded questions on the Employer Survey'.
- **Feedback from Graduates:** Graduates are members of the community of interest. Thus, graduates' perceptions of needs, expectations, and knowledge gained from the

program is assessed using the Exit Survey and Alumni Survey. Exit Surveys distributed via a Survey Monkey link sent via email. The same process is used to distribute Alumni Surveys one-year post-graduation. Both tools provide data related to the students/graduates' perceived levels of learning profession-specific knowledge, professionalism, leadership, collegiality, and overall program quality. Faculty have established a benchmark stipulating '90% of students will choose 3.0 or higher on survey items'.

III-G.

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

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

Program Response:

Evaluation of student performance is evaluated by faculty and is consistent with ESOs. 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; faculty submit the final course grade.

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 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 SEP.

- **Evaluation of Student Performance:** Policies include those related to grading criteria, clinical performance, progression, and dismissal from the program. Current policies stipulate a minimum grade of 80% (B) is required in all graduate course work. If a grade lower than 'B' is earned in any course, the course must be repeated. If students fail a second program course (below a B), they are withdrawn from the program and

are not re-admitted. If students fail more than one course in a semester, they are reviewed by faculty and treated on an individual basis.

- **Grading guidelines:** All students are provided with the *GNP Handbook* informing them of grading guidelines and procedures. Any revisions in guidelines/procedures are communicated in a timely manner. Grading criteria are clearly defined/outlined in 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 rubrics and individualized feedback on assignments. If a student is dissatisfied with a course grade, he/she may follow the grievance process included in the *CMU Catalog* and the *Handbook*.
- **Course objectives/EISLOs:** Each course syllabus delineates the EISLOs, assignments, evaluation methods, and the grading scale. Individual student achievements are most commonly assessed by the 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 specific EISLOs and the corresponding assessment, 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, to measure knowledge and skill attainment and to complete course revision. 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 faculty with an assessment of how well the class met ESOs and EISLOs.
- **Indirect measures:** Students evaluate how well they were able to achieve courses' objectives and how well courses were designed to assist them in accomplishing their learning goals and objectives.

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

Preceptors receive the *Graduate Nursing Program Preceptor Handbook* (https://www.coloradomesa.edu/health-sciences/documents/preceptor-handbook.ay-2018_2019.updated-5.18.18.pdf) to assist them in fulfilling their role. Faculty are responsible for evaluating students' clinical performances. Faculty receive feedback from students' preceptors and integrate preceptors' feedback into students' evaluation. For example, students in *Child/Adolescent* (NURS 610), *Adult* (NURS 620), *Older Persons* (NURS 630), and *Rural* (NURS 640) are evaluated using a consistent CET, generating a comprehensive performance judgment for each student throughout the semester; the tools include specific feedback from faculty and preceptors (see *Graduate Nursing Program Preceptor Handbook* (https://www.coloradomesa.edu/health-sciences/documents/preceptor-handbook.ay-2018_2019.updated-5.18.18.pdf; pages 7-10)). Students are also involved in self-evaluation

using the NONPF outcomes as a guide; they evaluate what they have done, or are doing, in order to meet each NONPF outcome in clinical courses (Appendix III-G-1: NONPF Core Competencies Self Evaluation). Beginning fall 2018, this form will be amended to follow the NONPF 2017 NP Core Competencies.

Culminating Experience: Capstone or Project: Students in both the MSN and DNP program complete a project that demonstrates integration and synthesis of the learning outcomes. Guidelines for completing the MSN Capstone project are provided in Appendix III-A-6. Guidelines for the DNP project are provided in Appendix III-A-7. Students work closely with a faculty advisor to plan, implement, and evaluate their project. The third member of the committee may be another faculty or an expert external to CMU, such as a preceptor, clinician, or a leader within an organization. MSN students are evaluated on their clinical time within the organization by the third member of the committee. DNP students experience dedicated clinical time in N750 and N760, addressing essentials that are not direct patient care.

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

Guidelines and policies related to student evaluation are defined in the *GPS Handbook*. Guidelines are consistently applied, reviewed annually, and updated as needed. Grading criteria related to the ESOs and EISLOs are defined for each course, communicated to students, and applied consistently. Various assessment approaches are used in both didactic and practicum courses and they are defined in each course syllabus.

III-H.

Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.

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

Program Response:

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 the 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.

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 faculty meetings. The need for curricular modifications is identified and a plan for revising materials is formulated. A recent curricular modification included having students, prior to enrolling in the MSN or DNP Capstone, attend a faculty meeting to share their thoughts and have faculty provide input (see an example documented in the Graduate Faculty Meeting Minutes October 3, 2017 provided in the Resource Room).
- Accommodate different demographic constituencies with varied life and work experiences, learning styles, teaching preferences, and developmental needs.
- Maintain consistency with use of a generic course syllabi template. Course and clinical objectives derive from the professional standards and guidelines serving as a base for each curriculum. These foundational documents are communicated in course syllabi.
- Ensure each syllabus is up-to-date and teaching-learning methods assist students in meeting ESOs and EISLOs.
- Align course assignments with other courses' assignments so that students can focus on the content rather than having to learn new assignment infrastructure.
- Ensure students receive objective 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 to other faculty for input on how to foster improvements. Curricular, instructional, and technical issues are all included in these evaluations.
- Evaluate curriculum and teaching learning practices annually (according to the SEP) as a component of the ongoing assessment of student learning process. Examples of recent curricular changes include incorporation of voice-over presentations and sequencing of courses.

In addition, teaching and learning practices within nursing courses are also evaluated by the distance education distance education department (see Appendix III-H-1).

Standard IV**Program Effectiveness: Assessment and Achievement of Program Outcomes**

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

IV-A.

A systematic process is used to determine program effectiveness.

Elaboration: The program uses a systematic process to obtain relevant data to determine program effectiveness. The process:

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

Program Response:

A systematic process is used to determine program effectiveness. The graduate programs utilize an overarching systematic evaluation as a plan for program review. In addition to the systematic evaluation plan, the plan for Assessment of ESOs is also reviewed. These processes are written, ongoing, comprehensive, and provide for a timely collection of quantitative and qualitative data used to assess achievement of program outcomes. These processes are periodically reviewed and revised as appropriate.

The Systematic Evaluation Plan: The SEP (Appendix I-B-1) provides the structure and process for program evaluation, including guiding the collection of data and feedback from each community of interest; benchmarks are established for each standard and key element (SEP with data will be available in the Resource Room). By including multiple assessment mechanisms, evaluation processes, and various data sources, faculty have a comprehensive systematic method for evaluating critical elements for each program. Faculty continue to explore additional methods of collecting evaluative data affording opportunities for curricular revision. During the Summer Strategic Planning Session in May 2018 (see Meeting Minutes available in the Resource Room), the SEP was reviewed and revised by faculty. A calendar for systematic evaluation of graduate programs was developed to schedule evaluation and review of data and program outcomes (see Appendix IV-A-1). However, with new leadership in the graduate program as of summer 2017, it was found that the calendar was not strictly adhered to. As a result, raw data

and program outcomes were reviewed and reported during the May 2018 strategic planning session. Faculty expect to follow the calendar more closely starting fall 2018.

Campus Wide Assessment Process: Program review is on a six-year rotation for assessment. Programs with specialized accreditation do not follow the six-year review cycle but are required to submit three and six-year assessment summaries. A well-designed assessment plan can aid the program in formulating time frames for assessment as well as decide what courses line up with the learning outcomes to be assessed. Faculty developed an Assessment Plan for each graduate program to comply with the institutional requirement (Appendix IV-A-2, MSN; Appendix IV-A-3, DNP). Each plan includes ESOs; educational strategies; assessment methods; time of data collection with responsible individual; benchmark; results of assessment processes; and resulting actions. Additionally, each plan includes the campus-wide Graduate Level Outcomes agreed upon by CMU faculty.

CMU has solicited faculty input across campus to revise its expected learning outcomes for the masters and doctoral level of education. The Graduate Curriculum Committee, with three graduate programs representing all graduate programs at CMU, was specifically responsible for development of the final graduate learning outcomes (see Appendix IV-A-2 and IV-A-3). Faculty in the MSN and DNP nursing programs utilized the CMU graduate learning outcomes to revise program ESOs and develop a new assessment plan for each program (Appendix IV-A-2 and IV-A-3) at the beginning of the 2015-2016 academic year. The revised assessment plan was used to track outcome data in calendar years 2015-2016 and 2017-2018 to evaluate ESOs). The MSN and DNP ESLOs have been reviewed by faculty over the past five years and revised to align with the revisions to respective AACN *Essentials* documents and other professional standards/guidelines. For example, in *Quality Improvement* (NURS 505) faculty updated application activities to include use of health information systems for tracking patient data. For *DNP Project: Application of Evidence Based Practice I* (NURS 750), the project has now been aligned to address a gap in clinical practice rather than to conduct original research (Syllabi will be available in the Resource Room).

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.

The SEP provides a method for identifying and quantifying a variety of indicators to measure performance outcomes of students and faculty. Faculty have designed objectives and measurable 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, PCs, faculty, students, and communities of interest (see Meeting Minutes available in the Resource Room). An organized process for collecting and reviewing data is clearly outlined in the SEP with a timeline and identified benchmarks for satisfaction and compliance (see Appendix I-B-1; Appendix IV-A-1). Each survey or data collection tool includes common response questions allowing for the tracking of trends and patterns (see Appendices I-B-2, I-B-3, I-B-4, I-B-5, I-B-6, and I-B-7). Additionally, the survey processes incorporate an open-ended comment section; written comments are summarized (by administrative assistants or the survey software) to protect student confidentiality.

Collected data includes attrition rates, graduation rates, employment rates, and other achievements of graduates; student evaluation of faculty for each course; and student, alumni, and employer satisfaction. Following each data collection process, this data is analyzed, summarized and/or aggregated, and evaluated by the faculty. After this evaluation, program and course changes are implemented as deemed necessary (see Meeting Minutes available in the Resource Room). Further, CMU's *Common Data Set* is summarized to reflect campus-wide student and institutional outcomes (available in the Resource Room). Nursing faculty modified survey processes and specific survey questions over the past five years to reflect program modifications/revisions and to remove duplicative questioning. For example, the *Graduate Nursing Student Survey* (see Appendix I-B-7) was implemented in 2015 to collect formative evaluation feedback. Questions on the MSN and DNP *Student Exit* and *Employer Surveys* (see Appendices I-B-5, and I-B-6) were modified to evaluate program goals. In 2018, faculty plan to continue revising surveys to further reduce duplicative questions and to administer surveys annually due to low numbers of respondents. Data collected and reviewed include:

- **Course/Clinical Evaluations:** At the completion of each semester, students respond to a standardized campus-wide course evaluation form via the MAVZone home page. This form, comprised of common response questions, allows for formal assessment of student satisfaction with teaching-learning practices for each course (see Appendix IV-A-4). The Office of Institutional Research summarizes data for each course and distributes to faculty via the DH. The DH discusses the results of student feedback with faculty during his/her annual performance evaluation. Results of aggregated student evaluations are shared and discussed in faculty meetings each semester. Clinical facilities and preceptors are evaluated at the completion of each DNP practicum course (see 2018-2019 *GNP Preceptor Handbook*; https://www.coloradomesa.edu/health-sciences/documents/preceptor-handbook.ay-2018_2019.updated-5.18.18.pdf). Feedback is used to enhance clinical/practicum experiences and to appropriately place students in clinical settings promoting optimal learning outcomes. Ongoing informal feedback is also obtained from students via course discussion topics, emails, and during faculty meetings to evaluate their current experiences in courses. One DNP graduate provided constructive feedback at the all graduate faculty meeting in 2018 (see Meeting Minutes available in the Resource Room).
- **Graduate Nursing Student Survey:** This survey (see Appendix I-B-7) was added fall, 2015 to provide formative evaluation feedback from students in the MSN and DNP programs. Surveys are collected online via Survey Monkey during the last two weeks of the fall and spring semesters to evaluate student input on clarity of mission, goals, and expected student learning outcomes, curriculum structure, teaching and learning practices, preceptors, opportunities to participate in program governance, policies, student support services, faculty, and advising.
- **Student Exit Survey:** As stipulated in the SEP, MSN and DNP students are asked to complete a program evaluation at the end of their final term (see Appendices I-B-4 and I-B-5). Surveys are distributed after the last week of the semester each fall and spring as the students complete their respective curriculum. Data gathered from these online Survey Monkey surveys include responses relevant to clarity of mission, goals, and expected student learning outcomes, curriculum structure, teaching and learning

- practices, preceptors, opportunities to participate in program governance, policies, student support services, faculty, advising, and their overall experience in and satisfaction with the program. During faculty meetings, aggregated exit assessment responses are reviewed and areas for program improvement are identified.
- **Alumni Survey:** As stipulated in the SEP, MSN and DNP students complete a program evaluation at one-year post-graduation (see Appendices I-B-2 and I-B-3). Surveys are distributed during the last two weeks of each semester. Data gathered from these online Survey Monkey surveys include responses relevant to University graduate learning outcomes, program goals, overall experience in the program, and information about current employment. As stipulated in the SEP, benchmarks guide the evaluation of the achievements of program graduates (e.g. promotion, scholarly activities). The Alumni Surveys (Appendix I-B-2, I-B-3) provide a mechanism for tracking demonstrated achievement of graduates. 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 Survey:** As stipulated in the SEP, the employers of graduates are sent an online Survey Monkey survey (Appendix I-B-6) requesting evaluation of the graduate's preparation in comparison with other employees with advanced education (MSN or DNP), level of performance related to program goals, and willingness to hire another program graduate and recommend the program to a friend, colleague or employee. Due to low response rate, the surveys have also been distributed during the graduate advisory meetings. Graduates and alumni are asked to provide their employer's email for survey distribution. Feedback from employers is collected both formally and informally, and then reviewed during faculty meetings. At each Graduate Advisory Board (GAB) meeting, members are invited to provide comments on students (and eventually graduates) working at his/her clinical facility. Initially, a formal survey was distributed each fall to board members. This was changed to spring in 2018. Additionally, faculty solicits feedback from clinical agency staff while supervising students in the various facilities. Faculty use this feedback to discuss and address needs presented by community members to the extent that they align with the goals of CMU. For example, community members have collaborated with MSN students in completing projects identified by community agencies.
 - **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; to date three MSN students have been withdrawn from the program due to failure to complete courses in a timely manner.
 - **Graduation/Completion 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 rates are collected at four-years (MSN program) and six-years (DNP program) after entry (Appendix IV-B-1 and Appendix IV-B-2).

- **Employment Rates:** Employment rates in education, advanced nursing practice, and nurse practitioner roles are gathered from the Alumni Surveys and anecdotal feedback from alumni (Appendix IV-D-1 and Appendix IV-D-2).
- **Certification Exam Pass Rate:** Once DNP graduates meet the educational requirements to take the FNP certification examination and successfully pass the exam, the nurse is awarded the credential FNP-BC. The DNP program tracks graduates' performance on the FNP certification exam first-time pass rate 'an established benchmark of 90%'. Performance of graduates taking the FNP certification exam is reviewed during faculty meetings. Certification pass rates for DNP graduates have been collected directly from DNP graduates (Appendix IV-C-1), and then verified on the State Board of Nursing APRN registry.
- **Process for Reviewing Data:** The feedback from each component of the SEP process is discussed in faculty meetings and assists in guiding and supporting curriculum and pedagogical revisions (as appropriate), determining if the program admissions criteria is appropriate, providing a justification for budget requests, and highlighting when faculty professional development is warranted.

All SEP data will be available in the Resource Room.

IV-B.

Program completion rates demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program:

- *The completion rate for each of the three most recent calendar years is provided.*
- *The program specifies the entry point and defines the time period to completion.*
- *The program describes the formula it uses to calculate the completion rate.*
- *The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.

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

Program Response:

Faculty have established a benchmark stipulating 90% of enrolled students in a cohort will complete course work within four years for the MSN and six years for the DNP (Appendix I-B-1; SEP with data will be available in the Resource Room). A cohort is defined as students admitted for start of the fall semester of the identified academic year. Completion rates for the MSN program for the seven cohorts are noted in Appendix IV-B-1. The benchmark was not met for the initial cohort, although the remaining students all had extenuating circumstances (work, medical issues, loss of a child) and were allowed a leave of absence; all have returned and completed the program within the year. All students from subsequent cohorts are on track to complete the program within four years at 100%. Completion rates for the DNP program are noted in Appendix IV-B-2. The first cohort of DNP students was admitted in the spring of 2011, with a six-year benchmark of completing the program in spring 2017. By spring 2018, 10 students completed their DNP coursework within the six-year timeframe. No DNP student has had to extend their studies beyond the six-year timeframe. Subsequent cohorts are on track to exceed the benchmark with 100% completion rate. Some students have elected to obtain an MSN degree in the process of completing DNP coursework. Those students chose to obtain the MSN for a variety of reasons (e.g. work conflicts, family conflicts, desire for part time study). Faculty have been flexible in working with students who chose either an MSN “opt-out” and DNP re-entry or who needed a leave of absence for health or work reasons. Faculty plan to track students who choose the MSN opt-out.

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

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

- *The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years.*
- *The NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year. However, if the NCLEX-RN® pass rate for any campus/site and track is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

A campus/site or track with an NCLEX-RN® pass rate of less than 80% for first-time takers for the most recent calendar year provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, data relative to specific campuses/sites or tracks, and data on repeat takers.

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

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

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

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

Program Response:

Faculty have established a benchmark of 90% first time pass rate for the DNP-FNP graduates. The first students graduated from the DNP program in December 2015 and became eligible for certification. Credentialing examination rate for all cohorts is noted in Appendix IV-C-1. Of the 10 graduates, two chose not to sit for the FNP certification because they were already licensed as APRNs. Two students failed the certification exam on the first attempt but passed on the second attempt. Six students (75%) passed on their first attempt which is below the benchmark. Students are strongly advised to take online preparation courses to prepare for the certification exam, and to test soon after graduation to enhance success. In addition, graduate-leadership determined that changing to cohorts would enhance student success. This change was made in

AY-2017-2018. Grouping students into cohorts provides opportunity for the *Pharmacology* course to be taken immediately prior to the 600-level clinical courses believed to enhance student's likelihood of passing on their first attempt.

IV-D.**Employment rates demonstrate program effectiveness.**

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

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

Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance.

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

Program Response:

Faculty have established a benchmark of 90% employment in nursing roles in advanced practice, leadership or education after graduation within 12 months of completion, which exceeds the required 70% benchmark established by CCNE. Employment rates for all MSN graduates exceed both benchmarks for all years as noted in Appendix IV-D-1. MSN graduates have been employed in nursing leadership positions, as clinical educators within a healthcare facility, or as nursing educators. The DNP program has similar employment outcomes as noted in Appendix IV-D-2 Two graduates were already nurse practitioners and continued in their previous roles after graduation. Eight graduates of the DNP program are all certified and practicing as FNPs in a variety of clinical settings (e.g. primary care, gastroenterology, urology/women's health).

IV-E.**Program outcomes demonstrate program effectiveness.**

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

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

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

Program Response:

Expected Student Outcomes (ESOs): The CMU Assessment Committee refers to student learning outcomes as SLOs; faculty understand this terminology is equivalent to the ESOs established for each program. As previously noted, the assessment of learning outcomes underwent significant revision within the past two years across the CMU campus. Based on recommendations from the Assessment Director, the faculty evaluate annually 50% of the learning outcomes across the MSN and DNP curriculum on a rotating basis. The data collection and analysis for this revised process began in 2015-2016 as noted in Appendix IV-A-2 and Appendix IV-A-3. Aggregated key findings are noted and shown in data collection for the SEP and the Assessment plan (the SEP and Assessment plans with data analysis will be available in the Resource Room). Students are demonstrating developmental progression of knowledge, skills, and application of each ESO over the curriculum in the MSN and DNP programs. Faculty continue to make course changes as needed to enhance achievement of SLOs. All ESOs meet the benchmark of 90% achievement. For example, in *Statistics* (NURS 625) students were doing well with SPSS analysis skills but were weak in interpreting data outputs. Examples of data interpretation write-ups are now included throughout the course.

Course/clinical surveys. Aggregated course evaluation data can be noted in the SEP (Appendix I-B-1) and demonstrate overall achievement of the benchmark for most outcomes. Faculty encourage and remind students to complete course evaluations at the end of each semester; however, the “N” of responses remains low. Since students are not required to complete these evaluations at CMU, faculty are exploring other ways to reinforce the importance of providing this valuable feedback. As noted, scores were below the established benchmark in summer, 2013. Faculty reviewed the findings and determined the reason to be there was a low return rate in one course (*Advanced Health Assessment*, NURS 527) in which only one student responded. Other courses taught that semester were above the benchmark. Unfortunately, CMU failed to obtain course evaluations in summer, 2015; in summer, 2016, student satisfaction in *Advanced Health Assessment* (NURS 527) met the benchmark on all items. Faculty noted the trend over time of student feedback regarding “uses a variety of teaching methods.” Online courses are limited in terms of teaching methods. Faculty continue to explore the use of various technologies to enhance their teaching methods and are conducting a “show and tell” of teaching methods used by our online faculty during fall, 2016 faculty meetings. Faculty have made improvements in “accessibility” to students through the use of online office hours, cell phone, email, and text communications. Zoom is now used consistently in NURS 626 *Epidemiology*, NURS 604 *Primary Care of Rural Populations*, and NURS 601 *Primary Care of Children and Adolescents* for synchronous discussion of presentations. In addition, Zoom has been used for students to view defense presentations of masters and doctoral projects.

Graduate student survey. Aggregated results from the graduate student survey can be noted in Appendix I-B-1. This survey was instituted fall 2015 and repeated spring 2016 with new questions added. The number of survey responses remains low, and faculty are exploring

ways to communicate the importance of providing feedback for ongoing quality improvement. The average score on all items met the benchmark (average score is 3.0 or above). Two areas of concern emerged on the spring, 2016 survey: opportunities to participate in program development/governance and quality of advising/guidance. Concerns about quality of advising reflect inconsistency in course offerings. The DH has to juggle the need to have adequate enrollment to offer a course, the number of students interested in taking a particular course, and the course progression sequence. As program enrollment grows, this problem will be addressed by consistent adherence to the established course progression sequence. Student attendance is tracked in faculty Meeting Minutes (available in the Resource Room) as noted in Table IV-E-1, and has shown decreased attendance over time with the increased number of students outside the local area. Faculty initiated immediate efforts to address involvement in program governance including the use of web conferencing for faculty meetings and an online student newsletter. Zoom has been used for students to attend faculty meetings.

Table IV-E-1 Student Attendance at Faculty Meetings

2013	2014	2015	2016	2017	2018 to date
8/18 (44%)	7/13 (54%)	5/14 (36%)	3/9 (33%)	3/7 (45%)	2/4 (50%)

Note: Numerator is # of meetings that had students present; denominator is the total # of meetings in a given year.

Graduate student exit survey. The MSN survey was modified spring, 2016 to shift from student feedback on their achievement of SLOs to program goals. Specific questions were also added to assess key elements of the SEP (Appendix I-B-1). Survey responses vary by year and number of graduates as noted in Appendix IV-B-1 and IV-B-2. Responses to MSN surveys conducted in 2014 and 2015 met the established benchmark in each area except for ‘quality of advising’ (fall 2014). Consistency in course offerings emerged as a frustration for students in the qualitative questions; this issue will be resolved with program growth and structuring course sequencing (implemented beginning fall 2017). In spring 2016, one area that did not meet the benchmark was ‘understanding how to file a formal complaint or grievance’. However, this information is readily available in the *CMU Catalog* and *Handbook*. The graduate student survey was also modified spring 2016 to include achievement of program goals (Appendix I-B-7). See Appendix IV-E-1 for aggregated data from 2013-2016. No data are available from 2017 due to the transition in leadership within the graduate nursing program. However, faculty intend to resume annual surveying of graduate students upon exiting the program beginning fall 2018.

Alumni satisfaction: Alumni surveys, sent one year after graduation, have yielded low response rates making interpretation difficult. See Appendix IV-E-2 for aggregated data from 2014-2017. In fall, 2016, faculty determined using CMU email addresses to distribute online surveys was a major barrier as the University now deletes student email addresses three months after graduation. New strategies are needed to increase response rates from alumni.

Employer satisfaction: Employer satisfaction is evaluated annually using online surveys and through paper surveys distributed at the Graduate Advisory Board (GAB) meetings. Survey results are aggregated to identify trends. Survey questions were expanded in 2015 to include revised SLOs. The online survey in spring 2016 raised a concern about willingness to recommend the DNP program. Faculty added additional questions to the fall 2016 advisory

board survey in an attempt to identify the underlying reasons, which seem to be related to length of the program and added cost in relation to no pay difference in clinical practice. Overall, employers provide positive feedback regarding their satisfaction with the program and survey results are meeting the established 90% benchmark (Appendix IV-E-3), although no survey data exists for spring 2017 to present.

Clinical preceptor evaluation of students: Clinical preceptors evaluate students at the completion of every clinical rotation. Evaluation criteria are based on which clinical rotation the student is enrolled in, based on the Clinical Evaluation Tool (pages 7-10 in the Preceptor Handbook). From 2013 through spring 2018, the expected percentage students must achieve vary from 70% in the first clinical rotation to 80% in the fourth clinical rotation. Expected benchmarks were increased beginning fall 2018 so that students must meet a minimum of 80% in their first clinical rotation, 85% by their third clinical rotation, and 90% by their preceptorship. This was changed to be congruent with the minimum expected passing grade for graduate students of 80%. Additionally, clinical preceptors' feedback was that students needed practice performing clinical case presentations. Thus, by fall 2017, a new Clinical Case Presentation form was created. See pages 11-12 of the *Preceptor Handbook*. Students must be able to achieve a "pass" using this form by the end of each clinical rotation.

Clinical agency survey: Students evaluate clinical agencies at the end of each clinical rotation. Aggregated data reveals average rating for all clinical agencies (Appendix IV-E-4) at or above the established benchmark (average of 4.0 or higher on survey items – 5-point scale).

IV-F.

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

Elaboration: The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:

- *are identified for the faculty as a group;*
- *incorporate expected levels of achievement;*
- *reflect expectations of faculty in their roles and evaluation of faculty performance;*
- *are consistent with and contribute to achievement of the program's mission and goals; and*
- *are congruent with institution and program expectations.*

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

Program Response:

EFOs are identified in the SEP. Expected levels of achievement are identified as benchmarks and are reflective of the expectations for faculty at CMU. EFOs are consistent with and contribute to the achievement of each program's mission, goals, and EPOs. Aggregated faculty outcomes are

reviewed annually after the performance review process is completed. Data are compared to the EFOs (Appendix IV-F-1). Faculty outcomes meet or exceed the established benchmarks with the exceptions noted in Appendix IV-F-1. In 2013 and 2014, failure to meet the benchmark was related to newly hired faculty who were evaluated on one semester of work. In their first semester, faculty are encouraged to focus on their teaching, with the expectation scholarly work will evolve as they progress in their tenure-track period. Two areas of concern emerged in 2015, when only 40% of faculty (the MSN and DNP PDs) met the benchmark for advising on their annual evaluation. Since the PDs complete initial and course progression advising for the MSN and DNP students, other faculty were struggling to identify advising opportunities. Faculty reviewed and discussed an action plan for increased involvement in advising and recruitment activities. In 2015, one faculty member did not meet the established benchmark of course evaluations; this issue was resolved in 2016. Faculty revised the EFOs in 2015 to remove redundant criteria related to scholarship and the requirement of having a doctoral degree. All current and future faculty who teach graduate courses are required to have doctoral degrees. In 2017, two categories fell below benchmark (faculty engaged in clinical practice, faculty receiving a 4.0 on 5.0 scale for course evaluations). When benchmarks are not met, faculty meet during regularly scheduled faculty meetings to discuss ways to improve.

IV-G.

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

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

Program Response:

An official complaint is when a student alleges: the institution has violated local, state, and/or federal law; a breach of contract e.g. failure to meet institutional obligations as presented in recruiting material document, application for enrollment or student housing, course syllabus, etc.; or, 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 must not be covered by another existing policy or process. Formal complaints are identified as written complaints or grievances received by the MSN and DNP PDs. A written record of formal complaints and their resolution are kept by the respective PDs. To date, four formal appeals/complaints have been received. All complaints were resolved through the program and university's appeals process. Procedures for handling complaints or grievances are included in the *CMU Catalog*, the *Maverick Guide* (2016), and the *Handbook*.

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

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

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

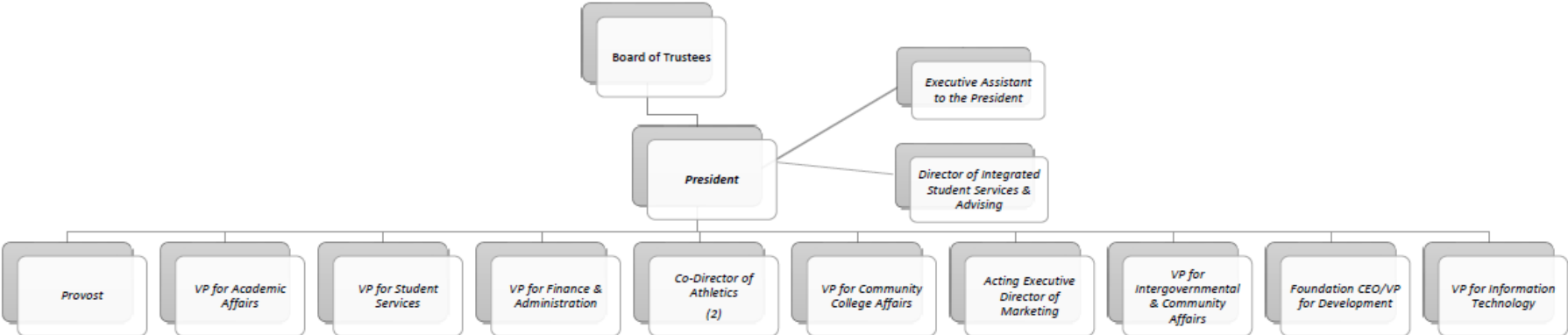
Program Response:

Data from evaluative surveys and feedback from communities of interest are used to inform program improvement (Appendix IV-A-2 and IV-A-3). Faculty review sources of data at faculty meetings and identify opportunities for improvement. Appendices IV-E-1, IV-E-2, and IV-E-3, and IV-E-4; and Meeting Minutes (available in the Resource Room) identifies key program improvements based on data analysis. For example, faculty reviewed student enrollment rates in 2014, identified need for enrollment growth and generated plans to actively recruit students in the region through graduate and employment fairs. In terms of FNP certification pass rates, percentages have varied. In 2015, the certification exam pass rate on the first attempt for the first graduating DNP cohort was 50% (N=2). Faculty met with the student and explored reasons for failure and suggested remedial plans for study. This student passed on the second attempt. The 2016 cohort of students was strongly urged to use the *Fitzgerald Review Course* to prepare for the FNP certification exam, and 100% (N=4) passed on the first attempt. In 2017, the pass rate was 66.6% (N=3). The one student who did not pass on the first attempt did pass on her second attempt. Faculty reviewed courses and identified areas where improvements could be made. In terms of faculty outcomes, percentages also varied. In 2014, 1/7 category did not meet benchmark. In 2015, 2/7 categories fell below benchmark. In 2016, 3/7 categories fell below benchmark. In 2017, 2/7 categories did not meet benchmark. Each time benchmarks were not met in any one area, faculty met to discuss ways to improve. For example, faculty who were not involved in clinical practice on a regular basis identified new opportunities for practice. A new contract with area senior housing facilities was established so that faculty could provide health assessment and health promotion clinics for residents in these facilities. Another benchmark which faculty were consistently not meeting was a 4.0 on a 5 point Likert scale for course evaluations. The failure to meet this benchmark in 2015 likely reflected newly hired faculty who were still learning their roles and in 2017, was likely due to increased program rigor. In terms of graduate nursing student and alumni feedback, a request was made for more “real world” experiences. In 2015, for NURS 535 (Health Promotion and Disease Prevention), a discussion assignment was provided where students developed a grant proposal including a budget to submit for a selected health promotion intervention. In 2016, the graduate nursing student and exit surveys identified the need to improve student involvement in program governance. So, faculty created a student newsletter that is published at least annually. Student participation in faculty meetings was also enhanced using conference calls or ZOOM technology. In 2017, students expressed a need for more innovative teaching strategies. Faculty attended university-

wide faculty development seminars in order to improve and maintain teaching methods and pedagogies.

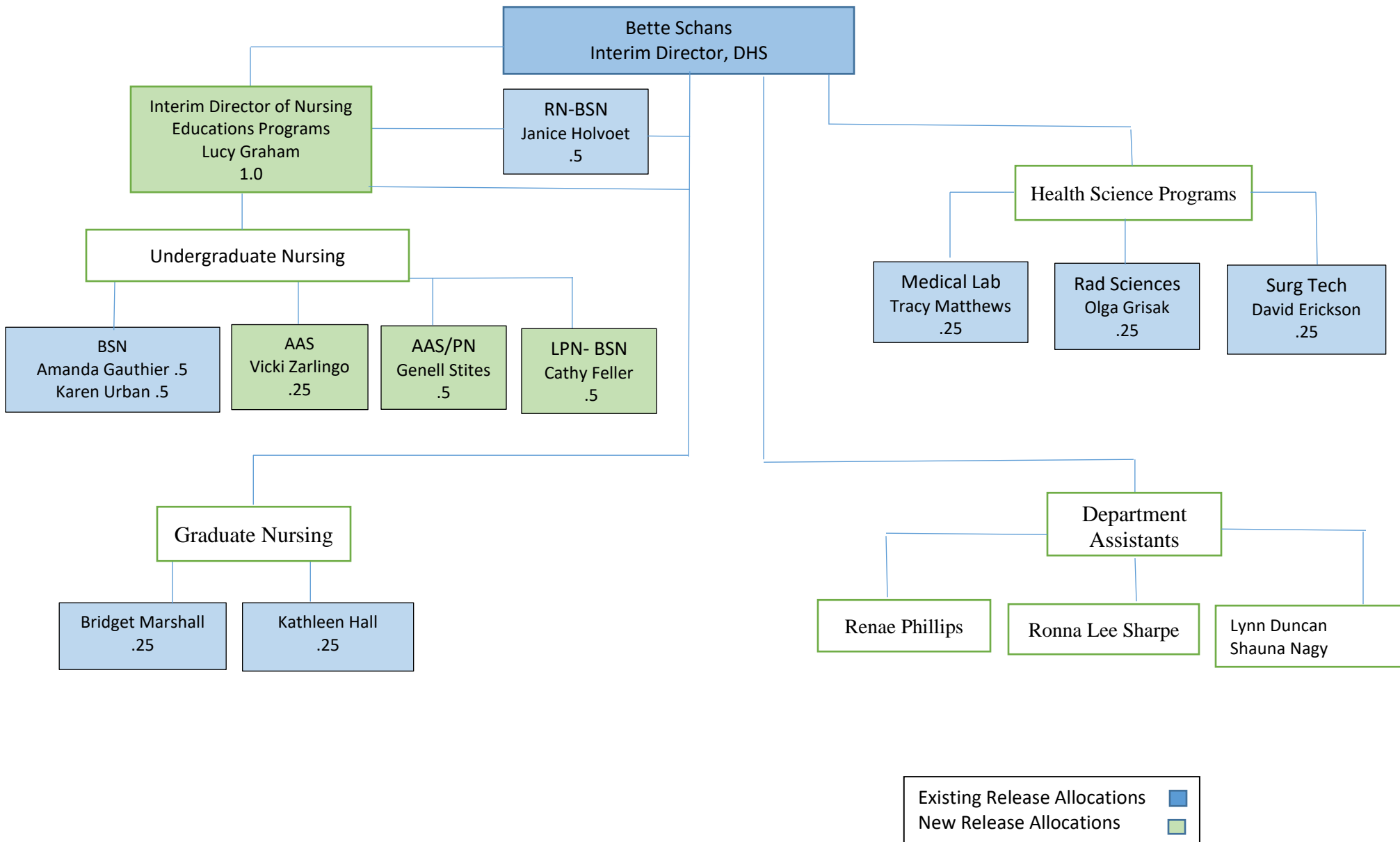
Appendices

Appendix O-1: CMU Organizational Chart



Appendix O-2: DHS Organizational Chart

Department of Health Sciences Organizational Chart with Release Time



Existing Release Allocations	
New Release Allocations	

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

CMU Values: as a regional education provider CMU values:	DHS Values: the faculty and students affirm they value:
<ul style="list-style-type: none"> • High quality education in a student-centered environment. • Small class sizes and a high level of student/faculty interaction • An attainable and accessible post-secondary experience for students in and outside of Western CO 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 • Student choice in an academic programming that prepares future leaders to function as productive and 	<p>Caring: exhibiting concern and empathy for others with an active desire to alleviate another’s suffering, demonstrating care.</p> <p>Service: actions carried out with the aim of providing a public good, providing assistance to clients/patients, and contributing to the profession.</p> <p>Scholarship: lifelong learning; evidence-based practice</p> <p>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.</p> <p>Collaboration: working together to achieve goals.</p>

<p>responsible members of a global society</p> <ul style="list-style-type: none"> • 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, and staff that promotes a balanced exchange of ideas. <p>Vision: over the next decade CMU will leverage:</p> <ul style="list-style-type: none"> • An adaptable and flexible approach to learning • A highly qualified faculty • A curriculum that successfully prepares students in the areas of 	<p>Ethics: values, principles, and codes governing decisions in healthcare practice, conduct, and relationships.</p> <p>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.</p> <p>Accountability: the acknowledgment and assumption of responsibility for actions, products, decision, and policies encompassing the obligation to report and be answerable for resulting consequences.</p> <p>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.</p> <p>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.</p> <p>Vision: Over the next decade, the DHS will serve as the foremost healthcare education provider serving local, regional, national and global communities.</p>
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<p>personal and social responsibility, civic engagement, ethics, and intercultural global learning</p> <ul style="list-style-type: none">• Facilities and technology that expand, expedite, and enhance learning• Support from businesses, industries, alumni, and residents• On-going, continuous basis for quality and relevance• An administration that uses human and natural resources wisely, embraces excellence, committed to shared governance, and focused on the future	
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Original: Prior to 2018. Reviewed/Updated May 2018

**Appendix I-A-2:
Congruency of Program Mission, Goals, ESOs, Essentials, & NONPF Competencies with CMU & DHS**

CMU Learning Outcomes	DHS & BSN Learning Outcomes with Area of Learning & BSN Essential	MSN Mission, Goals, ESOs with corresponding MSN Essential & NONPF Competencies (2017)	DNP Mission, Goals, ESOs with corresponding DNP Essential & NONPF Competencies (2017)
<p>Doctoral: The CMU doctoral degree graduate will be able to:</p> <ul style="list-style-type: none"> • Advance science, education, leadership, practice, or policy within a chosen discipline by completing an original research project approved by a faculty panel (specialized knowledge/applied learning) • Employ discipline-specific logical, mathematical, or statistical methods, or other analytical processes to address a topic or issue (quantitative fluency) • Create oral & written arguments or explanations, well-grounded in discipline-specific theories & methods, for specified audiences (communication fluency) • Formulate and evaluate hypotheses as related to research problems, issues, concepts, & 	<p>DHS: Graduates of the DHS will be able to:</p> <ul style="list-style-type: none"> • Demonstrate professional ethics, knowledge, skills, & attitudes as a life-long learner (specialized knowledge; applied learning) • Demonstrate safe, evidence-based, competent practice (applied learning) • Demonstrate leadership, collaboration, teamwork, & conflict resolution (intellectual skills-communication fluency) • Demonstrate effective communication & information technology skills (intellectual skills – communication fluency) 	<p>MSN Mission: To prepare nurses to provide expert leadership in the delivery of healthcare services & programs to individuals, families, & communities across the lifespan in a variety of settings. Graduates are prepared to practice as nurse educators & leaders with the critical thinking skills & knowledge necessary to promote the profession of nursing through guiding clinical practice, teaching, research, program development & implementation, & scholarship.</p> <p>MSN Goals: prepare graduates as:</p> <ul style="list-style-type: none"> • Leaders & educators in health care systems or academic settings • Seekers of new knowledge by means of critical thinking, creative reasoning, & scientific investigation in relation to nursing theory, science, & practice 	<p>DNP Mission: The program prepares experts in advanced practice to utilize specialized knowledge & evidence-based nursing to influence & deliver primary care to diverse populations. Graduates will translate scientific findings, evaluate programs & outcomes, produce clinical scholarship, & transform health care systems & policies.</p> <p>DNP Goals: prepare graduates as able to:</p> <ul style="list-style-type: none"> • Assume clinical leadership roles in service & academic settings • Influence health policy & systems of health care in local, state, regional, & national forums • Use information technology & analytic methods to evaluate

<p>various perspectives (critical thinking)</p> <ul style="list-style-type: none"> • Synthesize, evaluate, or refine the information base of various scholarly sources (information literacy) • Choose ethical & legal courses of action in research & professional practice (ethical reasoning) <p>Master’s: The CMU master's degree graduate will be able to:</p> <ul style="list-style-type: none"> • Contribute to scholarly advancement in the chosen field by completing projects individually & collaboratively (specialized knowledge/applied learning) • Employ discipline-specific logical, mathematical, statistical methods, or other analytical processes to address a topic or issue (quantitative fluency) • Create oral & written arguments or explanations, well-grounded in discipline-specific theories & 	<ul style="list-style-type: none"> • Engage in critical & creative thinking in complex problem solving (intellectual skills – critical thinking) • Demonstrate cultural sensitivity, advocacy, civic engagement, & community service (civic engagement) <p>BSN: Graduates of the BSN will:</p> <ul style="list-style-type: none"> • Promote a culture of respect & safety while communicating the importance of lifelong learning & professional career development (specialized knowledge; applied learning; Essential I, III, VIII, IX) • Utilize scientific inquiry & quantitative reasoning as a base for patient care decisions (intellectual skills; communication fluency; Essential I, II, IV, V, IX) 	<ul style="list-style-type: none"> • Disseminators of nursing knowledge & research to consumers & other health care professionals • Leaders capable of determining effective strategies to promote change within the profession & leading to a more effective management of the health care delivery system <p>MSN ESOs - Graduates of the MSN will:</p> <ul style="list-style-type: none"> • Incorporate leadership skills & behaviors to foster best practices, promote professional growth, inter-professional collaboration, & positive change in people & systems within healthcare & education (MSN Essential II, VII; NONPF Leadership) • Analyze quality improvement & safety initiatives, accountability & communication to improve patient outcomes (MSN 	<p>multiple sources of outcome data</p> <ul style="list-style-type: none"> • Utilize current practice guidelines & policies, care delivery models & strategies to impact health outcomes • Develop therapeutic approaches to reduce disparities in the care of families, communities, & populations • Design evidence-based, ethical, safe, & cost-effective strategies that improve health care outcomes for individuals or populations <p>DNP ESOs: Graduates of the DNP will:</p> <ul style="list-style-type: none"> • Facilitate intra- & inter-professional collaboration to address health disparities & to improve health care quality across diverse populations & cultures (DNP Essential VI; NONPF Leadership) • Appraise organizational & system leadership principles in the analysis, delivery, &
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<p>methods, for specified audiences (communication fluency)</p> <ul style="list-style-type: none"> • Formulate & evaluate hypotheses as related to research problems, issues, concepts, & various perspectives (critical thinking) • Synthesize, evaluate, or refine the information base of various scholarly sources (information literacy) • Evaluate moral, ethical, legal, or professional challenges within the discipline (ethical reasoning) <p>Baccalaureate: The CMU baccalaureate degree graduate will be able to:</p> <ul style="list-style-type: none"> • Construct a summative project, paper or practiced-based performance that draws on current research, scholarship &/or techniques, & specialized knowledge in the discipline (applied learning; specialized knowledge) • Analyze data critically, reason logically, & apply quantitative analysis methods correctly to 	<ul style="list-style-type: none"> • Communicate a plan for integration of evidence-based findings into professional nursing practice (intellectual skills; communication fluency; Essential III, IV, VI, VII, IX) • Employ critical thinking as a basis for nursing practice (intellectual skills; critical thinking; Essential I, II, VI, VIII, IX) • Improve healthcare outcomes through inter-professional collaboration & communication, facilitating access to resources to meet diverse health care needs (information literacy; Essential I, II, VI, VII, VIII, IX) • Integrate ethical principles of leadership & management in the delivery of health care 	<p>Essential III: NONPF Policy, Health Delivery System)</p> <ul style="list-style-type: none"> • Advocate for policies to improve the health outcomes of populations & the quality of the health care delivery system as it impacts professional nursing practice (MSN Essential VI, VIII; NONPF Policy, Health Delivery Systems) • Apply current evidence-based knowledge to inform &/or initiate change in educational, clinical, & organizational environments (MSN Essential IV; NONPF Quality) • Synthesize advanced theoretical, empirical, & ethical knowledge to engage in systematic critical inquiry for a chosen domain of nursing (MSN essential I, IV: NONPF Scientific Foundation) • Appraise the impact of social determinants, culture, diversity, values, & globalization in the delivery of population health (MSN 	<p>management of nursing care for safe practice environments (DNP Essential II; NONPF Leadership; Health Delivery System)</p> <ul style="list-style-type: none"> • Critique complex primary care clinical situations & health care systems to promote optimal outcomes through evidence-based practice (DNP Essential III; NONPF Practice Inquiry) • Evaluate current emerging health technologies to improve care delivery & organizational systems (DNP Essential IV; NONPF Technology & Information Literacy) • Integrate advanced knowledge of nursing theories, methods of inquiry, humanities, & sciences in the delivery of care to individuals, families, & communities (DNP Essential I; NONPF Scientific Foundation) • Advocate for social justice, equity, & ethical policies in
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<p>develop appropriate conclusions (intellectual skills quantitative fluency)</p> <ul style="list-style-type: none"> • Make & defend assertions about a specialized topic in an extended well-organized mostly error-free document & an oral presentation that is appropriate to the discipline (intellectual skills; communication fluency) • Identify assumptions, evaluate hypotheses or alternative views, articulate implications & formulate conclusions (intellectual skills; critical thinking) • Find relevant sources of information, evaluate information critically, & apply the information appropriately & effectively to specific purposes (information literacy) 	<p>(intellectual skills; communication; Essential I, II, V, VI, VIII, IX)</p>	<p>Essential VIII; NONPF Policy; Health Delivery Systems)</p> <ul style="list-style-type: none"> • Utilize information systems, technology, & patient data for ethical, clinical decision-making that promotes cost effectiveness & positive health outcomes (MSN Essential V: NONPF Technology & Information Literacy) • Develop strategies to improve individual & population health outcomes based on health promotion & disease reduction principles (MSN Essential VIII, IX; NONPF Policy; Health Delivery Systems) 	<p>health care (DNP Essential V; NONPF Ethics; Policy)</p>
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Appendix I-A-3: MSN & DNP-FNP Expected Student Outcomes (ESOs)

MSN ESOs (with corresponding MSN Essential)

- Incorporate leadership skills and behaviors to foster best practices, promote professional growth, interprofessional collaboration, and positive change in people and systems within health care and education (MSN Essential II, VII).
- Analyze quality improvement and safety initiatives, accountability and communication to improve patient outcomes (MSN Essential III).
- Advocate for policies to improve the health outcomes of populations and the quality of the health care delivery system as it impacts professional nursing practice (MSN Essential VI, VIII).
- Apply current evidence-based knowledge to inform and/or initiate change in educational, clinical, and organizational environments (MSN Essential IV).
- Synthesize advanced theoretical, empirical, and ethical knowledge to engage in systematic critical inquiry for a chosen domain of nursing (MSN Essential I, IV).
- Appraise the impact of social determinants, culture, diversity, values, and globalization in the delivery of population health (MSN Essential VIII).
- Utilize information systems, technology, and patient data for ethical, clinical decision-making that promotes cost effectiveness and positive health care outcomes (MSN Essential V).
- Develop strategies to improve individual and population health outcomes based on health promotion and disease reduction principles (MSN Essential VIII, IX).

DNP ESOs (with corresponding DNP Essential & NONPF Competencies)

- Facilitate intra- and interprofessional collaboration to address health disparities and to improve health-care quality across diverse populations and cultures (DNP Essential VI; NONPF Leadership Competencies).
- Appraise organizational and system leadership principles in the analysis, delivery, and management of nursing care for safe practice environments (DNP Essential II; NONPF Leadership Competencies; Health Delivery System Competencies).
- Critique complex primary care clinical situations and health care systems to promote optimal outcomes through evidence-based practice (DNP Essential III; NONPF Practice Inquiry Competencies).
- Evaluate current and emerging health technologies to improve care delivery and organizational systems (DNP Essential IV; NONPF Technology and Information Literacy Competencies).
- Integrate advanced knowledge of nursing theories, methods of inquiry, humanities, and sciences in the delivery of care to individuals, families, and communities (DNP Essential I; NONPF Scientific Foundation Competencies).
- Advocate for social justice, equity, and ethical policies in health care (DNP Essential V; NONPF Ethics Competencies; NONPF Policy Competencies).
- Design practice environments that support quality improvement, a culture of safety, accountability and communication to improve patient outcomes in diverse settings (DNP Essential II; NONPF Quality Competencies).
- Design evidence-based, ethical, safe, and cost-effective strategies that use technology to improve health care outcomes for individuals and/or populations. (DNP Essentials IV, VII; NONPF Health Delivery System Competencies)
- Initiate changes in health care systems through the design and implementation of health policies that strengthen the health care delivery system (DNP Essentials V, VII; NONPF Practice Inquiry Competencies, NONPF Leadership Competencies)
- Lead practice initiatives that influence population health care outcomes with a focus on underserved individuals, families, and communities (DNP Essentials VI, VII; NONPF Practice Inquiry and Leadership Competencies.)

**Appendix I-A-4:
Congruency between DNP-FNP Curriculum & NTF Criteria (2012)**

I. Organization & Administration

I.A: The co-coordinators of the NP program are nationally certified across the population lifespan and have the responsibility of overall leadership for the DNP program.

I.B: The faculty members who provide direct oversight for the DNP program are nationally certified as pediatric and adult/gerontology nurse practitioners.

I-C: Institutional support ensures DNP faculty teaching in clinical courses maintain currency in clinical practice. See Appendices II-D-1 and II-D-2.

II. Students

II-A: Any admission criteria specific to the NP program reflect ongoing involvement by NP faculty. Please see the Graduate Nursing Program (GNP) admission essay rubric (available in the Resource Room) and GNP Handbook (<https://www.coloradomesa.edu/health-sciences/graduate/index.html>).

II-B: Any progression and graduation criteria specific to the DNP program reflect ongoing involvement by NP faculty. Please see Appendices II-D-1 and II-D-2.

III. Curriculum

III.A: DNP faculty provide ongoing input into the development, evaluation, and revision of the DNP curriculum. Please see Appendices I-B-1, III-A-2, and III-A-5.

III.B: The curriculum is congruent with national standards for graduate level and APRN education and is consistent with nationally recognized core role and population-focused NP competencies.

III.C.1: The DNP program prepares graduates to be eligible to sit for a national NP certification that corresponds with the role and population focus of the NP program.

III.C.2: Official documentation must state the NP role and population focus of educational preparation. Please see the DNP program sheet:

<https://www.coloradomesa.edu/academic-program-sheets/documents/1819/dnp-fnp-1819.pdf>

III.D: The curriculum plan evidences appropriate course sequencing. Please see the DNP program sheet: <https://www.coloradomesa.edu/academic-program-sheets/documents/1819/dnp-fnp-1819.pdf>

III.E: The DNP-FNP program has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours must be distributed in a way that represents the population needs served by the graduate. Please see the DNP program sheet at: <https://www.coloradomesa.edu/academic-program-sheets/documents/1819/dnp-fnp-1819.pdf>

IV: Resources, Facilities, & Services

IV-A: Institution resources, facilities, and services support the development, management, and evaluation of the DNP-FNP program.

IV-B: Clinical resources support DNP-FNP educational experiences.

IV.B.1: A sufficient number of faculty is available to ensure quality clinical experiences. NP faculty have academic responsibility for the supervision and evaluation of DNP-FNP students and for the oversight of the clinical learning environment. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.

IV.B.2: Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program goals.

IV.B.3: NP faculty may share the clinical teaching of students with qualified preceptors.

V. Faculty & Faculty Organization

IV.A.1: DNP-FNP program has sufficient faculty members with the preparation and current expertise to adequately support the professional role development and clinical management courses. Non-NP faculty have expertise in the area in which they are teaching. Please see Appendix II-D-1.

VI. Evaluation

VI.A: There is an evaluation plan for the DNP-FNP program. Please see Appendices I-B-1, III-A-4, and III-A-5.

**Appendix I-A-5:
Integration of Graduate KSAs (2012) in MSN & DNP Curriculums**

Competency/KSA	MSN Program Goal	MSN Program Outcome (ESO)	Course Objective (EISLO)	Learning Activity
<p>Knowledge: Describe strategies for improving outcomes for all points of care.</p> <p>Skills: Use a variety of sources of information to review outcomes, compare benchmarks of care, & identify potential areas for improvement.</p> <p>Attitudes: Value ethical conduct in quality improvement efforts.</p>	<p>Seek new knowledge by means of critical thinking, creative reasoning, & scientific investigation in relation to nursing theory, science, & practice.</p> <p>Determining effective strategies to promote change within the profession & leading to a more effective management of the health care delivery system.</p> <p>Consider ethical principles in serving the needs of diverse</p>	<p>Synthesize advanced theoretical, empirical, & ethical knowledge to engage in systematic critical inquiry for a chosen domain of nursing.</p> <p>Analyze quality improvement & safety initiatives, accountability, & communication to improve patient outcomes.</p> <p>Appraise the impact of social determinants, culture, diversity,</p>	<p>Quality Improvement (NURS 505): Describe common quality indicators specifically related to nursing & the nursing report care initiatives.</p> <p>Quality Improvement (NURS 505): Employ quality measurement strategies to assess performance & identify gaps between local & best practices utilizing evidence-based practices when appropriate.</p> <p>Quality Improvement (NURS 505): Demonstrate</p>	<p>Discussion Topic: Discuss major reasons why ore organizations are requiring healthcare providers to provide data on what they do & 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.’</p> <p>Discussion Topic: Choose one of the eight dimensions of patient-centered care & identify interdisciplinary strategies to improve the patient’s experience in healthcare for this dimension.</p> <p>QSEN Initiative: Review one of the graduate</p>

	individuals, populations, & society.	values, & globalization in the delivery of population health.	professional & high level communication skills when involved in peer review, advocacy for patients & families, reporting of errors, & professional writing.	competencies from the QSEN initiative (Patient-Centered Care, Teamwork & Collaboration, EBP, QI, Safety, Informatics) & design a learning activity (KSAs) to share this competency with your fellow classmates.
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Quality	DNP Program Goal	DNP Program Outcome (ESO)	Course Objective (EISLO)	Learning Activity
<p>Knowledge: Describe strategies for improving outcomes for all points of care.</p> <p>Skills: Use a variety of sources of information to review outcomes, compare benchmarks of care, & identify potential areas for improvement.</p>	<p>Influence health policy & systems of health care in local, state, regional, & national forums.</p> <p>Utilize current practice guidelines & policies, care delivery models, & strategies to impact health outcomes.</p>	<p>Facilitate intra- & inter-professional collaboration to address health disparities & to improve health care quality across diverse populations & cultures.</p> <p>Advocate for social justice, equity, & ethical policies in health care.</p>	<p>Primary Care of Rural Populations (NURS 604): Evaluate therapeutic interventions for rural populations based on nursing & other sciences.</p> <p>Clinical Practicum: Rural Populations (NURS 640): Demonstrate advanced levels of clinical judgment, systems thinking, & accountability in designing, delivering, &</p>	<p>Deep Dive Presentation: Evaluate barriers that prevent rural dwellers from health promotion, prevention, & treatment options.</p> <p>SOAP Notes: Submit notes for at least 3 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, & inclusion of your</p>

<p>Attitudes: Value ethical conduct in quality improvement efforts.</p>	<p>Design evidence-based, ethical, safe, & cost-effective strategies that improve health care</p>	<p>Evaluate current & emerging health technologies to improve care delivery & organizational systems.</p>	<p>evaluating evidence-based care to improve patient outcomes for rural populations.</p> <p>Advanced Practice Nursing Issues (NURS 600): Assess legal, ethical, & advocacy issues & decision making related to the advanced practice role.</p>	<p>thought processes/ analysis of the plan/care given.</p> <p>Discussion Topic: Students use clinical electronic applications for clinical practice & compare & contrast these clinical applications to identify the strengths & weaknesses of each.</p>
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Note: Graduate KSAs include Patient-centered Care; Teamwork & Collaboration; Evidence-based Practice (EBP); Quality Improvement (QI); Safety; & Informatics. These are incorporated into each curriculum to assist graduates in functioning with the knowledge, skills, & attitudes necessary to continuously improve the quality & safety of the health care system within which they work

**Appendix I-B-1:
Systematic Evaluation Plan—Benchmarks Used for Program Review**

Standard & Key Element	Component & Assessment Strategy	Schedule & Responsibility	Expected Results
<p>Key Element I-A: The mission, goals, & expected program outcomes are:</p> <ul style="list-style-type: none"> • congruent with those of the parent institution • consistent with relevant professional nursing standards & guidelines for the preparation of nursing professionals 	<p>Mission, Goals, Expected Program Outcomes</p> <p>Formal strategy: Faculty review process in consultation with assessment coordinator & university leadership</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed during faculty meetings</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; assessment coordinator; university administration</p> <p>Program coordinators will keep a summary of action items from review process</p>	<p>Each component is congruent with institutional statements & professional nursing standards & guidelines for preparation of nursing professionals</p> <p>Benchmark: 90% of the time, mission, goals & expected outcomes will remain consistent with CMU & professional nursing standards & guidelines</p>
<p>Key Element I-B: The mission, goals, & expected student outcomes are reviewed periodically & revised, as appropriate, to reflect:</p> <ul style="list-style-type: none"> • professional nursing standards & guidelines • needs & expectations of the community of interest. 	<p>Mission, Goals, Expected Student Outcomes</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; assessment & grad curriculum committees, students; college administration</p>	<p>Each program component reflects the expectations of the community of interest.</p> <p>Benchmark: Mission, goals, & ESOs will be annually reviewed & revised 100% of the time.</p>

	<p>Formal evaluation completed with use of institutional & program specific surveys (exit, alumni, employer, NEAC)</p> <p>Ongoing evaluation completed by comparing program components with AACN, NONPF & ANA publications; other professional nursing standards & guidelines</p>	<p>Exit survey – upon graduation</p> <p>Alumni survey– annually</p> <p>Employer survey– annually</p> <p>NEAC survey – rotate between fall & spring semester</p>	<p>Benchmark: 90% of each community of interest will indicate satisfaction with the mission, goals, & ESOs.</p> <p>Each community of interest will provide comments & recommendations on professional abilities needing emphasis in the curriculum.</p>
<p>Key Element I-C: Expected faculty outcomes are clearly identified by the nursing unit, are written & communicated to the faculty, & are congruent with institutional expectations.</p>	<p>Expected Faculty Outcomes</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of institutional surveys (course evaluations, faculty annual evaluations)</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; college administration</p>	<p>Expected faculty outcomes are in writing, will be communicated with faculty, & be congruent with the university.</p> <p>Benchmark: 80% of faculty will receive a rating of highly proficient or above at the completion of each evaluative period</p> <p>Benchmark: 80% of the faculty will achieve a composite average score of 4.0 on each semester’s student course &/or clinical evaluations.</p> <p>Benchmark: 90% of the faculty will complete a minimum of two scholarly activities each year.</p> <p>Benchmark: 100% of the faculty will actively participate in university,</p>

			<p>department, program, or community activities.</p> <p>Benchmark: 90% of the faculty will be involved in clinical practice on a regular basis.</p> <p>Benchmark: 100% of the faculty will actively participate in university, department, or program advising activities.</p>
<p>Key Element I-D: Faculty & students participate in program governance.</p>	<p>Student are invited to attend faculty meetings in person or via distance technology.</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of institutional & program specific surveys (EBI, I-clicker; employer, NEAC)</p> <p>Ongoing evaluation completed by comparing program components with AACN & ANA</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; college administration</p>	<p>The roles of faculty & students in the governance of the program are clear & accurately reflect what actually occurs. Faculty & student participation in governance of the program remains meaningful.</p> <p>Benchmark: Feedback is solicited from 100% of students each semester.</p> <p>Benchmark: Average score ≥ 3.0 on embedded questions in student surveys.</p> <p>Benchmark: 100% of faculty will participate in program governance.</p>

	<p>publications; other professional nursing standards & guidelines</p>		
<p>Key Element I-E: Documents & publications are accurate. A process is used to notify constituents about changes in documents & publications.</p>	<p>Program By-Laws Organizational Chart Faculty/Student Handbook Website Preceptor & capstone handbooks</p> <p>Formal strategy: Formal review by faculty & program directors</p> <p>Informal strategy: solicit feedback when opportunity arises (i.e. before each new document is published).</p> <p>Evaluation completed with review of each publication: syllabi, handbooks, websites, college catalog; brochures.</p> <p>Evaluation completed with review of each document & website.</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; college administration</p>	<p>Documents & publications accurately reflect the program mission, philosophy, structure, process, & program outcomes.</p> <p>Benchmark: Documents & publications will reflect accuracy 100% of the time.</p>

<p>Key Element I-F: Academic policies of the parent institution & the nursing program are congruent & support achievement of the mission, goals, & expected student outcomes. These policies are:</p> <ul style="list-style-type: none"> • fair & equitable • published & accessible • reviewed & revised as necessary to foster program improvement 	<p>University/Faculty/Student Handbook (Academic Policies): university catalog; websites.</p> <p>Formal strategy: formal review by faculty, university administration</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Evaluation completed with review of policies & revision as needed.</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; university administration</p>	<p>Academic policies are fair, equitable, justifiable, published, relate to & are supportive of the mission, philosophy, & outcomes of the program & the institution.</p> <p>Benchmark: Policies of CMU & Health Sciences graduate nursing program will be congruent 100% of the time.</p>
<p>Key Element II-A: Fiscal & physical resources are sufficient to enable the program to fulfill its mission, goals, & expected outcomes. Adequacy of resources is reviewed periodically & resources are modified as needed.</p>	<p>A. Institutional Support: Budget B. Resources: Physical facilities C. Center for Clinical Education (CEC) D. Library resources E. Clinical facilities</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises regarding adequacy of departmental budget.</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; CEC manager; Library Committee; students; college administration</p>	<p>To ensure adequate instructional resources are available to make new purchase decisions.</p> <p>To ensure adequate instructional resources are available for the next year.</p> <p>To ensure adequate physical resources are available for student & faculty use.</p> <p>Benchmark: Fiscal & physical resources will be sufficient 100% of the time.</p>

	Formal evaluation completed with use of surveys		
<p>Key Element II-B: Academic support services are sufficient to ensure quality & are evaluated on a regular basis to meet program & student needs.</p>	<p>Availability of academic support services (i.e. media resources; technology resources; student scholarships).</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of institutional & program specific surveys</p> <p>Discussion of feedback in faculty meetings</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; college administration</p>	<p>To ensure adequate support staff is available to assist with program maintenance.</p> <p>Benchmark: Academic support services are sufficient to meet student needs 100% of the time.</p> <p>Benchmark: Average score on exit & student survey questions regarding academic support services will be 3.0 or higher.</p>
<p>Key Element II-C: The chief nurse administrator (department head, DH) is a registered nurse (RN); holds a graduate degree in nursing; holds a doctoral degree if the nursing unit offers a graduate program</p>	<p>DH & program coordinator role descriptions</p> <p>Formal strategy: evaluative surveys</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; college administration</p>	<p>The qualifications & selection of DH & program coordinators are consistent with college expectations of the role.</p>

<p>in nursing; is academically & experientially qualified to accomplish the mission, goals, & expected program outcomes; is vested with the administrative authority to accomplish the mission, goals, & expected program outcomes; & provides effective leadership to the nursing unit in achieving its mission, goals, & expected program outcomes.</p>	<p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of institutional & program specific surveys (EBI, I-clicker; employer, NEAC)</p> <p>Ongoing evaluation completed by comparing program components with AACN & ANA publications; other professional nursing standards & guidelines Discussion of feedback in faculty meetings</p>		<p>Benchmark: Chief nurse administrator (DH) will meet all criteria 100% of the time.</p>
<p>Key Element II-D: Faculty are:</p> <ul style="list-style-type: none"> • sufficient in number to accomplish the mission, goals, & expected program outcomes; • academically prepared for the areas in which they teach; • experientially prepared for the areas in which they teach. 	<p>Faculty FTE; academic preparation; experiential preparation</p> <p>Student FTE</p> <p>Workloads</p> <p>Formal strategy: evaluative surveys (include CV)</p> <p>Informal strategy: solicit feedback when opportunity arises</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; college administration</p>	<p>Faculty/student ratios in clinical settings are maintained as stipulated by clinical agency.</p> <p>There is a sufficient faculty FTE to maintain delivery of quality curriculum.</p> <p>Benchmark: 100% of faculty are experientially & academically prepared.</p> <p>Benchmark: The graduate program will maintain sufficient number of faculty 100% of the time.</p>

	<p>Formal evaluation completed with use of institutional & program specific surveys (EBI, I-clicker; employer, NEAC)</p> <p>Ongoing evaluation completed by comparing program components with AACN & ANA publications; other professional nursing standards & guidelines</p> <p>Discussion of feedback in faculty meetings</p>		
<p>Key Element II-E: Preceptors, when used by the program as an extension of faculty, are academically & experientially qualified for their role in assisting in the achievement of the mission, goals, & expected student outcomes.</p>	<p>Preceptor effectiveness</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Preceptor evaluation process (course faculty & students)</p> <p>Discussion of feedback in faculty meetings</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; college administration</p>	<p>Academic & clinical qualifications of available preceptors align with expected student outcomes.</p> <p>Benchmark: Preceptors will be academically & experientially qualified for their role 100% of the time.</p>

<p>Key Element II-F: The parent institution & program provide & support an environment that encourages faculty teaching, scholarship, service, & practice in keeping with the mission, goals, & expected faculty outcomes.</p>	<p>Faculty evaluation plan</p> <p>Faculty handbook</p> <p>Formal strategy: evaluative surveys (faculty evaluation process – college &/or departmental)</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of faculty evaluation process</p> <p>Discussion of feedback on environment in faculty meetings</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; college administration</p>	<p>Each faculty member demonstrates effective performance as specified in the evaluation process.</p> <p>Benchmark: CMU & DHS graduate programs support an environment to meet faculty outcomes 100% of the time.</p>
<p>Key Element III-A: The curriculum is developed, implemented, & revised to reflect clear statements of expected student outcomes that are congruent with the program’s mission & goals, & with the roles for which the program is preparing its graduates.</p>	<p><i>AACN Essentials</i> & other professional standards/guidelines</p> <p>Program Mission, Philosophy, Goals & Student Outcomes</p> <p>Course syllabi</p> <p>CMU Assessment process</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum Committee; Program Evaluation Committee; CMU Assessment committee; students; university administration</p>	<p>Benchmark: 100% of curriculum is developed, implemented, & revised to reflect clear statements of expected student learning outcomes that are congruent with the program’s mission, goals, & expected student outcomes.</p> <p>Benchmark: Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates 100% of the time.</p>

	<p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Comparison of expected individual student learning & expected student outcomes for alignment with those of program.</p> <p>Formal evaluation completed with use of institutional assessment plan.</p> <p>Ongoing evaluation completed by comparing program components with AACN & ANA publications; other professional nursing standards & guidelines</p> <p>Discussion of feedback in faculty meetings</p>		
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<p>Key Element III-B: Curricula are developed, implemented, & revised to reflect relevant professional nursing standards & guidelines, which are clearly evident within the curriculum & within the expected student outcomes (individual & aggregate).</p> <ul style="list-style-type: none"> • Master’s program curricula incorporate professional standards & guidelines as appropriate. • All master’s degree programs incorporate <i>The Essentials of Master’s Education in Nursing</i> (AACN, 2011) & additional relevant professional standards & guidelines as identified by the program. • All master’s degree programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation</i> 	<p>Overall curriculum & course syllabi <i>AACN Essentials</i> & other professional guidelines/standards</p> <p>Program Mission, Philosophy, Goals & Student Outcomes</p> <p>Course syllabi</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of curriculum mapping tools</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum & Evaluation Committees; students; university administration</p>	<p>Benchmark: Curricula are developed, implemented, & revised to reflect professional nursing standards & guidelines which are clearly evident within the curriculum, expected individual student learning outcomes, & expected student outcomes 100% of the time.</p> <p>Course outcomes will be consistent with the roles for which the program is preparing its graduates.</p> <p>The curriculum will incorporate knowledge & skills identified in <i>The Essentials</i> documents.</p>
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<p><i>of Nurse Practitioner Programs</i> (NTF, 2012).</p> <ul style="list-style-type: none"> • Graduate-entry program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008) & appropriate graduate program standards & guidelines. • DNP program curricula incorporate professional standards & guidelines as appropriate. • All DNP programs incorporate <i>The Essentials of Doctoral Education for Advanced Nursing Practice</i> (AACN, 2006) & additional relevant professional standards & guidelines if identified by the program. • All DNP programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2012). • Post-graduate APRN certificate programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2012). 	<p>Ongoing evaluation completed by comparing program components with AACN & ANA publications; other professional nursing standards & guidelines</p> <p>Discussion of feedback in faculty meetings</p>		
<p>Key Element III-C: The curriculum is logically structured to achieve expected student outcomes.</p>	<p>Program Mission, Philosophy, Goals & Student Outcomes</p>	<p>Ongoing, End-of-Semester, Annually</p>	<p>The curriculum is logically structured to allow for achievement of individual &</p>

<ul style="list-style-type: none"> • Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge. • DNP curricula build on a baccalaureate &/or master's foundation, depending on the level of entry of the student. • Post-graduate APRN certificate programs build on graduate level nursing competencies & knowledge base. 	<p>Course syllabi</p> <p>Program sheets</p> <p>Map of SLOs over curriculum</p> <p>Formal strategy: curriculum mapping</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of curriculum mapping</p> <p>Ongoing evaluation completed by comparing program components with AACN & ANA publications; other professional nursing standards & guidelines</p> <p>Discussion of feedback in faculty meetings</p>	<p>Responsibility: program faculty; Program Curriculum & Evaluation Committees; students; university administration</p>	<p>aggregate students outcomes 100% of the time.</p> <p>The curriculum builds upon a foundation of baccalaureate nursing education.</p>
<p>Key Element III-D: Teaching-learning practices & environments support the achievement of expected student outcomes.</p>	<p>Course content</p> <p>Course syllabi & other program materials</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program</p>	<p>Specific teaching-learning practices are identified within all courses & are routinely examined for their value in fostering optimal student learning experiences.</p>

	<p>Formal strategy: evaluative surveys & assessment process</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of assessment process & institutional & program specific surveys (graduate student, exit, employer).</p> <p>Discussion of feedback in faculty meetings</p>	<p>Curriculum & Evaluation Committees; students; university assessment committee & administration</p>	<p>Benchmark: Students will meet established 90% benchmarks in assessment plan.</p> <p>This process reflects consistent evaluation of expected student performance & individual student learning outcomes.</p>
<p>Key Element III-E: The curriculum includes planned clinical practice experiences that:</p> <ul style="list-style-type: none"> enable students to integrate new knowledge & demonstrate attainment of program outcomes are evaluated by faculty. 	<p>Course content</p> <p>Course syllabi & other program materials</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of institutional & program specific surveys</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum & Evaluation Committees; NEAC; students; university administration</p>	<p>100% of clinical courses identify appropriate clinical practice experiences to achieve program outcomes.</p> <p>Average student evaluation rating of clinical agencies will be ≥ 3.0.</p>

	<p>(graduate nursing student, exit, student eval of clinical agencies).</p> <p>Discussion of feedback in faculty meetings</p>		
<p>Key Element III-F: The curriculum & teaching-learning practices consider the needs & expectations of the identified community of interest.</p>	<p>Course content</p> <p>Course syllabi & other program materials</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of institutional & program specific surveys (graduate nursing student, exit, employer, NEAC).</p> <p>Discussion of feedback in faculty meetings</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum & Evaluation Committees; NEAC; students; university administration</p>	<p>Benchmark: 90% of students, alumni & employers indicate teaching-learning practices as effective in fostering ongoing improvement.</p>
<p>Key Element III-G:</p>			

<p>Individual student performance is evaluated by the faculty & reflects achievement of expected student outcomes. Evaluation policies & procedures for individual student performance are defined & consistently applied.</p>	<p>Course syllabi & other program materials</p> <p>Assessment process</p> <p>Formal strategy: evaluative surveys, assessment process</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of institutional & program specific surveys (graduate nursing student, exit, alumni).</p> <p>Discussion of feedback in faculty meetings</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum & Evaluation Committees; students; university administration</p>	<p>Evaluation policies & procedures are defined & applied in a consistent manner 100% of the time.</p> <p>Benchmark: 90% of students will successfully complete each course.</p> <p>Benchmark: 90% of students are able to achieve each identified learning outcome.</p> <p>Benchmark: 80% of students will graduate within the specified time frame (4-year; 6-year).</p> <p>Benchmark: 90% of graduates indicate they are able to assume nursing roles in advanced practice, leadership, or education.</p> <p>Benchmark: 90% of alumni will be employed in advanced practice, leadership or nursing education within 12 months of graduation.</p> <p>This process reflects consistent evaluation of expected student performance & individual student learning outcomes.</p>
<p>Key Element III-H: Curriculum & teaching-learning practices are evaluated at regularly</p>	<p>Course syllabi & other program materials</p>	<p>Ongoing, End-of-Semester, Annually</p>	<p>Benchmark: 85% of students select agree or strongly agree on course evaluations.</p>

<p>scheduled intervals to foster ongoing improvement.</p>	<p>Assessment process</p> <p>Course evaluations</p> <p>University program review process</p> <p>Formal strategy: evaluative surveys, assessment process, course evaluations</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of institutional & program specific surveys (graduate nursing student, exit, alumni).</p> <p>Discussion of feedback in faculty meetings</p>	<p>Responsibility: program faculty; Program Curriculum & Evaluation Committees; students; university administration</p>	<p>Benchmark: 90% of students indicate teaching-learning practices as effective in fostering ongoing improvement.</p> <p>Course & program reviews are completed according to the university evaluation plan.</p> <p>Teaching-learning practices are consistently reviewed according to the university evaluation plan.</p>
<p>Key Element IV-A: A systematic process is used to determine program effectiveness.</p>	<p>SEP</p> <p>CMU Assessment Process</p> <p>Formal strategy: evaluative surveys</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum & Evaluation Committees; NEAC;</p>	<p>Aggregate student outcome data demonstrate program achievements.</p>

	<p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of institutional & program specific surveys (graduate nursing student, exit, alumni, employer, NEAC).</p> <p>Discussion of feedback in faculty meetings</p>	<p>students; alumni; University administration</p>	
<p>Key Element IV-B: Program completion rates demonstrate program effectiveness.</p>	<p>Program specific program sheets & graduation petitions</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of program specific program sheets & graduation petitions</p> <p>Discussion of feedback in faculty meetings</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum & Evaluation Committees; NEAC; students; alumni; university administration</p>	<p>Actual student outcomes data is analyzed in relation to expected student outcomes to identify areas of discrepancies.</p> <p>If discrepancies are noted appropriate changes are instituted.</p> <p>90% of enrolled students in a cohort will complete course work within four years for the MSN & six years for the DNP.</p>
<p>Key Element IV-C:</p>	<p>FNP certification exam</p>		

<p>Licensure & certification pass rates demonstrate program effectiveness.</p>	<p>Formal strategy: State board of nursing websites</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of institutional & program specific surveys (alumni employer, NEAC).</p> <p>Discussion of feedback in faculty meetings</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum & Evaluation Committees; NEAC; students; alumni; university administration</p>	<p>Benchmark: 90% of graduates will successfully pass certification on their first attempt (DNP).</p>
<p>Key Element IV-D: Employment rates demonstrate program effectiveness.</p>	<p>Employment rates</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of institutional & program specific surveys (exit, alumni employer, NEAC).</p> <p>Discussion of feedback in faculty meetings</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum & Evaluation Committees; NEAC; students; alumni; University administration</p>	<p>Benchmark: 90% of alumni indicate they have assumed nursing roles in advanced practice, leadership, or education within 12 months of graduation.</p> <p>Benchmark: 90% of employers indicate graduates of the program perform their duties in a professional competent manner (90% of items rated above 3.0 on survey questions).</p>

<p>Key Element IV-E: Program outcomes demonstrate program effectiveness.</p>	<p>Program Mission, Philosophy, Goals & Student Outcomes</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of institutional & program specific surveys (graduate nursing student, exit, alumni, preceptor, employer, NEAC).</p> <p>Discussion of feedback in faculty meetings</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum & Evaluation Committees; NEAC; students; alumni; University administration</p>	<p>Benchmark: Aggregate program outcome data provide evidence of the program's effectiveness in achieving its mission, goals, & expected outcomes, annually 100% of the time.</p> <p>Benchmark: 90% of students indicate the curriculum is effective in preparing them to assume nursing roles in advanced practice, leadership, or education.</p> <p>Benchmark: Students will demonstrate achievement of ESOs with average score of 90% or higher on identified assessment methods.</p>
<p>Key Element IV-F: Faculty outcomes, individually & in the aggregate, demonstrate program effectiveness.</p>	<p>Expected Faculty Outcomes</p> <p>Formal strategy: University evaluation process</p> <p>Informal strategy: solicit feedback when opportunity arises</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; University administration</p>	<p>Benchmark: 80% of faculty will receive a rating of highly proficient or above at the completion of each evaluative period</p> <p>Benchmark: 80% of the faculty will achieve a composite average score of 4.0 on each semester's student course &/or clinical evaluations.</p>

	<p>Formal evaluation completed with use of institutional surveys (course evaluations, faculty annual evaluations)</p>		<p>Benchmark: 90% of the faculty will complete a minimum of two scholarly activities each year.</p> <p>Benchmark: 100% of the faculty will actively participate in university, department, program, or community activities.</p> <p>Benchmark: 90% of the faculty will be involved in clinical practice on a regular basis.</p> <p>Benchmark: 100% of the faculty will actively participate in university, department, or program advising activities.</p> <p>There will be congruence between expectations of the faculty in their roles & evaluation of faculty performance.</p>
<p>Key Element IV-G: The program defines & reviews formal complaints according to established policies.</p>	<p>Program & University grievance process.</p> <p>Formal strategy: Complaint log</p>	<p>Ongoing, End-of-Semester, Annually</p>	<p>If formal complaints indicate a need for program improvement there is evidence that action has been taken to address that need.</p>

	<p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of institutional & program specific surveys (graduate nursing student, exit, NEAC)</p> <p>Discussion of feedback in faculty meetings</p>	<p>Responsibility: program faculty; Program Curriculum & Evaluation Committees; NEAC; students; University administration</p>	
<p>Key Element IV-H: Data analysis is used to foster ongoing program improvement.</p>	<p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of institutional & program specific surveys (graduate nursing student, exit, alumni, employer, NEAC),</p> <p>Discussion of feedback in faculty meetings</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; NEAC; students; alumni; university administration</p>	<p>Data is analyzed in relation to expected benchmarks to identify areas of discrepancies.</p> <p>If discrepancies are noted appropriate changes are instituted.</p> <p>Benchmark: Aggregate outcome data are used, as appropriate, to foster ongoing program improvement, annually 100% of the time.</p>

Appendix I-B-2: MSN Alumni Survey

As an alumni of the MSN program at Colorado Mesa University, we are seeking your feedback about your experiences in the program. This short survey will provide valuable feedback for our ongoing program evaluation and documentation for accreditation processes. Thank you for your time!

1. Now that you've had time to reflect on your graduate program experience, rate your experience in the MSN program on the following questions:	Low	Moderately low	Moderately high	High
Your overall evaluation of the CMU MSN program.				
The overall quality of instruction.				
The overall quality of faculty mentoring.				
The overall quality of advising/guidance received from all sources.				

2. Please indicate the degree to which you think the MSN program prepared you to achieve these program goals:	Have not achieved	Have minimally achieved	Have somewhat achieved	Have completely achieved
To be a nurse leader or educator in healthcare systems or academic settings.				
To seek new knowledge by means of critical thinking, creative reasoning, & scientific investigation in relation to nursing theory, science & practice.				
To disseminate nursing knowledge & research to consumers & healthcare professionals.				
As nurse leaders capable of determining effective strategies to promote change within the profession.				
As decision makers who consider ethical principles in serving the needs of diverse individuals, populations, & society.				
As learners who possess the foundation for doctoral education.				
To demonstrate the foundational practice competencies required for practice as a MSN.				

3. Describe how completing the MSN Capstone project has contributed to your nursing practice.

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4. Colorado Mesa University has established specific learning outcomes for the master's level education at our institution. How well did the program prepare you to achieve these learning outcomes?	Strongly Disagree	Disagree	Agree	Strongly Agree
Contribute to scholarly advancement in the chosen field by completing the projects individually & collaboratively.				
Employ discipline-specific logical, mathematical, statistical methods, or other analytical processes to address a topic or issue.				
Create oral & written arguments or explanations, well-grounded in discipline-specific theories & methods, for specified audiences.				
Formulate & evaluate hypotheses as related to research problems, issues, concepts, & various perspectives.				
Synthesize, evaluate, or refine the information base of various scholarly sources.				
Articulate moral, ethical, legal, or professional challenges within the discipline.				
Contribute to scholarly advancement in the chosen field by completing the projects individually & collaboratively.				

5. Would you recommend the MSN program to your colleagues?

Yes	
No	
Maybe	

Why or why not?

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6. Describe your current position in nursing practice.

7. Now that you've had time to reflect on your graduate program experience, what do you believe are the strengths of this program?

8. Now that you've had time to reflect on your graduate program experience, what recommendations do you have regarding the MSN program?

9. Describe your plans for continuing your education in nursing since you completed your MSN degree.

10. Year & semester of graduation from the MSN program

Appendix I-B-3: DNP Alumni Survey

As an alumni of the DNP program at Colorado Mesa University, we are seeking your feedback about your experiences in the program. This short survey will provide valuable feedback for our ongoing program evaluation & documentation for accreditation processes. Thank you for your time!

1. Now that you've had time to reflect on your graduate program experience, rate your experience in the DNP program on the following questions:	Low	Moderately low	Moderately high	High
Your overall evaluation of the CMU DNP program				
The overall quality of instruction				
The overall quality of faculty mentoring				
The overall quality of advising/guidance received from all sources				
Preparation for the certification examination				
Preparation for advanced practice nursing roles				

2. Please indicate the degree to which you think the DNP program prepared you to achieve these program goals:	Have not achieved	Have minimally achieved	Have somewhat achieved	Have completely achieved
Assume clinical leadership roles in service & academic settings.				
Influence health policy & systems of health care in local, state, regional, national forum.				
Use information technology & analytic methods to evaluate multiple sources of outcome data.				
Utilize current practice guidelines & policies, care delivery models, & strategies to impact health outcomes.				
Develop therapeutic approaches to reduce disparities in the care of families, communities & populations.				
Design evidence based, ethical, safe & cost-effective strategies that improve				

health care outcomes for individuals & populations.				
Incorporate strategies to stay abreast of health care policies & issues.				

3. Describe how completing the DNP Capstone project has contributed to your nursing practice.

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4. Colorado Mesa University has established specific learning outcomes for the doctoral level education at our institution. Now that you've had time to reflect on your education, please indicate your level of agreement as to how well the program prepared you to achieve these learning outcomes?	Strongly Disagree	Disagree	Agree	Strongly Agree
Advance science, education, leadership, practice, or policy within a chosen discipline by completing an original research project approved by a faculty panel.				
Employ discipline-specific logical, mathematical, statistical methods, or other analytical processes to address a topic or issue.				
Create oral & written arguments or explanations, well-grounded in discipline specific theories and methods, for specified audiences.				
Formulate & evaluate hypotheses as related to research problems, issues, concepts, & various perspectives.				
Synthesize, evaluate, or refine the information base of various scholarly sources.				
Choose ethical & legal courses of action in research & professional practice.				

5. Would you recommend the DNP program to your colleagues?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Maybe

Why or why not?

6. Describe your current position in nursing practice.

7. Now that you've had time to reflect on your graduate program experience, what do you believe are the strengths of this program?

8. Now that you've had time to reflect on your graduate program experience, what recommendations do you have regarding the DNP program?

9. Describe your plans for continuing your professional education in nursing since completing your DNP degree.

10. Year & semester of graduation from the DNP program

Appendix I-B-4: MSN Exit Survey

As a graduate of the MSN program at Colorado Mesa University, we are seeking your feedback about your experiences in the program. This short survey will help us continue to improve our program. Thank you for your time!

1. Please rate your experience in the MSN program on the following questions.	Low	Moderately low	Moderately high	High
Your overall evaluation of the CMU MSN program.				
The overall quality of instruction.				
The overall quality of faculty mentoring.				
The overall quality of advising/guidance received from all sources.				

2. Please indicate the degree to which you think you have achieved the MSN program goals. How well has this program enabled you to:	Have not achieved	Have minimally achieved	Have somewhat achieved	Have completely achieved
To be a nurse leader or educator in healthcare systems or academic settings.				
To seek new knowledge by means of critical thinking, creative reasoning & scientific investigation in relation to nursing theory, science & practice.				
To disseminate nursing knowledge & research to consumers & health care professionals.				
As nurse leaders capable of determining effective strategies to promote change within the profession.				
As decision makers who consider ethical principles in serving the needs of patients.				
As learners who possess the foundation for doctoral education.				
How well has this program (overall) enabled you to demonstrate the foundational practice competencies required for practice as a MSN?				

3. Please indicate the degree to which you agree with the following statements:	Strongly Agree	Disagree	Agree	Strongly Agree
The mission, goals, & expected learning outcomes were clear & consistent throughout the program.				
The curriculum was logically structured, allowing me to achieve my desired outcomes.				

The teaching-learning practices supported my learning.				
The D2L online learning environment enabled me to achieve my learning goals.				
My performance was evaluated by the faculty & reflects achievement of expected student learning outcomes.				
The preceptors available to me were academically & experientially qualified.				
I was afforded opportunities to participate in program development & governance.				
Academic policies were fair, equitable, & available for my review.				
Academic policies were congruent with my educational goals.				
I understood the process for filing a formal complaint or grievance.				
Academic support services were sufficient to ensure quality & meet my learning needs.				
Faculty members were academically & experientially prepared for the areas in which they teach.				
The overall quality of advising/guidance was sufficient to meet my needs.				

4. Why did you choose to get your MSN?

5. What were you expecting to learn from this program?

6. In what ways were your expectations met/not met?

7. What do you believe are the strengths of this program?

8. What do you believe we need to change/improve?

9. Please share this final information with us:
Identify the semester & year you began taking
courses in this program.

Identify the semester & year when you completed
the requirements for your degree.

Was the time to earn your degree longer than
expected, about expected, or less than expected?

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

If seeking other employment, where do you expect
to work?

Appendix I-B-5: DNP Exit Survey

As a graduate of the DNP program at Colorado Mesa University, we are seeking your feedback about your experiences in the program. This short survey will help us continue to improve our program. Thank you for your time!

1. Please rate your experience in the DNP program on the following questions:	Low	Moderately low	Moderately high	High
Your overall evaluation of the CMU DNP program.				
The overall quality of instruction.				
The overall quality of faculty mentoring.				
The overall quality of advising/guidance received from all sources.				

2. Please indicate the degree to which you think you have achieved the DNP program goals. How well has this program enabled you to:	Have not achieved	Have minimally achieved	Have somewhat achieved	Have completely achieved
Assume clinical leadership roles in service & academic settings.				
Influence health policy & systems of health care in local, state, regional, & national forums.				
Use information technology & analytic methods to evaluate multiple sources of outcome data.				
Utilize current practice guidelines & policies, care delivery models, & strategies to impact health outcomes.				
Develop therapeutic approaches to reduce disparities in the care of families, communities, & populations.				
Design evidence-based, ethical, safe, & cost-effective strategies that improve health care outcomes for individuals & populations.				
Incorporate strategies to stay abreast of health care policies and issues.				

3. Please indicate the degree to which you agree with the following statements:	Strongly Disagree	Disagree	Agree	Strongly Agree
The mission, goals, & expected learning outcomes were clear & consistent throughout the program.				

The curriculum was logically structured, allowing me to achieve my desired outcomes.				
The teaching-learning practices supported my learning.				
The D2L online learning environment enabled me to achieve my learning goals.				
My performance was evaluated by the faculty & reflects achievement of expected student learning outcomes.				
The preceptors available to me were academically & experientially qualified.				
I was afforded opportunities to participate in program development & governance.				
Academic policies were fair, equitable, & available for my review.				
Academic policies were congruent with my educational goals.				
I understood the process for filing a formal complaint or grievance.				
Academic support services were sufficient to ensure quality & meet my learning needs.				
Faculty members were academically & experientially prepared for the areas in which they teach.				
The overall quality of advising/guidance was sufficient to meet my needs.				

4. Why did you choose to get your DNP?

5. What were you expecting to learn from this program?

6. In what ways were your expectations met/not met?

7. What do you believe are the strengths of this program?

8. What do you believe we need to change/improve?

9. Please share this final information with us:

Identify the semester & year you began taking courses in this program.

Was the time to earn your degree longer than expected, about expected, or less than expected?

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

If seeking other employment, where do you expect to work?

**Appendix I-B-6:
Employer Survey**

One or more graduates from the Colorado Mesa University (CMU) graduate (MSN & DNP) nursing programs has indicated that you are their current employer. We are very interested in hearing from you regarding how our graduates are doing in the workplace. This short survey will take 5 minutes of your time, & will provide valuable input for our ongoing program evaluation & accreditation documentation process. Thank you for your feedback about how we are doing to prepare nurses with advanced education for your workplace. All survey responses are anonymous.

1. Please identify your workplace setting.

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2. Overall, how prepared are CMU graduates in comparison with other employees with advanced education (MSN or DNP)?

Less prepared for advanced roles in nursing	
About the same	
Better prepared for advanced roles in nursing	

Briefly describe the reasons for your answer.

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3. Based on the CMU MSN graduates you have hired, please indicate the degree to which you think they are prepared:	Very unprepared	Somewhat unprepared	Somewhat prepared	Very prepared	Not observed	Have not hired a MSN graduate from CMU
To assume an advanced role as a nurse leader.						
To assume an advanced role as a nurse educator.						
To seek new knowledge by means of critical thinking, creative reasoning, & scientific investigation in relation to nursing theory, science, & practice.						
To disseminate nursing knowledge & research to consumers & healthcare professionals.						

As nurse leaders capable of determining effective strategies to promote change within the profession.						
As decision-makers who consider ethical principles in serving the needs of diverse individuals, populations, & society.						
As learners who possess the foundation for ongoing professional education.						

4. Based on the CMU DNP graduates you have hired, please indicate the degree to which you think they are prepared to:	Very unprepared	Somewhat unprepared	Somewhat prepared	Very prepared	Not observed	Have not hired a DNP graduate from CMU
Assume clinical leadership roles in service & academic settings.						
Influence health policy & systems of health care in local, state, regional, & national forums.						
Use information technology & analytic methods to evaluate multiple sources of outcome data.						
Utilize current practice guidelines & policies, care delivery models, & strategies to impact health outcomes.						
Develop therapeutic approaches to reduce disparities in the care of families, communities, & populations.						
Design evidence-based, ethical, safe, & cost-effective strategies that improve health care outcomes for individuals or populations.						
Incorporate strategies to stay abreast of health care policies & issues.						

5. How likely are you to hire another graduate from the MSN or DNP program at CMU?

Why or why not?

6. How likely are you to recommend the MSN program at CMU to a friend, colleague or employee?

Why or why not?

7. How likely are you to recommend the DNP program at CMU to a friend, colleague or employee?

Why or why not?

8. Please provide input regarding what we can improve on to better prepare graduates to meet your needs?

9. Please share with us three strengths of the graduate nursing programs at CMU?

**Appendix I-B-7:
Graduate Nursing Student Survey**

Improving Quality in the CMU Graduate Nursing Programs

Feedback from students is very important to the faculty as we continue to improve the graduate nursing programs at Colorado Mesa University (CMU). This short survey should only take 5 minutes of your time. Thanks for taking the time to provide this important feedback at the end of this semester of your program.

1. Which graduate nursing program are you currently enrolled in?

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2. Identify the semester & year you began taking courses in this program.

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3. When do you expect to complete the requirements for your degree?

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4. Please indicate the degree to which you agree with the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
The mission, goals, & expected learning outcomes are clear & consistent throughout the program.				
The curriculum is logically structured, allowing me to achieve my desired outcomes.				
The teaching-learning practices support my learning.				
The D2L online learning environment enables me to achieve my learning goals.				
My performance is evaluated by the faculty & reflects achievement of expected student learning outcomes.				
The preceptors available to me were academically & experientially qualified.				
I am afforded opportunities to participate in program development & governance.				
Academic policies are fair, equitable, & available for my review.				
Academic policies are congruent with my educational goals.				
I understand the process for filing a formal complaint or grievance.				
Academic support services are sufficient to ensure quality & meet my learning needs.				
Faculty members are academically & experientially prepared for the areas in which they teach.				
The overall quality of advising/guidance has been sufficient to meet my needs.				

5. What do you believe are the strengths of the program?

6. What do you believe we need to change/improve?

**Appendix II-A-1:
Budget Overview for Graduate Nursing Programs**

Budget overview for graduate nursing programs							
Year	Tenure-Track Faculty Salaries & Benefits (based on # of credits taught in grad programs)	Full & Part-time Temp Faculty Salaries & Benefits (includes summer)	Staff salary (prorated based on # of students)	Operating expense (prorated based on # of students)	Grants	Total Budget	FTEF
2018-2019 Budget Approved	461,522	6000	6254	22,225	0	496,001	4.75
2017-2018	450,439	10485	6254	21,770	0	488,948	4.75
2016-2017	560,273	4,700	9,947	13,541	0	588,462	3.79
2015-2016	520,589	11,940	9,830	14,692	78,789	635,839	4.63
2014-2015	330,374	4,700	7,515	10,117	95,385	448,091	2.92
2013-2014	322,778	2,845	5,320	7,922	103,690	442,555	2.17

Note: Administrative assistant (staff) salary is calculated by # of grad students/# of students in BSN, RT, and the graduate nursing programs. Operating expenses is calculated based on # of graduate students/# of DHS students. Three tenure track, long time employees resigned in 2017. All faculty positions approved to fill. Positions filled with lower salaries, resulting in significant salary reduction. Those positions will be advertised and search committees will be formulated spring 2017.

**Appendix II-D-1:
Faculty Credentials***

Name/Rank	Credentials
Cox, Ann/ Assistant Professor	Associate Degree in Nursing, Mesa State College Bachelor of Science in Nursing, Mesa State College Master of Science in Nursing, Family Nurse Practitioner, University of Colorado Colorado Springs Post-Master's certificate, Psychiatric Nurse Practitioner, University of Colorado Doctor of Nursing Practice, University of Colorado Colorado Springs
Donovan, Erin/Assistant Professor	To start Fall 2018
Graham, Lucy/ Assistant Professor	Bachelor of Arts Biology & Psychology, University of Kansas Bachelor of Science of Nursing, University of Kansas Medical Center Master of Public Health, University of Northern Colorado Post-Master's certificate in Nursing Education, University of Colorado Doctor of Philosophy in Nursing, University of Colorado
Hall, Kathleen/ Assistant Professor	Bachelor of Science Kinesiology, University of Maryland Bachelor of Science in Nursing, University of Alabama Huntsville Master of Science in Nursing, Gerontologic Nurse Practitioner, University of Arizona Post-Master's certificate Adult/Gerontologic Nurse Practitioner, University of Massachusetts Boston Doctor of Philosophy in Nursing, University of Arizona
Holvoet, Janice/ Assistant Professor	Bachelor of Science in Nursing, University of Colorado Health Sciences Center Master of Science in Nursing, Critical Care Clinical Nurse Specialist, University of Colorado Doctor of Philosophy in Education, Northcentral University
Marshall, K. Bridget/ Assistant Professor	Bachelor of Science Political Science, University of Oregon Bachelor of Science in Nursing, University of Colorado Health Sciences Center Master of Science in Nursing, Primary Care Infants, Children & Adolescents, University of Colorado Health Sciences Center Doctor of Nursing Practice, University of Utah
McKinney, Kathy/ Lecturer	Bachelor of Science in Nursing, Mesa State College Master of Science in Nursing, Colorado Mesa University Doctor of Nursing Practice, Colorado Mesa University

* Current as of Summer 2018

Appendix II-D-2: 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. Faculty, on a yearly basis, should submit the plan and evidence of meeting the expectations 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 include:

- 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,

peer review for journals and/or textbooks, or 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 spring term, 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 DH. The DH will return the individual practice plans with the annual evaluation materials.

Developed 4-18-13; Revised 6-4-13; Reviewed 8-15-16; Updated 5.25.18/kh

Appendix II-G-1: New Faculty Orientation Checklist

Department of Health Sciences
New Faculty Orientation Checklist

Faculty Name _____ Faculty Mentor _____

1. Try to reach out to new employee at least one month prior to teaching and determine immediate needs.
2. Meet with new employee 1 week prior to the beginning of school to ensure readiness for the first day of classes.
3. Mentor and mentee should meet every week for the first semester of teaching and then once every 2 weeks over the second semester of teaching.
4. May want to use the T2T "What do you do when" topics every week you meet to generate dialogue around difficult student situations/interactions.

Tenure Track and Full-time Faculty		Date completed and initials
DH = Department Head		
DH	Identify Department of Health Sciences (DHS), leadership team and organizational chart <ul style="list-style-type: none"> • Discuss the most effective way to reach mentor, Program Director, and Department Head (DH) 	
Mentor	Identify key support staff in Dept. of Health Sciences (Admin Asst., CEC Coordinator, student assistants) and how to communicate with staff for support needs <ul style="list-style-type: none"> • Scheduling times for the CEC • Scheduling activities that require classrooms outside of normal teaching time • Green/Blue sheets 	
DH And Mentor	Provide personal contact information (email, cell phone, pagers) and weekly schedule to Admin Asst. and DH <ul style="list-style-type: none"> • Office hours • Clinical schedule of applicable • Leave of absence requests • Calling in sick • Job description for each Administrative Assistant • Distribute department faculty contact information 	
DH And Mentor	Review faculty and student handbooks prior to beginning clinical Most important items initially include: <ul style="list-style-type: none"> • Academic Honesty • Dress Code (Student and Faculty) • Attendance • Use of Electronics • Confidentiality • Grievances 	

Revised 2/24/14

DH	Review faculty job description prior to beginning semester	
Mentor	Establish relationship and ongoing schedule for meeting with assigned mentor/mentee <ul style="list-style-type: none"> • 1 x per week or every other first semester • Every 2-3 weeks second semester • PRN third semester 	
DH And Mentor	Identify personal professional development plan for faculty role <ul style="list-style-type: none"> • Professional Development Plan established with DH • Introduction to the components of the evaluation form • Student evaluations • I-Clicker evaluations • Program Director/Department Head classroom evaluations each semester 	
Mentor	Identify format and key elements of a course syllabus www.coloradomesa.edu/online/documents/CMUSyllabusTemplate.docx	
Mentor	State process for obtaining textbooks and teaching resources (This will be specific to the course taught)	
Mentor	Discuss the importance of using Program Learning Outcomes and Student Learning Outcomes for <ul style="list-style-type: none"> • Syllabus • Clinical Evaluations • Assignments and test writing 	
Mentor	Demonstrate ability to assess student learning <ul style="list-style-type: none"> • Write test questions or access test bank • Test Plan, Test Policy (suggest a new committee to bring this up to date) • Rubrics for presentations and assignments 	
Mentor	Identify process for students to hand in assignments	
Mentor	Identify effective classroom teaching strategies <ul style="list-style-type: none"> • Establish a schedule for new faculty to watch 2 instructors teach in the DHS in first semester • Establish a schedule to watch new instructor teach twice and provide feedback in the first semester 	
Mentor	State scope of responsibility for didactic instructor State scope of responsibility for clinical instructor (See separate clinical instructor orientation)	
Mentor	Demonstrate ability to calculate grades <ul style="list-style-type: none"> • Grade books electronic and paper • Procedure for posting grades on D2L only • Only proctored on-line testing • Scantron grading 	

Revised 2/24/14

Mentor	Demonstrate ability to locate class rosters on Maverick Online <ul style="list-style-type: none"> • Student contact information • Student pictures 	
Mentor	Demonstrate ability to enter grades into Maverick Online by established deadline	
Mentor	Demonstrate use of information technology resources <ul style="list-style-type: none"> • Email • F drive • H drive • R drive • Turnitin • D2L • Copy machines • Scantron grading • Classroom controls • Kaplan 	
Mentor	Demonstrate use of online/distance learning modalities <ul style="list-style-type: none"> • T2T • Interactive teleconferencing • Turn it in (if applicable) 	
DH And Mentor	Identify goals for improving classroom learning based on student evaluation	
Mentor	Discuss necessity to regularly attend faculty meetings of <ul style="list-style-type: none"> • All meetings for Tenure Track Faculty • 2 meetings per year for 0.8 faculty • All department meetings for all faculty • Being on time for meetings 	
Mentor	Meetings that are considered Mandatory for Tenure Track Faculty: <ul style="list-style-type: none"> • Tim and Carol Semester updates • Faculty Development Meetings (T2T, Carol Futhey professional faculty development) • Pinning & Graduation (May need to order regalia) • Faculty Meetings • Department Meetings 	
Mentor	Components tenure track year by year www.coloradomesa.edu/.../TenureandPromotionDocumentation.docx	

Revised 2/24/14

Mentor	<p>Specialists in the Department</p> <ul style="list-style-type: none"> • Power Point (Patti Ward) • Word Documents (Sandy Forrest) • Informatics (Karen Urban) • Rubrics (Kristy Reuss) • Test Design and analysis (Bette Schanz) • Learning Styles (Patti Ward) • Creative Learning Strategies (Tonya Chapin) • Concept Mapping (Judy Williams) • D2L (Bridgette Marshall) 	
Mentor	<p>Advising Requirements</p> <p><u>Tenure track faculty</u></p> <ul style="list-style-type: none"> • 2 freshman orientation/semester • 2 Open Advising Sessions/ semester • 1 recruiting event/ semester • Advisee list and resources to manage <p><u>Office hours</u></p> <ul style="list-style-type: none"> • How many per week • Where to post schedule • Hours on campus expectation • Where to find classroom schedule prior to first class taught • How to schedule labs if needed (Computer and skills labs) <p><u>Full time faculty</u></p> <ul style="list-style-type: none"> • No requirements 	
Mentor	<p>Deadlines</p> <ul style="list-style-type: none"> • Entering Grades • Professional Faculty Development Funds • Mandated safety training • CPR, Flu vaccines • St. Mary's, VAMC, and Community Hospital clinical instructor requirements 	
Mentor	Committee Descriptions Campus and Program	
Mentor	Benefits Fair and Wellness Program	
Mentor	<p><u>Phone Procedures</u></p> <ul style="list-style-type: none"> • Placing phone on vacation mode and taking off • Transferring a call • Obtaining messages • Obtaining messages from off campus site 	

Revised 2/24/14

Mentor	<u>Computer Procedures</u> <ul style="list-style-type: none"> • How to contact IT • Automatic signature • Vacation or out of office reply 	
Mentor	<u>Key Guest Speakers in the Department</u> <ul style="list-style-type: none"> • What guest speakers in department are already being utilized • How to get a parking pass for guest speaker • How many guest speakers are acceptable in a semester • Thank you for guest speakers 	
Mentor	<u>Arrange schedule to watch other faculty teach</u> <ul style="list-style-type: none"> • Teaching strategies • Question and answer • Eliciting classroom engagement • Kinesthetic teaching <u>Arrange for classroom evaluation (1 time per semester)</u> <ul style="list-style-type: none"> • Department Head or Program Director • Mentor • Peer • If teaching clinical then separate evaluation each semester 	

Department of Health Sciences New Employee Orientation Committee:

Chair.....Tonya Chapin RN, MSN *Associate Professor of Nursing*

MemberDr. Kristine Reuss RN, PhD *Professor of Nursing*

Member.....Beverly Lyne RN, MSN *Assistant Professor of Nursing*

Member.....Bridgette Marshall P.N.P. *Assistant Professor of Nursing*

Member.....Karen Urban RN, MSN *Assistant Professor of Nursing*

Department Head..... Dr. Debra Bailey RN, PhD

Revised 2/24/14

**Appendix II-G-2:
Department of Health Sciences—Tenure**

The Path to Tenure

<i>Year 1 (Aug-Dec)</i>	
General	<p>Work with mentor, program director and department head to develop tenure track plan.</p> <p>Review organization of another faculty's tenure portfolio to get you started on organizing your own portfolio. Add items to this yearly beginning now!</p> <p>Review tenure/evaluation requirements in the Professional Employees Handbook and departmental criteria.</p>
Teaching	<p>Focus on developing excellence in teaching</p> <p>Observe at least two other faculty teaching, and invite at least two faculty to observe your teaching and provide feedback</p> <p>Strive for 4-5 on student evaluations</p>
Scholarship	Identify interests in scholarship activities
Service	<p>Regular attendance and participation on departmental committee(s) and campus events</p> <p>Sign up for one department committees to serve on this year.</p> <p>Identify interests in service activities (campus and professional)</p>
Advising	<p>Identify interests in advising activities</p> <p>Observe advising by another faculty - both group and individual</p> <p>Develop comfort with all departmental program sheets, general education sheets</p> <p>Shadow a senior faculty at a campus advising session or Mesa Experience etc...</p>
<i>Year 2 (Jan-Dec)</i>	
General	<p>Work with mentor, program director and department head to implement tenure track plan.</p> <p>Request professional development funding to support your ability to present at a conference or meeting.</p> <p>Add items to your portfolio as evidence. Begin incorporating the language of academia.</p> <p>Develop a collegial relationship with at least two faculty in other departments (i.e. shared interests, committee work, special project)</p> <p>Develop collegial relationship with faculty in this department with shared interests (i.e. potential co-authors or co-presenters)</p>
Teaching	<p>Focus on developing excellence in teaching</p> <p>Strive for 4-5 on student evaluations</p> <p>Identify improvements in teaching based on student, mentor, peer feedback</p>
Scholarship	<p>Develop a proposal to present at a regional/state/national conference OR submit a paper for publication OR for research</p> <p>Present at the local, regional, state level in your field (i.e. workshop, poster, breakout, CMU colloquium)</p> <p>Sign up to be a peer reviewer for a journal or book in your field</p> <p>Attend a conference locally</p>

Service	<p>Continue regular attendance and participation on departmental committee(s) and campus events</p> <p>Sign up to serve on two department committees</p> <p>Serve on at least one university-level committee and identify opportunities for professional service</p> <p>Serve on a community committee related to your field</p>
Advising	<p>Shadow a senior faculty at a campus advising session, Mesa Experience, etc. (Spring)</p> <p>Attend an open advising session</p> <p>Keep track of contacts with advisees in your major or “pre-major” (phone calls, emails, conversations).</p> <p>Participate in at least three advising/recruitment events (Spring/Summer)</p>
<i>Year 3 (Jan-Dec)</i>	
General	<p>Work with mentor, program director and department head to implement tenure track plan.</p> <p>Request professional development funding to support your ability to present at a conference or meeting.</p> <p>Add items to your portfolio as evidence.</p> <p>Develop a collegial relationship with at least two more faculty in other departments (i.e. shared interests, committee work, special project)</p> <p>Develop collegial relationship with tenured faculty in this department (i.e. potential co-authors or co-presenters, feedback on tenure-track progress)</p>
Teaching	<p>Ongoing development of excellence in teaching</p> <p>Strive for 4-5 on student evaluations with positive statement on student comments</p> <p>Identify improvements in teaching based on student, mentor, peer feedback</p>
Scholarship	<p>Present at the local, regional, state, national level in your field (i.e. workshop, poster, breakout, CMU colloquium) OR submit a paper for publication</p> <p>Sign up to be a peer reviewer for a journal or book in your field</p> <p>Attend a conference at regional, state or national level.</p> <p>Consider writing a grant to fund a special project or research.</p>
Service	<p>Continue regular attendance and participation on departmental committee(s) and campus events</p> <p>Sign up to serve on two department committees</p> <p>Serve on at least one university-level committee and demonstrate involvement in professional service activities</p> <p>Serve on 1-2 community committees related to your field and hold an office in at least one of them (or demonstrate leadership of a department committee)</p> <p>Beginning involvement in accreditation activities in your program or at university level</p>
Advising	<p>Lead at least two open advising sessions</p> <p>Complete petition to graduate forms or other advising with students in major.</p> <p>Keep track of contacts with advisees (phone calls, emails, conversations).</p> <p>Participate in at least three advising/recruitment events</p>

<i>Year 4 – (Jan-Dec)</i>	
General	<p>Ask mentor, program director and department head to review your pre-tenure review materials</p> <p>Request professional development funding to support your ability to present at a conference or meeting</p> <p>Add items to your portfolio as evidence and develop teaching philosophy statement</p> <p>Develop a collegial relationship with at least two more faculty in other departments (i.e. shared interests, committee work, special project)</p> <p>Develop collegial relationship with tenured faculty in this department (i.e. potential co-authors or co-presenters, feedback on tenure-track progress)</p> <p>Submit your packet to the Pre-Tenure Review Committee (voluntary) – could also do in year 3 (Spring semester)</p> <ul style="list-style-type: none"> • Cover letter stating current faculty position, how long the individual has taught at CMU, and a brief summary of any previous professional experience prior to being hired at CMU. • Narrative (4-5 pages) briefly summarizing major achievements in Teaching, Scholarship, Service, and Advising • Current curriculum vitae • Annual evaluations (in its entirety) • Sample documentation of teaching effectiveness, scholarly activity, service, and advising examples of which can be found in the Tenure/Promotion Portfolio Guidelines.
Teaching	<p>Continue growth in teaching excellence</p> <p>Strive for 4-5 on student evaluations with positive statement on student comments</p> <p>Identify improvements in teaching based on student, mentor, peer feedback</p>
Scholarship	<p>Present at the state or national level in your field (i.e. workshop, poster, breakout, CMU colloquium).</p> <p>Submit a paper for publication</p> <p>Peer reviewer for a journal or book in your field</p> <p>Attend a conference at regional, state or national level.</p>
Service	<p>Continue regular attendance and participation on departmental committee(s) and campus events</p> <p>Sign up to serve on three department committees</p> <p>Serve on at least one university-level committee and demonstrate involvement in professional service activities</p> <p>Serve on 1-2 community committees related to your field and hold an office in at least one of them (or demonstrate leadership of a department committee)</p> <p>Involvement in accreditation activities in your program or at university level</p>
Advising	<p>Lead at least two open advising sessions</p> <p>Complete petition to graduate forms or other advising with students in major.</p> <p>Keep track of contacts with advisees (phone calls, emails, conversations).</p> <p>Participate in at least three advising/recruitment events</p>

Year 5 (Jan-Dec)	
General	<p>Refine activities based on feedback from Pre-Tenure Review Committee. Could submit portfolio for early tenure if solid evidence is present (Oct. 1)</p> <p>Request professional development funding to support your ability to present at a conference or meeting</p> <p>Add items to your portfolio as evidence</p> <p>Develop a collegial relationship with at least two more faculty in other departments (i.e. shared interests, committee work, special project)</p> <p>Develop collegial relationship with tenured faculty in this department (i.e. potential co-authors or co-presenters, feedback on tenure-track progress)</p>
Teaching	<p>Continue growth in teaching excellence</p> <p>Strive for 4-5 on student evaluations with positive statement on student comments</p> <p>Identify improvements in teaching based on student, mentor, peer feedback</p>
Scholarship	<p>Present at the state or national level in your field (i.e. workshop, poster, breakout, CMU colloquium).</p> <p>Submit a paper for publication</p> <p>Peer reviewer for a journal or book in your field</p> <p>Attend a conference at state or national level.</p>
Service	<p>Continue regular attendance and participation on departmental committee(s) and campus events</p> <p>Sign up to serve on three department committees</p> <p>Serve on at least one university-level committee and hold a leadership position on at least one campus committee.</p> <p>Demonstrate involvement in professional service activities</p> <p>Serve on 1-2 community committees related to your field and hold an office in at least one of them (or demonstrate leadership of a department committee)</p> <p>Involvement in accreditation activities in your program or at university level</p>
Advising	<p>Lead at least two open advising sessions</p> <p>Complete petition to graduate forms or other advising with students in major.</p> <p>Keep track of contacts with advisees (phone calls, emails, conversations).</p> <p>Participate in at least three advising/recruitment events</p>
Year 6 – (Jan-Dec)	
General	<p>Request professional development funding to support your ability to present at a conference or meeting</p> <p>Will be notified by Department Head by May 1 of eligibility for tenure.</p> <p>Complete tenure portfolio for submission to committee (Oct. 1) – See <i>Tenure/Promotion Portfolio Guidelines</i></p> <p>Ask colleagues for letters of support (in this department and others across campus)</p>
Teaching	<p>Continue growth in teaching excellence</p> <p>Strive for 4-5 on student evaluations with positive statement on student comments</p> <p>Identify improvements in teaching based on student, mentor, peer feedback</p>
Scholarship	<p>Present at the state or national level in your field (i.e. workshop, poster, breakout, CMU colloquium).</p>

	<p>Submit a paper for publication</p> <p>Peer reviewer for a journal or book in your field</p> <p>Attend a conference at state or national level.</p>
Service	<p>Continue regular attendance and participation on departmental committee(s) and campus events</p> <p>Sign up to serve on three department committees</p> <p>Serve on at least one university-level committee and hold a leadership position on at least one campus committee.</p> <p>Demonstrate involvement in professional service activities</p> <p>Serve on 1-2 community committees related to your field and hold an office in at least one of them (or demonstrate leadership of a department committee)</p> <p>Involvement in accreditation activities in your program or at university level</p>
Advising	<p>Lead at least two open advising sessions</p> <p>Complete petition to graduate forms or other advising with students in major.</p> <p>Keep track of contacts with advisees (phone calls, emails, conversations).</p> <p>Participate in at least three advising/recruitment events</p>
<i>Year 7 –</i>	
General	<p>Request professional development funding to support your ability to present at a conference or meeting</p> <p>Will be notified by Provost of tenure decision in spring semester. You made it! Way to go. Keep it up!</p>
Teaching	<p>Continue growth in teaching excellence</p> <p>Strive for 4-5 on student evaluations with positive statement on student comments</p> <p>Identify improvements in teaching based on student, mentor, peer feedback</p>
Scholarship	<p>Present at the state or national level in your field (i.e. workshop, poster, breakout, CMU colloquium).</p> <p>Submit a paper for publication</p> <p>Peer reviewer for a journal or book in your field</p> <p>Attend a conference at state or national level.</p>
Service	<p>Continue regular attendance and participation on departmental committee(s) and campus events</p> <p>Sign up to serve on three department committees</p> <p>Serve on at least one university-level committee</p> <p>Demonstrate involvement in professional service activities</p> <p>Serve on 1-2 community committees related to your field and hold an office in at least one of them (or demonstrate leadership of a department committee)</p> <p>Involvement in accreditation activities in your program or at university level</p>
Advising	<p>Lead at least two open advising sessions</p> <p>Complete petition to graduate forms or other advising with students in major.</p> <p>Keep track of contacts with advisees (phone calls, emails, conversations).</p> <p>Participate in at least three advising/recruitment events</p>

Appendix III-A-1: MSN Curriculum and Example Plan of Study

The MSN curriculum continuously evolves to meet national standards. Below is an example of MSN course sequencing for the three MSN cognates. Six credit hours is considered full-time. Individual student plans are developed in consultation with faculty advisors.

Nursing Education	Advanced Nursing Practice	Nursing Leadership/Administration
Year 1 Fall Semester		
NURS 501 Nursing Research Methods (3)	NURS 501 Nursing Research Methods (3)	NURS 502 Health Information Systems (3)
NURS 525 Pathophysiologic Concepts (3)	NURS 525 Pathophysiologic Concepts (3)	BUGB 500 Advanced Business Law & Ethics (3)
Year 1 Spring Semester		
NURS 500 Theoretical Foundations (3)	NURS 500 Theoretical Foundations (3)	MANG 510 Organizational Theory & Behavior (3)
NURS 503 Organizational Leadership (3)	NURS 503 Organizational Leadership (3)	NURS 505 Quality Assessment & Improvement in Health Care Settings (3)
Year 1 Summer Semester		
	NURS 527 Advanced Health Assessment (3)	NURS 527 Advanced Health Assessment (3)
	NURS 530 Chronic Illness Management (3)	
Year 2 Fall Semester		
NURS 502 Health Information Systems (3)	NURS 502 Health Information Systems (3)	NURS 501 Nursing Research Methods (3)
NURS 504 Health Policy (3)	NURS 504 Health Policy (3)	NURS 525 Pathophysiologic Concepts (3)
NURS 540 Teaching Strategies for the Nurse Educator (3)		
Year 2 Spring Semester		
NURS 526 Pharmacology for Advanced Nursing Practice (3)	NURS 505 Quality Assessment & Improvement for Health Care Settings (3)	NURS 504 Health Policy (3)
NURS 545 Curriculum Design/Evaluation (3)	NURS 526 Pharmacology for Advanced Nursing Practice (3)	NURS 526 Pharmacology for Advanced Nursing Practice (3)
Year 2 Summer Semester		
NURS 527 Advanced Health Assessment (3)	NURS 535 Health Promotion & Disease Prevention (3)	
Year 3 Fall Semester		
NURS 560 Nurse Educator Practicum (3)	NURS 575 Capstone Project (3)	ECON 530 Managerial Economics (3)
NURS 575 Capstone (3)		NURS 503 Organizational Leadership (3)
Year 3 Spring Semester		
		NURS 575 Capstone Project (3)
Total Credits: 36 credits	Total Credits: 36 credits	Total Credits: 36 credits

Note: all course work must be completed within a four-year period.

**Appendix III-A-2:
DNP Curriculum and Example Plan of Study**

The DNP curriculum continuously evolves to meet national standards. Below is one example of DNP course sequencing for students entering with a BSN but no prior graduate course work. Students can choose to progress over four or five years. Six credit hours is considered full-time. Student plans are developed in consultation with faculty advisors.

2018-2019 Academic Year	
Year 1 Fall Semester	Credit Hours
NURS 500 Theoretical Foundations	3
NURS 502 Health Information Systems	3
Year 1 Spring Semester	
NURS 503 Organizational Leadership	3
NURS 505 Quality Improvement	3
NURS 504 Health Policy	3
Year 1 Summer Semester	
NURS 501 Nursing Research	3
Year 2 Fall Semester	
NURS 535 Health Promotion & Disease Prevention	3
NURS 525 Pathophysiologic Concepts	3
Year 2 Spring Semester	
NURS 530 Chronic Illness	3
NURS 526 Pharmacology for Advanced Nursing Practice	3
Year 2 Summer Semester	
NURS 527 Advanced Health Assessment	3
Year 3 Fall Semester	
NURS 600 Advanced Practice Nursing Issues	2
NURS 602 Primary Care of the Adult	3
NURS 620 Primary Care of the Adult Practicum	3
Year 3 Spring Semester	
NURS 625 Statistics for Health Sciences	3
NURS 601 Primary care of the Child/Adolescent	3
NURS 610 Primary Care of the Child/Adolescent Practicum	3

Year 4 Fall Semester	
NURS 604 Rural Health Care	1
NURS 640 Rural Health Care Practicum	2
NURS 700 Evidence Based Practice	3
NURS 626 Epidemiology	3
Year 4 Spring Semester	
NURS 603 Primary Care of Older Persons	3
NURS 630 Primary Care of Older Persons Practicum	3
NURS 660 Transition into the DNP	2
Year 5 Fall Semester	
NURS 750 DNP Project I	3
NURS 650 Preceptorship I	3
Year 5 Spring Semester	
NURS 760 DNP Project II	3
NURS 652 Preceptorship II	3
Total Credits	79

Note: All course work must be completed within a six-year period. 500-level courses must be completed or transferred in for credit prior to proceeding to 600-700 level courses.

Appendix III-A-3: Expected Student Outcomes Alignment with AACN & NONPF

MSN ESOs (with corresponding *MSN Essential*)

- Incorporate leadership skills and behaviors to foster best practices, promote professional growth, interprofessional collaboration, and positive change in people and systems within health care and education (MSN Essential II, VII).
- Analyze quality improvement and safety initiatives, accountability and communication to improve patient outcomes (MSN Essential III).
- Advocate for policies to improve the health outcomes of populations and the quality of the health care delivery system as it impacts professional nursing practice (MSN Essential VI, VIII).
- Apply current evidence-based knowledge to inform and/or initiate change in educational, clinical, and organizational environments (MSN Essential IV).
- Synthesize advanced theoretical, empirical, and ethical knowledge to engage in systematic critical inquiry for a chosen domain of nursing (MSN Essential I, IV).
- Appraise the impact of social determinants, culture, diversity, values, and globalization in the delivery of population health (MSN Essential VIII).
- Utilize information systems, technology, and patient data for ethical, clinical decision-making that promotes cost effectiveness and positive health care outcomes (MSN Essential V).
- Develop strategies to improve individual and population health outcomes based on health promotion and disease reduction principles (MSN Essential VIII, IX).

DNP ESOs (with corresponding *DNP Essential & NONPF Competencies*)

- Facilitate intra- and interprofessional collaboration to address health disparities and to improve health-care quality across diverse populations and cultures (DNP Essential VI; NONPF Leadership Competencies).
- Appraise organizational and system leadership principles in the analysis, delivery, and management of nursing care for safe practice environments (DNP Essential II; NONPF Leadership Competencies; Health Delivery System Competencies).
- Critique complex primary care clinical situations and health care systems to promote optimal outcomes through evidence-based practice (DNP Essential III; NONPF Practice Inquiry Competencies).
- Evaluate current and emerging health technologies to improve care delivery and organizational systems (DNP Essential IV; NONPF Technology and Information Literacy Competencies).
- Integrate advanced knowledge of nursing theories, methods of inquiry, humanities, and sciences in the delivery of care to individuals, families, and communities (DNP Essential I; NONPF Scientific Foundation Competencies).
- Advocate for social justice, equity, and ethical policies in health care (DNP Essential V; NONPF Ethics Competencies; NONPF Policy Competencies).
- Design practice environments that support quality improvement, a culture of safety, accountability and communication to improve patient outcomes in diverse settings (DNP Essential II; NONPF Quality Competencies).
- Design evidence-based, ethical, safe, and cost-effective strategies that use technology to improve health care outcomes for individuals and/or populations. (DNP Essentials IV, VII; NONPF Health Delivery System Competencies)
- Initiate changes in health care systems through the design and implementation of health policies that strengthen the health care delivery system (DNP Essentials V, VII; NONPF Practice Inquiry Competencies, NONPF Leadership Competencies)
- Lead practice initiatives that influence population health care outcomes with a focus on underserved individuals, families, and communities (DNP Essentials VI, VII; NONPF Practice Inquiry and Leadership Competencies.)

Appendix III-A-4: DNP Course Descriptions, AACN's *Essentials*, and NONPF's *Competencies*

NURS 600 Advanced Practice Nursing 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 Older Person: 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 604 Primary Care of Rural Populations: Theoretical concepts of primary care in care of rural population groups. Explores unique aspects of advanced practice nursing role in rural 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 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 – Older Person: 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 I: Focus on the role of a FNP in the client-care setting with selected populations. Experience designed to integrate and synthesize preceding clinical and didactic course knowledge and skills. The role of an advanced practice nurse with an approved preceptor/mentor is practiced.

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: 652 Family Nurse Practitioner Preceptorship II: Focus on in-depth on the role of a FNP in the client-care setting. Experience 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 “independent skill level”. The role of an advanced practice nurse with an approved preceptor/mentor is practiced.

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 Transitions to the Doctor of Nursing Practice: Concepts of professional growth, role development, and evidence-based practice for the Doctor of Nursing Practice (DNP) in advanced nursing practice. Professional practice, leadership, teamwork, collaboration, communication, legal, ethical, and project problem development for the DNP are formalized.

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 DNP Project: 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 DNP Project: 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-A-5: DNP Curriculum Map of Student Learning Outcomes

		Curriculum Map of Student Learning Outcomes																													
		Doctor of Nursing Practice																													
		Curriculum map of student learning outcomes																													
Assessment process		(B=Beginning; D=Developing; A=Advanced)																													
			F	Su	F	SPR	SPR	SPR	F	SPR	SU	SPR	F	F	Spr	F	SPR	F	SPR	F	SPR	F	F/SPR	SPR	F	SPR	F	F	SPR		
Data collection	Data review and implementation of changes	CMU DNP Learning Outcomes	Doctor of Nursing Practice Learning Outcomes	NURS 500	NURS 501	NURS 502	NURS 503	NURS 504	NURS 505	NURS 525	NURS 526	NURS 527	NURS 530	NURS 535	NURS 600	NURS 601	NURS 602	NURS 603	NURS 604	NURS 610	NURS 620	NURS 630	NURS 640	NURS 650/652	NURS 625	NURS 626	NURS 660	NURS 700	NURS 750	NURS 760	
2015-2016	2016-2017/ 2017-2018	Advance science, education, leadership, practice, or policy within a chosen discipline by completing an original research project approved by a faculty panel. (Specialized Knowledge)	Facilitate intra- and interprofessional collaboration to address health disparities and to improve health-care quality across diverse populations and cultures (DNP Essential VI; NONPF Leadership Competencies).				B	B												B	B	B	B	D			A				
2015-2016	2016-2017/ 2017-2018	Employ discipline-specific logical, mathematical, statistical methods, or other analytical processes to address a topic or issue. (Quantitative Fluency)	Appraise organizational and system leadership principles in the analysis, delivery, and management of nursing care for safe practice environments (DNP Essential II; NONPF Leadership Competencies; Health Delivery System Competencies).				B		B																D	D	A			A	
2015-2016	2016-2017/ 2017-2018	Create oral and written arguments or explanations, well-grounded in discipline-specific theories and methods, for specified audiences. (Communication Fluency)	Critique complex primary care clinical situations and health care systems to promote optimal outcomes through evidence-based practice (DNP Essential III; NONPF Practice Inquiry Competencies).									B				B	D	B	D				D					A		A	
2015-2016	2016-2017/ 2017-2018	Formulate and evaluate hypotheses as related to research problems, issues, concepts, and various perspectives. (Critical Thinking)	Evaluate current and emerging health technologies to improve care delivery and organizational systems (DNP Essential IV; NONPF Technology and Information Literacy Competencies).			B	B							B									D			D		A		A	
2016-2017	2017-2018/ 2017-2018	Synthesize, evaluate, or refine the information base of various scholarly sources. (Information Literacy)	Integrate advanced knowledge of nursing theories, methods of inquiry, humanities, and sciences in the delivery of care to individuals, families, and communities (DNP Essential I; NONPF Scientific Foundation Competencies).	B	B											B	B	B	B	D	D	D	D			D	D	A		A	
2016-2017	2017-2018/ 2017-2018	Chose ethical and legal courses of action in research and professional practice. (Ethical Reasoning)	Advocate for social justice, equity, and ethical policies in health care (DNP Essential V; NONPF Ethics Competencies; NONPF Policy Competencies).					B					B							B	B	B	B	D			D		A	A	
2016-2017	2017-2018	Advance science, education, leadership, practice, or policy within a chosen discipline by completing an original research project approved by a faculty panel. (Applied Learning)	Design practice environments that support quality improvement, a culture of safety, accountability and communication to improve patient outcomes in diverse settings (DNP Essential II; NONPF Quality Competencies).									B																	D		A
2016-2017	2017-2018		Employ advanced nursing practice to facilitate the delivery of quality, cost-effective primary care for families across the lifespan and population health outcomes with a focus on underserved individuals, families and communities (DNP Essential VII; NONPF Independent Practice Competencies).		B	B						B	B								D	D	D	D			D		A		A
Revised: 092915	Revised: 092915																														

Appendix III-A-6: MSN Capstone

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
<p>Chapter draft demonstrates graduate level of thinking and writing. Includes all required elements for Chapter 1 Introduction to topic Background of the problem and appropriate data that builds the case for your project Problem (or identified gap) that your project will address Research question(s) and hypotheses (if appropriate) Overview of capstone project</p>	<ul style="list-style-type: none"> • Synthesize advanced theoretical, empirical, and ethical knowledge to engage in systematic critical inquiry for a chosen domain of nursing. 	79 or below	80-89	90-100
<p>Chapter draft demonstrates graduate level of thinking and writing. Includes all required elements for Chapter 2 Scientific knowledge base of problem Organize and summarize the literature. Points out both consistencies and contradictions among studies and analyzes the inconsistencies. Describes the most relevant and recent studies should be described in the most detail. Points out gaps in knowledge and research to demonstrate the need for study Theoretical framework linked to topic of study and project Identify and define key concepts Identify research variables (conceptual and operational definitions)</p>	<ul style="list-style-type: none"> • Synthesize advanced theoretical, empirical, and ethical knowledge to engage in systematic critical inquiry for a chosen domain of nursing. • 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. 	79 or below	80-89	90-100

<p>Chapter draft demonstrates graduate level of thinking and writing. Includes all required elements for Chapter 3 Identify methodology/process for improvement in your project Describe steps research (or process improvement) protocol Describe setting, sampling, selection criteria, and recruitment of subjects (if appropriate) Describe potential moral/ethical/legal issues related to this project and your process for protection of human subjects (if appropriate) Identify any potential harm or benefit to the subject/agency from this project. Discuss measurement methods Describe research instruments used for data collection including reliability and validity (if appropriate). Include copy of instrument and permission from author in Appendix (if appropriate). Describe process for collecting, recording, organizing and storing data.</p>	<ul style="list-style-type: none"> • Incorporate leadership skills and behaviors to foster best practices, promote professional growth, interprofessional collaboration, and positive change in people and systems within health care and education (MSN Essential II, VII). • 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. • Develop strategies to improve individual and population health outcomes based on health promotion and disease reduction principles. 	79 or below	80-89	90-100
<p>Chapter draft demonstrates graduate level of thinking and writing. Includes all required elements for Chapter 3 Describe your sample Identify and evaluate key outcomes from your project as it relates to your research question and hypotheses (if appropriate) Relate your results to your literature review and theoretical framework.</p>	<ul style="list-style-type: none"> • Synthesize advanced theoretical, empirical, and ethical knowledge to engage in systematic critical inquiry for a chosen domain of nursing (MSN Essential I, IV). 	79 or below	80-89	90-100

APPENDICES

<p>Identify limitations and suggestions for further study related to this project or how you would build on this project given the opportunity. Summarize how your project served as the culmination of your MSN academic growth (reflect on MSN coursework, MSN student learning outcomes, and CMU graduate student learning outcomes).</p>	<ul style="list-style-type: none"> Advocate for policies to improve the health outcomes of populations and the quality of the health care delivery system as it impacts professional nursing practice (MSN Essential VI, VIII). 			
<p>Final draft demonstrates graduate level of thinking and writing and includes all required elements Paper is in correct APA format. 25-30 pages in length, excluding cover page and references.</p>	79 or below	80-89	90-100	
<p>Total points (500 points possible)</p>				

Appendix III-A-7: DNP Project

DNP Capstone Project Proposal Defense Evaluation Form

The DNP Capstone Project Proposal must be reviewed and approved by the Capstone Project Committee before the student may proceed with the Capstone Project.

Project Title _____

Student: _____ **Defense Date:** _____

Content & Critique	Not Approved	Approved with Revisions	Approved
Introduction, Purpose, Problem Statement, Research Questions/Hypotheses/PICOT			
<input type="checkbox"/> Topic is scholarly in nature, appropriate to student's specialty area and role, and fundamentally important to solve practice problems or to directly inform clinical practice <input type="checkbox"/> Scope of and need for project are clearly delineated <input type="checkbox"/> Research questions, hypothesis, and PICOT questions (if applicable) are appropriate, consistent with each other, and reflect the best plan of measure and analysis in the situation designated <input type="checkbox"/> Content is research-based, uses primary sources, current sources, compelling logic <input type="checkbox"/> Recommendations are sound and reflect the literature <input type="checkbox"/> Project will contribute substantially to benefit patients and has potential to contribute a positive effect on health care (locally and nationally)			
Content & Critique	Not Approved	Approved with Revisions	Approved
Review of Literature: Thorough, organized review with gaps identified & justification for project			
<input type="checkbox"/> The Review of Literature is extensive and uses appropriate databases, scholarly search skills, and strategies for a thorough literature search <input type="checkbox"/> Key words and search strategies are included in the paper and could be easily replicated. <input type="checkbox"/> Tables are included of numbers of articles accessed and used based upon stated selection criteria <input type="checkbox"/> Review is elegantly and concisely organized <input type="checkbox"/> The literature review includes all key data that has been published in the topic area			

<ul style="list-style-type: none"> <input type="checkbox"/> Review identifies gaps in knowledge for the topic if appropriate <input type="checkbox"/> Literature is summarized succinctly and provides positive, certain justification of project need 			
<p>Content & Critique Theoretical or Conceptual Framework, Theoretical & Operational Definitions:</p>	Not Approved	Approved with Revisions	Approved
<ul style="list-style-type: none"> ✓ Conceptual framework is a valid match, enhances understanding of the project, and the project will add to body of knowledge related to this conceptual framework. ✓ Theoretical and operational definitions are present, with operational definitions reflecting elegant quantification of concepts that relate directly to theoretical or conceptual framework propositions 			
<p>Chapter 4 Components</p>	Not Approved	Approved with revisions	Approved
<ul style="list-style-type: none"> <input type="checkbox"/> Name the design of methodology: be specific Explain how this methodology is good match to answer research question <input type="checkbox"/> Justify sampling, selection criteria, recruitment, and consent – Be specific Discuss reasons for choosing the sample size and expected attrition Recruitment: Include a copy of your advertisement or your presentation script to potential participants in the Appendix <input type="checkbox"/> Identify where study is taking place Explain how the setting is conducive for the project and what impact it may have on findings. <input type="checkbox"/> Justify the instrument choice if applicable. Highlight key features, and explain how this tool is a good match for study. Describe validity and reliability of instrument. If an instrument is developed by you, give rationale for needing to do so and state methods to measure validity and reliability Include instrument in Appendix Attach letters of permission by author to use measurement instruments in Appendix (if appropriate). Attach copies of all measurement instruments in the Appendix If using qualitative design, include sample questions that would be asked of participants in the Appendix 			

<ul style="list-style-type: none"> <input type="checkbox"/> Replication: list the steps to conduct study so specifically that someone could replicate <input type="checkbox"/> Describe plans for organizing, recording, and storing data: Articulate who will do what and when Explain why you chose these steps <input type="checkbox"/> Data Describe the measurement method Identify the level of measurement (e.g. nominal, ordinal, interval, ratio) for the method Describe the scoring method <input type="checkbox"/> A flow chart may be helpful to organize your procedures <input type="checkbox"/> Use a flow chart if this is a policy or procedural change <input type="checkbox"/> If you are using a qualitative design you will also need to discuss saturation (how will you know when you have all the information you can get on a topic?) and describe your process for maintaining and demonstrating trustworthiness and rigor in your study. <input type="checkbox"/> Discuss method for obtaining informed consent (include form in Appendix), explanation given to subjects (including their right to leave study at any time), and methods to protect identity of subjects. See CMU Informed Consent Information at http://www.coloradomesa.edu/sponsoredprograms/humsu b.html <input type="checkbox"/> Discuss methods to maintain anonymity of the participants: how long to maintain records; where will information be stored to preserve anonymity <input type="checkbox"/> Discuss any potential harm (even psychological) or benefit to the subject/participant from the research. <input type="checkbox"/> Identify the process you plan to use to analyze data <input type="checkbox"/> Select appropriate data analysis procedures for your design, objectives, questions, or hypothesis <input type="checkbox"/> For qualitative studies, discuss the exact method for analyzing, decision making, and coding data, developing an audit trail etc. <input type="checkbox"/> Describe how you can validate your findings <input type="checkbox"/> Significance of project: State how this project can inform practice 			
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> APA format consistent throughout paper <input type="checkbox"/> Citations and references are written in correct APA format 			

<input type="checkbox"/> 1-5 grammatical or spelling errors in paper or less <input type="checkbox"/> <i>Project concept paper is of high quality if:</i> No grammatical or spelling errors			
Content & Critique Appendices (Timeline, Instruments & Demographic Data Collection Tools, Instrument Approvals, IRB Approvals, Participant Consent Forms, Agency Approval Letters, Statistical Analysis Plans, & other relevant materials (e.g., Educational Program))	Not Approved	Approved with Revisions	Approved
<input type="checkbox"/> All relevant documents are included in the appendices <input type="checkbox"/> Permission from authors obtained and present <input type="checkbox"/> IRB application completed <input type="checkbox"/> Appendices are consistent with APA guidelines <input type="checkbox"/> Documents such as demographic data collection forms are thoughtfully constructed to provide needed information from participants with least effort <input type="checkbox"/> All tools have permission from authors to be used in the project or are free for public use			
Content & Critique DNP Essentials	Not Approved	Approved with Revisions	Approved
<input type="checkbox"/> Project potential for incorporating DNP Essentials is demonstrated			
Content & Critique Presentation	Not Approved	Approved with Revisions	Approved
<input type="checkbox"/> The presentation is synthesized, integrated, and seamless. <input type="checkbox"/> The approach is creative, engaging, and holds the learner's attention. <input type="checkbox"/> Supplemental materials are useful and enhance presentation. <i>The presentation meets minimal acceptable standards if:</i> <input type="checkbox"/> Basic content is covered in presentation. <input type="checkbox"/> Slides are crowded <input type="checkbox"/> The timing of the presentations is either too fast or too slow. <input type="checkbox"/> The presenter reads from the slides. <i>The presentation is of intermediate quality if:</i> <input type="checkbox"/> The content is presented well. <input type="checkbox"/> The presentation serves to entice the funder/administrator/faculty to approve the project.			

<p><i>The presentation is of high quality if:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> The slides are engaging, imaginative <input type="checkbox"/> The presenter compelling presents a case for the project. <input type="checkbox"/> The presentation provides strong evidence for the faculty to approve the project. 			
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FINAL GRADE				
DNP Capstone Project Proposal Defense	Faculty Comments:	Not Approved	Approved with Revisions	Approved As Presented
IRB Recommendation				

Faculty Comments:

This form signifies that the DNP Capstone project proposal has been developed, defended orally and that the written proposal has been found to be: (see above chart)

Not approved

Approved with Revisions

Approved as Presented

Student Signature and Date: _____

Capstone Project Chair and Date: _____

Capstone Project Committee Member: _____

DNP Capstone *Project Defense*: Evaluation Rubric

Project Title:

Student:

Defense Date:

Criteria for evaluation of the FINAL Scholarly Paper and EBP Project may include the following questions from your committee:

- 1) Is there evidence of clinical scholarship?
- 2) Does the project require clinical expertise and clinical decision making?
- 3) Was there an identified need for the project?
- 4) Was the project selected of adequate complexity? Feasibility?
- 5) What aspect involved vision? Leadership? Policy?
- 6) How does the project build upon knowledge, relate to theory, relate to the literature and foster practice related research?
- 7) Does the project raise the bar for quality care of delivery?
- 8) How does the project advance our knowledge about practice?
- 9) How will the results be disseminated?

Adapted from the NONPF subcommittee on Capstone Project: "*NONPF Recommended Criteria for NP Scholarly Projects in the Practice Doctorate Program*", National Organization of Nurse Practitioner Faculties (2006)

Criteria

Scores

The first three elements reflect Chapters 1-3 and are graded as Pass or No Pass. For a Pass paper must demonstrate recommended revisions, if expected, from N750.				
	Content and Critique Introduction, Purpose, Problem Statement, Research Questions/Hypotheses/PICO/ or question amenable to EBP solution	Not Approved		Approved
	Content and Critique Review of Literature: Thorough, organized review with gaps identified and justification for project ✓ The literature review suggests an evidence base for the project or supports the need for the project.	Not Approved		Approved

	Content and Critique Theoretical or Conceptual Framework, Theoretical and Operational Definitions: ✓ Framework (theoretical/conceptual/practice) is evident and appropriate	Not Approved		Approved
DNP Capstone Project Proposal Defense	Faculty Comments:	Not Approved (Failure)		Approved with Revisions from N750
20%	Content and Critique Methodology, Timeline, Ethical Considerations	Not Approved	Approved with Revisions	Approved
	Methodology ✓ Methodology clearly flows from purpose and PICO statement (patient, intervention, comparison & outcome) OR question amenable to EBP solution (if appropriate) ✓ Design choice is good match to answer clinical question ✓ Population and sample are described, and sample size is estimated from literature ✓ Discuss reasons for choosing the sample size and expected attrition ✓ Setting: Explain how the setting is conducive for study and what impact it may have on findings ✓ Instrumentation (tool) is addressed (if applicable) ✓ Includes discussion on validity and reliability of tool (if applicable) ✓ If an instrument is developed by you, give rationale for needing to do so and state methods to measure validity and reliability ✓ Describe plans for organizing, recording, and storing data: Articulate who will do what and when			

	<p>* A flow chart may be helpful to organize your procedures</p> <ul style="list-style-type: none"> ✓ For qualitative studies, discuss the exact method for analyzing, decision making, and coding data, developing an audit trail etc ✓ If you are using a qualitative design you will also need to discuss saturation (how will you know when you have all the information you can get on a topic?) and describe your process for maintaining and demonstrating trustworthiness and rigor in your study ✓ Methodology concisely reflects all of the above areas with logical flow of ideas ✓ Methodology is sufficiently described to allow for replication of study. ✓ Methodology clearly flows from purpose and problem statement <p>Timeline</p> <ul style="list-style-type: none"> ✓ <i>lowa</i> Timeline is directing flow of overflow project ✓ Deadlines from timeline are met with little adjustment <p>Ethical considerations</p> <ul style="list-style-type: none"> ✓ Discuss method for obtaining informed consent (include form in Appendix), explanation given to subjects (including their right to leave study at any time), and methods to protect identity of subjects ✓ Discuss methods to maintain anonymity of the participants: how long to maintain records; where will information be stored to preserve anonymity ✓ Discuss any potential harm (even psychological) or benefit to the subject/participant from the project 			
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60%	Content and Critique Project Evaluation: Data Analysis, Results (including Limitations), Discussion: Recommendations and Significance (implications for clinical practice)	Not Approved	Approved with Revisions	Approved
	<ul style="list-style-type: none"> ✓ Each objective of the project is evaluated in sufficient detail including limitations of the project, significance and recommendations for future projects. <p>Data Analysis</p> <ul style="list-style-type: none"> ✓ Data is described succinctly and linked to objectives ✓ Statistical analysis with appropriate tables are included ✓ For qualitative studies, discuss the exact method for analyzing, decision making, and coding data, developing an audit trail etc. ✓ Address how you can validate your findings ✓ Address reliability of your findings <p>Results</p> <ul style="list-style-type: none"> ✓ Identify and describe your results: Describe the findings within context of the setting, relate findings back to your objectives ✓ Visual Representations (Tables, charts, graphs, figures, quotes or photos) are properly identified, self- descriptive, informative, directly related to and referred to within the narrative of text ✓ Interpret how you made sense of the findings; Outcomes are logically and systematically summarized; results interpreted in relation to their importance to the clinical questions. ✓ Include inconsistent findings and discuss possible alternative Interpretations 			

	<ul style="list-style-type: none"> ✓ Results are compared with those found in the <i>Literature Review</i> ✓ Limitations are delineated with depth and scope appropriate to methodology <p>Discussion: Significance</p> <ul style="list-style-type: none"> ✓ State how this study can inform practice ✓ The project demonstrates the potential to enhance patient care OR The project demonstrates the potential to contribute to the body of knowledge for nursing ✓ Reflection: limitations and shortcomings of the design, external validity, reliability, and selection of statistical analysis are addressed; Internal and external variables have been considered as alternative explanations; problems associated with data have been explained ✓ Discussion includes recommended changes in practice based on the data from the project ✓ Other recommendations for future projects reflect critical thinking and reflection of the data ✓ Plan for dissemination of information is described <ul style="list-style-type: none"> ✓ Consideration is given to how this research might be continued in the future 			
10%	Content and Critique DNP Essentials	Not Approved	Approved with Revisions	Approved
	<ul style="list-style-type: none"> ✓ Project demonstrates integration of relevant DNP Essentials ✓ Alignment with relevant DNP Essentials is clear, convincing and supported in the manuscript and the presentation 			

	<ul style="list-style-type: none"> ✓ DNP Essentials: implications of project and how the project <u>validates</u> the DNP Essentials as a culmination of the DNP education is demonstrated *Note: justification can be integrated throughout the content or as a comprehensive separate section. 			
Pass or No Pass	Content and Critique Appendices: Appendices (Timeline, Instruments and Demographic Data Collection Tools, Instrument Approvals, IRB Approvals, Participant Consent Forms, Agency Approval Letters, Statistical Analysis Plans, and <u>other relevant materials</u>)	Not Approved	Approved with Revisions	Approved
	<ul style="list-style-type: none"> ✓ All relevant documents are included in the appendices ✓ Permission from authors obtained and present ✓ IRB application completed ✓ Appendices are consistent with APA guidelines ✓ All tools have permission from authors to be used in the project or are free for public use 			
Pass or No Pass	Content and Critique APA Format & Writing Style	Not Approved	Approved with Revisions	Approved
Must meet these minimal requirements for a passing grade. Formally edited paper is required.	<ul style="list-style-type: none"> ✓ APA format consistent throughout paper ✓ Citations and references are written in correct APA format ✓ 1-5 grammatical or spelling errors in paper or less <i>Project concept paper is of high quality if:</i> <ul style="list-style-type: none"> ✓ No grammatical or spelling errors 			
10%	Content and Critique Presentation: Student MUST pass with a minimal acceptable grade & minimum	Not Approved	Approved with Revisions	Approved

	<p>components must include first three bolded elements.</p>			
	<ul style="list-style-type: none"> ✓ The presentation is synthesized, integrated, and seamless. ✓ The approach is creative, engaging, and holds the learner's attention. ✓ Supplemental materials are useful (if used) and enhance presentation. <p><i>The presentation meets <u>minimal acceptable</u> standards if (80-85 points or B work):</i></p> <ul style="list-style-type: none"> ✓ Basic content is covered in presentation. ✓ Slides are crowded ✓ The timing of the presentations is either too fast or too slow. ✓ The presenter reads from the slides. <p><i>The presentation is of <u>intermediate quality</u> if components previously listed with the additions below (85-89 points or high B work)</i></p> <ul style="list-style-type: none"> ✓ The content is presented well. ✓ The presentation serves to entice the funder/administrator/faculty to approve the project. <p><i>The presentation is <u>of high quality</u> if components previously listed above with the additions below (90 - 100 points or A work) if:</i></p> <ul style="list-style-type: none"> ✓ The slides are engaging, imaginative ✓ The presenter <u>compelling presents a case for the project.</u> ✓ The presentation provides strong evidence for the faculty to approve the project. 			

	FINAL GRADE				
	DNP Capstone Project Proposal Defense	Faculty Comments:	Not Approved (Failure)	Approved with Revisions	Approved As Presented

Faculty Comments:

Student Signature and Date: _____

Capstone Project Chair and Date: _____

Capstone Project Committee Member: _____

Appendix III-D-1: Excerpts from Course Material Related to Distance Education

Taken from NURS-500 Theoretical Foundations – Fall 2017

Week 10 and assignment overview:

This video (<https://youtu.be/kK358tznHZs>) provides the expectations for the presentation due in Week 10. It also compares similarities and differences in this Week 10 presentation, and the paper due in Week 15.

The presentation will be broader, and relates to your Unit 3 readings (you will choose one chapter of interest for this presentation). You will use this presentation information as a foundation for your Week-15 paper covering your mid-range theory that you will choose. This presentation will be a basis for the Week 15 paper, i.e. the selected mid-range theory should fit into this broader foundation that you are building here in this Week-10 presentation. The concept you selected for your concept paper will also serve as a guide to the selection of your broader foundational theory, and the more specific mid-range theory. All three of these should meld together.

Please refer to the Presentation Grading Rubric. Your presentation will be 12 to 15 slides max (not including title and references slides). Your narrative should not exceed 5 minutes per slide OR a max of 20 minutes total. Narration is ideal, but you can also use the notes in your PowerPoint slides too.

Please post questions in the Ask Your Instructor forum, as these come up.

Week 10 Discussion Prompt: Excerpt from Course Shell and Table of Contents Unit 3 Week 7-10 Week 10 Discussion--Mid-Range Theory Critique:

Week 10 Discussion--Mid-Range Theory Critique

Your Middle-Range Theory Critique Presentation is a two-part assignment that includes, 1) a presentation (posted to the DropBox), and 2) a discussion/critique (attaching your presentation to your initial discussion post), and providing a critique of at least one peer's presentation.

Prior to this Middle-Range Theory Critique presentation two-part assignment, please complete the Unit readings. For your initial post, please attach your presentation here to this discussion thread providing a summary of the presentation in the discussion post along with your attached presentation. For your response to a peer, you will provide a critique to a minimum of one peer's Presentation by the due date.

Middle-Range Theory Critique presentation:

Part 1: The purpose of the presentation is for the student to provide a description, analysis, application, and evaluation of a Mid-Range Theory, and apply the theory to relevant nursing practice (for Part 1 of this assignment). The student references required

course readings and personal scholarly research in the presentation. Please use the rubric as a guide while writing your paper.

Part 2: The purpose of the discussion is to share your presentation with peers in the week's discussion thread (for Part 2 of this assignment). Each student will critique a minimum of one peer presentation as a discussion response. You will monitor your own initial post and provide feedback to appropriate to peer's posts. In order for all students to participate, it is best to critique a presentation that someone else has not selected (you can post your intention to critique one selected peer's presentation early mid-week). NOTE: After your review of your peer's critiques, you may want to update your presentation, secondary to the critique, and submit (or resubmit) to the DropBox by the dropbox due date. It is best to provide your peer critique as early in the week as possible, allowing time for any presentation revisions to be made and then submitted.

Part 1 grading for the presentation: The Middle-Range Theory Critique Presentation is due Week 10, is worth 100 points, and counts for 20% of the course grade. The criteria for evaluation of this assignment are included in a grading rubric.

Part 2 grading for the discussion: The discussion and participation rubric will be used for grading for the Week 10 discussion covering the presentation post and critique.

Please make your initial discussion post by Wed at 11:59 p.m. (Mountain Time). Respond to a minimum of one peer by Sunday at 11:59 p.m. (Mountain Time). Your paper will follow the guide outlined in the grading rubric. For your initial discussion post, please attach your paper. Please respond to at least one peer. You will use the discussion grading rubric and the participation grading rubric to guide your responses.

Week 10 Presentation Prompt: Excerpt from Course Shell and Table of Contents Unit 3 Week 7-10 Week 10 Presentation--Mid-Range Theory Critique:

Middle-Range Theory Presentation Instructions

Middle-Range Theory Presentation is a 2-part assignment:

Part 1: The purpose of this presentation is to choose a middle-range theory and provide a description, analysis, application, and evaluation of the theory that is relevant to the student's nursing practice (for Part 1 of this assignment). Please reference the required course readings, and your own research on this topic (see also Resources in the course shell). Please use the rubric as a guide while writing your paper.

Part 2: The purpose of the discussion is to share your presentation with peers in the week's discussion thread (for Part 2 of this assignment). Please see details of the assignment activity in the Week 10 discussion thread.

After you review your peer's critiques of your presentation, you may want to update the presentation prior to final submission, secondary to the critique, and submit (or resubmit) to the DropBox by the dropbox due date.

Part 1 grading for the presentation: The Middle-Range Theory Presentation is due **Week 10**, is worth **100 points**, and counts for **20% of the course grade**. The criteria for evaluation of this assignment are included in a grading rubric.

Part 2 grading for the discussion: The discussion and participation rubric will be used for grading for the Week 10 discussion covering the Middle-Range Theory Presentation critiques.

Please submit your final revision of the paper to the DropBox by Sunday at 11:59 p.m. (Mountain Time). Please use the grading rubric as a guide when completing this activity.

Appendix III-F-1: Graduate Program Student Skills (GPSS) Intensives

August 14th 2015

9:00-9:30	Welcome and Introductions (Faculty): UC 221 Dr. Debra Bailey, Department Head and DNP Program Director UC 221
9:30 -10:00	CMU Graduate Nursing: Expectations & Honor Code (FERPA) Dr. Debra Bailey
10:00 - 10:15	Student Instructions for Introductions – Dr. Sandy Forrest
10:15- 10:45	Break (obtain Mav Card)
10:45 – 11:15	Student Introductions (Students)
11:15 -12:00	MSN & DNP Tracks UC 221 <ul style="list-style-type: none"> • MSN Cognate: Dr. Sandy Forrest – MSN Handbook UC 221 • DNP Cognate: Preparing for Primary Care: the Nurse Practitioner Role, Scholarly inquiry Project and EBP : Dr. Debra Bailey – DNP Handbook • Scholarship Resources: Writing; Scholarly Expectations; APA Manual (Bring your most recent edition of the APA Manual available at the CMU Bookstore) Dr. Bridget Marshall
12:00-1:00	Lunch & Social (Lunch on your own)
1:00 - 2:00	Professionalism and Clinicals: Break -Out Sessions (bring your laptops for the PM)
	<u>Continuing students</u> who have been or are entering clinical: <ul style="list-style-type: none"> • TYPHON – how to document clinical hours; preceptors Dr. Kristy Reuss –UC 221
	<u>New students</u> : Professionalism: Clinicals <ul style="list-style-type: none"> • Preceptor Packet & Forms Dr. Bridget Marshall –UC 224
2:30-3:30	Library Services: Better Searching: Research Assistance; Information Discovery Resources; Interlibrary Loans; <i>Up to Date</i> Lauren Cantwell, Subject Specialist Librarian for DHS UC 221
3:30 -3:45	Break
3:45 – 4:45	OnLine Classroom sessions: UC221

- Managing D2L – Kristyn Rose
- Working the D2L Classroom: Tools and Tricks- Dr Kristy Reuss

4:45 – 5:00 Evaluations and wrap up

**August 26th 2016 Graduate Orientation Agenda
UC 222**

11:00-11:10 Welcome and plan for the day: Dr. Marshall

11: 10 -12:00 Preceptors and Clinical: “How To Get Going” Dr. Debra Bailey

12:00 -12:30 grab lunch on own

12:30 to 1:30 Session III: Emerging Ideas: Capstones
Mia Riemann: Present idea: CHF and teams to support patient at discharge
Observe: students with faculty

1:30 – 1:45 Break

1:45 – 2:30 APA writing Dr. Kathleen Hall

2: 30 – 2:50 Library Searching & Tools Laureen Cantwell MSLIS, Reference & Distance Services Librarian

2:50 – 3:00 Break

3:00 to 3:30 Typhon Clinical Tracking Dr. Kristine Reuss

Thank you for your attendance!

January 19th, 2017 Day 1 Ongoing students

12:00-13:00	Lunch Welcome and Introductions (Student and Faculty) Dr. Debra Bailey, Department Head Director and DNP Program Director
13:00 -14:00	Capstones DNP Essentials: Dr. Bridget Marshall (5-minute Introduction) Session I: Emerging Ideas: Capstones or - DNP Capstone Project (s) Graduate Faculty Must RSVP for this: Each student must come prepared to discuss an emerging idea of their Capstone project. This is for MSN and DNP students. You will have five minutes to discuss your ideas and receive feedback. Please provide faculty your idea of a problem, your potential purpose, and how you envision implementing this capstone. No idea is unworthy! This is an opportunity for feedback to steer your direction.
14:00-14:15	Break
14:15-14:30	Mentor Mentee Program
14:30-15:15	Library Repositories: End Note and other tools Laureen Cantwell
15:15-15:45	e Portfolio Tracy DeBellvue
16:00-16:50	What is the DNP? Dr. Bridget Marshall
17: 00	GPS Intensive: Dr. Joe Cruz (SMH)

January 20th, 2017 University Center Room

9:00-9:30	Welcome and Introductions (Student and Faculty) Dr. Debra Bailey, Department Head and DNP Program Director
9:30 -10:30	Capstones DNP Essentials: Dr. Bridget Marshall (5-minute Introduction) Session I: Emerging Ideas: Capstones or - DNP Capstone Project (s) Graduate Faculty Must RSVP for this: Each student must come prepared to discuss an emerging idea of their Capstone project. This is for MSN and DNP students. You will have five minutes to discuss your ideas and receive feedback. Please provide faculty your idea of a problem, your potential purpose, and how you envision

implementing this capstone. No idea is unworthy! This is an opportunity for feedback to steer your direction.

10:30-10:45 Break
10:44-10:55 Mentor Mentee Program

Breakout sessions: Section II

11:00-12:00

1. IT Department (Skype for Business)
2. APA writing
Dr. Kathleen Hall
3. Library Searching
Laureen Cantwell
4. Typhon Clinical Tracking
Dr. Kristine Reuss
5. e Portfolio
Dr. Bridget Marshall

Lunch on own

13:00-14:00 **Capstones**

DNP Essentials: Dr. Bridget Marshall (5-minute Introduction)

Session III: Emerging Ideas: Capstones or - DNP Capstone Project (s)

Graduate Faculty

Must RSVP for this: Each student must come prepared to discuss an emerging idea of their Capstone project. This is for MSN and DNP students. You will have five minutes to discuss your ideas and receive feedback. Please provide faculty your idea of a problem, your potential purpose, and how you envision implementing this capstone. No idea is unworthy! This is an opportunity for feedback to steer your direction.

14:00 -14:15 Break
14:15 -14:30 Reading List (Dr. Bridget Marshall)

Breakout sessions Session IV:

14:30 – 15:30

1. IT Department (Skype for Business)
2. APA writing
Dr. Kathleen Hall
3. Library Searching
Laureen Cantwell
4. Typhon Clinical Tracking
Dr. Kristine Reuss
5. e portfolio
Dr. Bridget Marshall

15:30 -16:00 Wrap Up and Evaluations

Emerging Ideas Format

You have five minutes to describe your emerging idea for your capstone. This will allow for an exchange of ideas in an informal setting with peers and faculty. It may seem intimidating but experience from other students has informed faculty that this would be helpful. This is a great opportunity to start engaging with faculty on your Capstone! Use the following format and be prepared to take notes! We look forward to hearing your ideas.

PROBLEM: (Background)

What problem do you see in practice?

Is it an area needing health policy, clinical practice guidelines, needs assessment, information technology, new knowledge, or?

Write your thoughts here:

Purpose: of your capstone:

Can you put this in a PICO format?

What do you envision to be the purpose of your Capstone?

Write your thoughts here:

Methodology: How will you accomplish this capstone:

What is the study design?

Is it descriptive? Quality improvement project? Retrospective chart review? Feasibility study? Clinical Practice Guidelines?

Write your thoughts here:

This is our first “Graduate Program Student/Skills – Intensive’ or GPS – I. Please feel free to attend all or part of the sessions with the exception of the Capstone Project ideas. We will offer that session pending attendance by at least 3 graduate students – Please RSVP for that to occur.

We highly recommend attending the Coding and Billing session with Allison Carey for those students in clinicals or about to enter clinicals. Our panel discussion is supported by our alumnae and will be a Q & A for transitioning to practice. Laureen Cantwell will be discussing software programs available on the web to help organize literature reviews. The ePortfolio is a new tool for aligning outcomes with the DNP Essentials in your program. It is frequently used to demonstrate your strengths to future employers. We recommend that session for all grad students. We are beginning a Mentor – Mentee program and ask that you attend if interested. Please email me at the contact below should you have questions.

We ask you to RSVP for any or all sessions. Please send confirmation to Dr. Bridget Marshall at brmarshall@coloradomesa.edu

Thanks! Hope to see you there!

Dr. Bridget Marshall

April 28th, 2017 Day 1

12:45-13:00	Welcome and Introductions (Student and Faculty) Dr. Debra Bailey, Department Head Director and DNP Program Director
13:00 -15:00	Coding and Billing -Allison Carey, CPC PB Coding Supervisor, SCL Health Systems
15:00-15:15	Break
15:15-16:00	Library Repositories: End Note and other tools Laureen Cantwell
16:00-16:30	e Portfolio Tracy DeBellvue
16:30-16:50	Mentor – Mentee Program Dr. Bridget Marshall
16:50-17:00	Break
17: 00 18:30	Dinner (pot-luck from faculty) & Presentation Transitions to Practice: Panel Discussion Drs. Courtney Kasun, Judith Shue, Heather Tobin
18:30-18:45	Break
18:45 -20:00	(optional and pending RSVP) DNP Essentials: Dr. Bridget Marshall (5-minute Introduction)

Emerging Ideas: Capstones

MSN or - DNP Capstone Project (s)

Graduate Faculty

Must RSVP for this: Each student must come prepared to discuss an emerging idea of their Capstone project. This is for MSN and DNP students. You will have five minutes to discuss your ideas and receive

feedback. Please provide faculty your idea of a problem, your potential purpose, and how you envision implementing this capstone. No idea is unworthy! This is an opportunity for feedback to steer your direction.

Emerging Ideas Format

You have five minutes to describe your emerging idea for your capstone. This will allow for an exchange of ideas in an informal setting with peers and faculty. It may seem intimidating but experience from other students has informed faculty that this would be helpful. This is a great opportunity to start engaging with faculty on your Capstone! Use the following format and be prepared to take notes! We look forward to hearing your ideas.

PROBLEM: (Background)

What problem do you see in practice?

Is it an area needing health policy, clinical practice guidelines, needs assessment, information technology, new knowledge, or?

Write your thoughts here:

Purpose: of your capstone:

Can you put this in a PICO format?

What do you envision to be the purpose of your Capstone?

Write your thoughts here:

Methodology: How will you accomplish this capstone:

What is the study design?

Is it descriptive? Quality improvement project? Retrospective chart review? Feasibility study? Clinical Practice Guidelines?

Write your thoughts here:

GPS SKILLS Intensive: Joe Cruz MD PhD

August 24th 2017 5pm to 9 pm at St Mary's Radiology Department: first floor

For those students who are entering clinical Fall 2017 or are already in clinical courses (600 level) please **RSVP for this SKILLS intensive** on ordering x-rays. Dr. Cruz will be reviewing the 'how to' of ordering including the guidelines for when and what to order. This is the same lecture that he provides the Family Practice Residents at the Residency program here in Grand Junction.

This Graduate Program Student Skills Intensive is limited to the first 12 respondents: email your RSVP to Dr. Bridget Marshall

brmarshall@coloradomesa.edu

Please put **GPS RSVP** in your subject heading.

Thank you!

**Appendix III-G-1:
NONPF NP Core Competencies Self-Evaluation**

Competency Area	NP Core Competencies	How I Met (or Am Meeting This Competency)
Scientific Foundation Competencies	1. Critically analyzes data & evidence for improving advanced nursing practice.	
	2. Integrates knowledge from the humanities & sciences within the context of nursing science.	
	3. Translates research & other forms of knowledge to improve practice processes & outcomes.	
	4. Develops new practice approaches based on the integration of research, theory, & practice knowledge.	
Leadership Competencies	1. Assumes complex & advanced leadership roles to initiate & guide change.	
	2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, & policy makers) to improve health care.	
	3. Demonstrates leadership that uses critical & reflective thinking.	
	4. Advocates for improved access, quality & cost effective health care.	
	5. Advances practice through the development & implementation of innovations incorporating principles of change.	
	6. Communicates practice knowledge effectively, both orally & in writing.	

	7. Participates in professional organizations & activities that influence advanced practice nursing &/or health outcomes of a population focus.	
Quality Competencies	1. Uses best available evidence to continuously improve quality of clinical practice.	
	2. Evaluates the relationships among access, cost, quality, & safety & their influence on health care.	
	3. Evaluates how organizational structure, care processes, financing, marketing, & policy decisions impact the quality of health care.	
	4. Applies skills in peer review to promote a culture of excellence.	
	5. Anticipates variations in practice & is proactive in implementing interventions to ensure quality.	
Practice Inquiry Competencies	1. Provides leadership in the translation of new knowledge into practice.	
	2. Generates knowledge from clinical practice to improve practice & patient outcomes.	
	3. Applies clinical investigative skills to improve health outcomes.	
	4. Leads practice inquiry, individually or in partnership with others.	
	5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.	
	6. Analyzes clinical guidelines for individualized application into practice	
Technology & Information Literacy Competencies	1. Integrates appropriate technologies for knowledge management to improve health care.	
	2. Translates technical & scientific health information appropriate for various users' needs.	

	2.a Assesses the patient's & caregiver's educational needs to provide effective, personalized health care.	
	2.b Coaches the patient & caregiver for positive behavioral change.	
	3. Demonstrates information literacy skills in complex decision making.	
	4. Contributes to the design of clinical information systems that promote safe, quality & cost effective care.	
	5. Uses technology systems that capture data on variables for the evaluation of nursing care.	
Policies Competencies	1. Demonstrates an understanding of the interdependence of policy & practice.	
	2. Advocates for ethical policies that promote access, equity, quality, & cost.	
	3. Analyzes ethical, legal, & social factors influencing policy development.	
	4. Contributes in the development of health policy.	
	5. Analyzes the implications of health policy across disciplines.	
	6. Evaluates the impact of globalization on health care policy development.	
Health Delivery System Competencies	1. Applies knowledge of organizational practices & complex systems to improve health care delivery.	
	2. Effects health care change using broad based skills including negotiating, consensus-building, & partnering.	

	3. Minimizes risk to patients & providers at the individual & systems level.	
	4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, & other stakeholders.	
	5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, & the environment.	
	6. Analyzes organizational structure, functions & resources to improve the delivery of care.	
	7. Collaborates in planning for transitions across the continuum of care.	
Ethics Competencies	1. Integrates ethical principles in decision making.	
	2. Evaluates the ethical consequences of decisions.	
	3. Applies ethically sound solutions to complex issues related to individuals, populations & systems of care.	
Independent Practice Competencies	1. Functions as a licensed independent practitioner.	
	2. Demonstrates the highest level of accountability for professional practice.	
	3. Practices independently managing previously diagnosed & undiagnosed patients.	
	3.a Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, & end-of-life care.	

	3.b Uses advanced health assessment skills to differentiate between normal, variations of normal & abnormal findings.	
	3.c Employs screening & diagnostic strategies in the development of diagnoses.	
	3.d Prescribes medications within scope of practice.	
	3.e Manages the health/illness status of patients & families over time.	
	4. Provides patient-centered care recognizing cultural diversity & the patient or designee as a full partner in decision-making.	
	4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.	
	4.b Creates a climate of patient- centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, & respect.	
	4.c Incorporates the patient's cultural & spiritual preferences, values, & beliefs into health care.	
	4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.	
From National Organization of Nurse Practitioner Faculties (2014). Nurse practitioner core competencies content. Retrieved from https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/2014npcorecompscontentfinaln.pdf		

Appendix III-H-1: Distance Education Standards & Evaluation

NURS575 – 2018 Evaluation of Course Delivery

Institution: Colorado Mesa University
Course Code: NURS575-001-42436Colorado021918
Course Number: NURS575-001-42436
Course Name: Capstone Project
Course Representative: Josina Rosenbaum

Review Start Date: 2018-02-23
Review End Date: 2018-04-20

General Standard 1: Quality Course Design

Created by Distance Education in Spring 2015, the rubric evaluates 5 criteria/standards. The goal is to determine whether faculty who have passed Online Teaching Essentials (OTE) are using best practices from OTE to design their online courses.

STANDARD 1.1 - (5 Points)

Online Presence

Points Possible: 5

Points Awarded: 5

Result: MET (Yes: 1, No: 0)

Reviewer Recommendations:

Lucy, you have such a strong online presence in your course! Your friendly and energetic personality shines even in this online environment. Your welcome message is perfect! It tells students how to get started in your course and provides them instant information about how to contact you. You follow all of this up by creating an engaging instructor bio. It is so important that our online students feel connected and your welcome and introduction is the first step in creating that connection. The only thing that could take your online presence to the next level would be to create a welcome video! Then your students are learning about you and they get to see you in action. Overall, great work in this area!

STANDARD 1.2 - (5 Points)

Expectations Established

Points Possible: 5

Points Awarded: 5

Result: MET (Yes: 1, No: 0)

Reviewer Recommendations:

You have done a great job of creating a weekly overview for each module of your course. This weekly overview includes an easy to read and understand list of learning outcomes and a to-do list. I also really like that you have taken the time to enter the actual due dates in bright red into the to-do list. This is so helpful to students, so they are not trying to guess what the due date is or have to spend time looking for it somewhere else.

In your welcome message you have done a great job telling students how to get started in your course. You have also created a file for how to navigate the course. However, I was not able to get this file to show any content. You might want to check on it to see if there is an issue we can fix.

One suggestion to strengthen the already great things you have done, would be to add more descriptions to the weekly files you have. Each week you have an overview, and this is so great! Then you have word documents for the students to work download and work on. It may be helpful to students if you were to provide a simple explanation about the documents, and what information you are wanting to see. Granted, I am not a subject matter expert in this field, and not familiar with how the program is structured. Your students may already know what each form is and how to fill it out. If you were wanting to add a description or instructions to the files, an easy way to do that may be to make a quick weekly video. In this video you can quickly introduce the forms and how to fill them out and why they are important to the program and the students!

STANDARD 1.3 - (5 Points)

Engagement of Students

Points Possible: 5

Points Awarded: 5

Result: MET (Yes: 1, No: 0)

Reviewer Recommendations:

Being that this course is a capstone course, much of the "do-ing" is on the students as they work to complete their individual projects. So there may not be as many opportunities for students to engage with other students. You do have a great opportunity for them to engage with each other and you in the welcome and introduction discussion board. I also saw that you have other discussion boards created, such as 'ask your instructor' and a 'class cafe' but you do not have these linked in your content. If you would like to add more engagement into your course, discussion boards might be an easy way to get students interacting with each other more. Another way to add engagement would be to add weekly videos as I have mentioned before. Just the act of having a video to watch versus having to read the directions every week will help boost student engagement. This is an easy way to add a little "spice" to your content!

STANDARD 1.4 - (5 Points)

Organization of Content

Points Possible: 5

Points Awarded: 5

Result: MET (Yes: 1, No: 0)

Reviewer Recommendations:

Lucy, you have a wonderfully organized course! Your course is logical, consistent, and chronological. Your "Start Here" module has everything in it that a student needs to begin your course and to be successful. Your weekly modules are great because of their consistency. Students appreciate when you are consistent, that way they do not have to go searching in your course to find items. All your dropboxes and quizzes are linked appropriately, again making it easy to navigate and complete. Great work!

STANDARD 1.5 - (5 Points)

Outcomes and Alignment

Points Possible: 5

Points Awarded: 5

Result: MET (Yes: 1, No: 0)

Reviewer Recommendations:

Again, great work! This is no easy task, and you have done a great job ensuring each week the learning outcomes are stated. These learning outcomes are written in a way that is student-friendly, easily understandable, and are measurable and observable. It is also obvious you have taken the time to create activities and assessments that are aligned to these learning outcomes. This is perfect!

Additional Review Comments:**Reviewer**

Lucy and I met to discuss her course and the review. As this is a Capstone course, it does not function the same way a traditional course would. This course is designed for the students to be able to work independently and receive feedback from the instructor. Some of the comments and suggestions I made in this review may not be applicable to this type of course. Lucy is a wonderful instructor and she takes great pride in her work. This hard work and attention to detail makes her a wonderful online instructor. Thank You, Jessica Evans

TOTAL POINTS AWARDED: 25

FINAL RESULT: MET STANDARDS

**Appendix IV-A-1:
Calendar for Systematic Evaluation of MSN and DNP Program**

Calendar for Systematic Evaluation of MSN and DNP Program		
Faculty Meeting Agenda	Standard	
<i>August</i>		
Program Governance	I-D	Faculty and students participate in program governance.
Outcome data - student progression	III-G	Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.
Outcome data - licensure and certification	IV-C	Licensure and certification pass rates demonstrate program effectiveness.
<i>September</i>		
Mission	I-A	The mission, goals, and expected program outcomes are: congruent with those of the parent institution; and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.
Policies	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.
Academic support services	II-B	Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.
Review of Surveys	IV-H	Data analysis is used to foster ongoing program improvement.
<i>October</i>		
Mission and ESOs - Advisory Committee	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.
Preceptors	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.
Outcome data	IV-E	Program outcomes demonstrate program effectiveness.

November		
Student learning outcomes	III-B	Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).
Curriculum	III-A	The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates.
Outcome data - Program completion	IV-E	Program completion rates demonstrate program effectiveness.
December		
Outcome - employment rates	IV-D	Employment rates demonstrate program effectiveness.
Fiscal/physical resources	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
January		
Teaching/learning practices	III-D	Teaching-learning practices and environments support the achievement of expected student outcomes.
	III-H	Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.
February		
Curriculum - structure (CCNE/NONFP)	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. Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.
	III-A	The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates.
Review of Surveys	IV-H	Data analysis is used to foster ongoing program improvement.

<i>March</i>		
Docs and publications	I-E	Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.
Curriculum - Advisory Com	III-F	The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.
Clinical experiences	III-E	The curriculum includes planned clinical practice experiences that enable students to integrate new knowledge and demonstrate attainment of program outcomes; and are evaluated by faculty.
<i>April</i>		
Faculty evaluation	I-C	Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.
Faculty staffing and credentials	II-D	Faculty are: sufficient in number to accomplish the mission, goals, and expected program outcomes; academically prepared for the areas in which they teach; and experientially prepared for the areas in which they teach.
Supportive environment for faculty	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.
Chief nurse administrator	II-C	The chief nurse administrator: is a registered nurse (RN); holds a graduate degree in nursing; holds a doctoral degree if the nursing unit offers a graduate program in nursing; is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes; is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.
Aggregate faculty outcomes	IV-F	Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.
<i>May</i>		
Student performance evaluation	III-G	Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.
Formal complaints	IV-G	The program defines and reviews formal complaints according to established policies.
SEP process	IV-A	A systematic process is used to determine program effectiveness.

**Appendix IV-A-2:
MSN Program—Assessment Plan with Outcomes**

**COLORADO MESA UNIVERSITY
Program Outcome & Assessment Plan**

Program Name: Master of Science in Nursing

Date: 2015-2019

Program Outcomes (ESOs)	Courses/Educational Strategies Indicate if outcome is Beginning(B), Developing(D) or Advanced(A)	Assessment Method(s)	Time of Data Collection/ Person Responsible	Desired Level of Accomplishment/ Benchmark
<p>MSN Student Learning Outcome: Incorporate leadership skills & behaviors to foster best practices, promote professional growth, interprofessional collaboration, & positive change in people & systems within health care & education (MSN Essential II, VII).</p> <p>CMU Masters Learning Outcome: Contribute to scholarly advancement in the chosen field by completing projects individually & collaboratively. (Specialized Knowledge/ Applied Learning)</p>	NURS 503 (B) Organizational Leadership	<p>What: Change presentation How: Grading rubric</p>	<p>Who: Forrest When: Spring 2016</p>	Average score is > 90% on evaluation rubric item
	NURS 530 (D) Chronic Illness	<p>What: Population Based Initiatives in Chronic Illness Presentation How: Grading Rubric</p>	<p>Who: Forrest When: Spring 2016</p>	Average score is > 90% on evaluation rubric item
	NURS 545 (D) Curriculum design & evaluation	<p>What: Ethical & Legal Aspects of Evaluation Presentation</p>	<p>Who: Forrest When: Spring 2017</p>	Average score is > 90% on evaluation rubric item

		How: Grading rubric		
	NURS 575 (A) Capstone	What: Capstone paper & defense How: Evaluation rubric	Who: Faculty When: Fall 2015 & Spring 2016	Average score is > 90% on evaluation rubric item. 90% of students receive rating of Competent or higher on the Capstone oral defense rubric
MSN Student Learning Outcome: Analyze quality improvement & safety initiatives, accountability & communication to improve patient outcomes (MSN Essential III).	NURS 505 (B) Quality improvement	What: Application activities How: Total score on application activities	Who: Reuss When: Spring 2016	Average score is > 90% on evaluation rubric item
CMU Masters Learning Outcome: Employ discipline-specific logical, mathematical, statistical methods, or other analytical processes to address a topic or issue. (Quantitative Fluency)	NURS 526 (D) Pharm	What: Case Study How: Grading rubric	Who: Nolan When: Fall 2015 & Spring 2016	Average score is > 90% on evaluation rubric item
	NURS 575 (A) Capstone	What: Capstone paper & defense How: Evaluation rubric	Who: Faculty When: Fall 2015 & Spring 2016	Average score is > 90% on evaluation rubric item
MSN Student Learning Outcome: Advocate for policies to improve the health outcomes of populations & the quality of the health care delivery system as it impacts	NURS 503 (B) Organizational leadership	What: Action Plan Paper How: Rubric Score on Depth of Discussion	Who: Forrest When: Spring 2016	Average score is > 90% on evaluation rubric item

<p>professional nursing practice (MSN Essential VI, VIII).</p> <p>CMU Masters Learning Outcome: Create oral & written arguments or explanations, well-grounded in discipline-specific theories & methods, for specified audiences. (Communication Fluency)</p>	<p>NURS 504 (B) Health policy</p>	<p>What: Lobbying activity paper, opinion editorial paper How: Evaluation rubric total score on paper</p>	<p>Who: Reuss When: Fall 2016</p>	<p>Average score is > 90% on evaluation rubric item</p>
	<p>NURS 575 (A) Capstone</p>	<p>What: Capstone paper & defense How: Evaluation rubric</p>	<p>Who: Faculty When: Fall 2015 & Spring 2016</p>	<p>Average score is > 90% on evaluation rubric item</p>
<p>MSN Student Learning Outcome: Apply current evidence-based knowledge to inform &/or initiate change in educational, clinical, & organizational environments (MSN Essential IV).</p> <p>CMU Masters Learning Outcome: Formulate & evaluate hypotheses as related to research problems, issues, concepts, & various perspectives. (Critical Thinking)</p>	<p>NURS 501 (B) Research</p>	<p>What: Evidence-based recommendations paper How: Grading rubric</p>	<p>Who: Forrest When: Fall 2015</p>	<p>Average score is > 90% on evaluation rubric item</p>
	<p>NURS 527 (D) Health Assess</p>	<p>What: Final check off H&P using USPSTF to screen for various conditions How: Evaluation rubric</p>	<p>Who: Simmons & Bailey When: Spring & Summer 2016; Cox: Summer 2018</p>	<p>Average score is >90% on evaluation rubric item</p>

	NURS 530 (D) Chronic Illness	What: Chronic Illness Case Study Presentation How: Grading rubric – key element #5	Who: Forrest When: Spring 2016; Holvoet Spring 2018	Average score is > 90% on evaluation rubric item
	NURS 540 (D) Teaching Strategies	What: Design of creative educational tool for direct care setting How: Grading Rubric	Who: Forrest When: Spring 2016 & Summer 2016	Average score is > 90% on evaluation rubric item
	NURS 575 (A) Capstone	What: Capstone paper & defense How: Evaluation rubric	Who: Faculty When: Fall 2015 & Spring 2016	Average score is > 90% on evaluation rubric item

NOTE: We will collect data on the following SLOs in 2017-2018:

<p>MSN Student Learning Outcome: Synthesize advanced theoretical, empirical, & ethical knowledge to engage in systematic critical inquiry for a chosen domain of nursing (MSN Essential I, IV).</p> <p>CMU Masters Learning Outcome: Synthesize, evaluate, or refine the information base of various scholarly sources. (Information Literacy)</p>	<p>NURS 500 (B) Theory</p>	<p>What: Concept Analysis paper How: Literature review component of the rubric</p>	<p>Who: Holvoet When: Fall 2017</p>	<p>Average score is > 90% on evaluation rubric item</p>
	<p>NURS 535 (D) Health Promotion</p>	<p>What: Deep dive integrative lit review How: Grading rubric (first 3 criteria on rubric worth 75 points)</p>	<p>Who: Cox When: Fall 2017</p>	<p>Average score is > 90% on evaluation rubric item</p>
	<p>NURS 540 (D) Teaching strategies</p>	<p>What: Syllabus development assignment How: Evaluation rubric</p>	<p>Who: Holvoet When: Fall 2017</p>	<p>Average score is > 90% on evaluation rubric item</p>
	<p>NURS 575 (A) Capstone</p>	<p>What: Capstone paper & defense How: Evaluation rubric</p>	<p>Who: Graham When: Spring 2018</p>	<p>Average score is > 90% on evaluation rubric item</p>
<p>MSN Student Learning Outcome: Appraise the impact of social determinants, culture, diversity, values, & globalization in the</p>	<p>NURS 500 (B) Theory</p>	<p>What: Week 2 Discussion Topic How: Discussion grading rubric</p>	<p>Who: Holvoet When: Fall 2017</p>	<p>Average score is > 90% on evaluation rubric item</p>
	<p>NURS 504 (D) Health Policy</p>	<p>What: Examining different perspectives paper How: Grading rubric</p>	<p>Who: Cox When: Spring 2018</p>	<p>Average score is > 90% on evaluation rubric item</p>

<p>delivery of population health (MSN Essential VIII).</p> <p>CMU Masters Learning Outcome: Articulate moral, ethical, legal, or professional challenges within the discipline. (Ethical Reasoning)</p>	<p>NURS 535 (D) Health Promotion</p>	<p>What: Discussion on movie (God grew tired of us) How: Discussion rubric</p>	<p>Who: Cox When: Fall 2017</p>	<p>Average score is > 90% on discussion</p>
	<p>NURS 575 (A) Capstone</p>	<p>What: Capstone paper & defense How: Evaluation rubric</p>	<p>Who: Graham When: Spring 2018</p>	<p>Average score is > 90% on evaluation rubric item</p>
<p>MSN Student Learning Outcome: Utilize information systems, technology, & patient data for ethical, clinical decision-making that promotes cost effectiveness & positive health care outcomes (MSN Essential V).</p> <p>CMU Masters Learning Outcome: Employ discipline-specific logical, mathematical, statistical methods, or other analytical processes to address a topic or issue. (Quantitative Fluency)</p>	<p>NURS 502 (B) Health information systems</p>	<p>What: Overcoming challenges to implementation case study assignment. How: Evaluation rubric</p>	<p>Who: Marshall When: Fall 2017</p>	<p>Average score is > 90% on evaluation rubric item</p>
	<p>NURS 505 (D) Quality Improvement</p>	<p>What: Patient Safety Initiative Paper How: Paper Rubric</p>	<p>Who: McKinney When: Spring 2018</p>	<p>Average score is > 90% on evaluation rubric item</p>
	<p>NURS 530 (A) Chronic Illness</p>	<p>What: Wk5 Chronic Illness & Behavioral Risk-Factor Assessment Assignment How: Grading rubric – key element #3</p>	<p>Who: Holvoet When: Spring 2018</p>	<p>Average score is > 90% on evaluation rubric item</p>
	<p>NURS 575 (A) Capstone</p>	<p>What: Capstone paper & defense How: Evaluation rubric</p>	<p>Who: Graham When: Spring 2018</p>	<p>Average score is > 90% on evaluation rubric item</p>
<p>MSN Student Learning Outcome:</p>	<p>NURS 504 (B) Health Policy</p>	<p>What: Policy “one pager” paper</p>	<p>Who: Cox When: Spring 2018</p>	<p>Average score is > 90% on evaluation rubric item</p>

<p>Develop strategies to improve individual & population health outcomes based on health promotion & disease reduction principles (MSN Essential VIII, IX).</p> <p>CMU Masters Learning Outcome: Create oral & written arguments or explanations, well-grounded in discipline-specific theories & methods, for specified audiences. (Communication Fluency)</p>		How: Grading rubric		
	NURS 530 (A) Chronic Illness	<p>What: Wk 14 Population Health Initiatives Presentation</p> <p>How: Grading rubric – key element #8 & 9</p>	<p>Who: Holvoet</p> <p>When: Spring 2018</p>	Average score is > 90% on evaluation rubric item
	NURS 535 (D) Health Promotion	<p>What: HPI paper</p> <p>How: Grading rubric</p>	<p>Who: Cox</p> <p>When: Fall 2017</p>	Average score is > 90% on evaluation rubric item
	NURS 540 (D) Teaching strategies	<p>What: Problem Based Teaching/Learning Experience</p> <p>How: Grading rubric</p>	<p>Who: Holvoet</p> <p>When: Fall 2017</p>	Average score is > 90% on evaluation rubric item
	NURS 575 (A) Capstone	<p>What: Capstone paper & defense</p> <p>How: Evaluation rubric</p>	<p>Who: Graham</p> <p>When: Spring 2018</p>	Average score is > 90% on evaluation rubric item

**Appendix IV-A-3:
DNP Program—Assessment Plan with Outcomes**

**COLORADO MESA UNIVERSITY
Program Outcome & Assessment Plan**

Program Name: Doctor of Nursing Practice

Date: 2015-2019

Program Outcomes	Courses/ Outcome: Beginning(B), Developing(D) or Advanced(A)	Assessment Method(s)	Time of Data Collection/ Person Responsible	Benchmark
<p>DNP Student Learning Outcome: Facilitate intra- & inter-professional collaboration to address health disparities & to improve health-care quality across diverse populations & cultures (DNP Essential VI; NONPF Leadership Competencies).</p> <p>CMU Doctoral Learning Outcome: Advance science, education, leadership, practice, or policy within a chosen discipline by completing an original research project approved by a faculty panel. (Specialized Knowledge/Applied Learning)</p>	<p>NURS 503 (B) Organizational leadership</p>	<p>What: Conflict resolution discussion How: Grading rubric</p>	<p>Who: Forrest When: Spring 2015; Spring 2016; Spring 2017</p>	<p>Mean score > 90% on grading rubric</p>
	<p>NURS 640 (D) Clinical NURS 604 (D) Rural Summer 2016; Nurs 604 (D) Rural</p>	<p>What: Rodeo Roundup How: Grading rubric</p>	<p>Who: Marshall When: Summer 2015; Summer 2016; Summer 2017</p>	<p>Mean score > 90% on grading rubric</p>
	<p>NURS 650 (A) Preceptorship</p>	<p>What: Preceptor evaluation How: Grading rubric</p>	<p>Who: Bailey When: Summer 2015; Spring 2016</p>	<p>Mean score > 90% on grading rubric</p>
	<p>NURS 660 (D) Transition to ANP</p>	<p>What: Proposal question How: Grading rubric</p>	<p>Who: Marshall When: Fall 2015; Fall 2016; Fall 2017</p>	<p>Mean score > 90% on grading rubric</p>

<p>DNP Student Learning Outcome: Appraise organizational & system leadership principles in the analysis, delivery, & management of nursing care for safe practice environments (DNP Essential II; NONPF Leadership Competencies; Health Delivery System Competencies).</p> <p>CMU Doctoral Learning Outcome: Employ discipline-specific logical, mathematical, statistical methods, or other analytical processes to address a topic or issue. (Quantitative Fluency)</p>	<p>NURS 505 (B) Quality improvement</p>	<p>What: Application activity 1, 3, 4, 5, IHI modules How: Total score on application activities, Score on IHI modules</p>	<p>Who: Reuss When: Spring 2015; Spring 2016; Spring 2017; Spring 2018</p>	Mean score > 90% on grading rubric
	<p>NURS 625 (D) Statistics</p>	<p>What: Final data analysis How: Total score</p>	<p>Who: Reuss When: Spring 2016; Summer 2016</p>	Mean score > 90% on grading rubric
	<p>NURS 626 (D) Epidemiology</p>	<p>What: Quizzes How: Total score on all quizzes</p>	<p>Who: Marshall When: Spring 2016; Fall 2016; Fall 2017</p>	Mean score > 90% on quizzes
	<p>NURS 660 (A) Transition to ANP</p>	<p>What: Ethics & CPT Coding worksheet & discussion How: Answer Key & Grading rubric</p>	<p>Who: Marshall When: Fall 2015; Fall 2016; Fall 2017</p>	Mean score > 90% based on grading rubric
<p>DNP Student Learning Outcome: Critique complex primary care clinical situations & health care systems to promote optimal outcomes through evidence-based practice (DNP Essential III; NONPF Practice Inquiry Competencies).</p> <p>CMU Doctoral Learning Outcome:</p>	<p>NURS 530 (B) Chronic illness</p>	<p>What: Patient follow-up assignment How: Grading rubric</p>	<p>Who: Forrest/Holvoet When: Spring 2016; Spring 2017; Spring 2018</p>	Mean score > 90% on grading rubric
	<p>NURS 602 (B) Adult</p>	<p>What: Case study How: Grading rubric</p>	<p>Who: Hall When: Fall 2015; Fall 2016; Fall 2017</p>	Mean score > 90% on grading rubric

Create oral & written arguments or explanations, well-grounded in discipline-specific theories & methods, for specified audiences. (Communication Fluency)	NURS 650 (A) Preceptorship	What: FNP certification practice test questions How: Total score on practice tests	Who: Bailey/Cox When: Summer 2015; Spring 2016; 2017; Summer 2018	Mean score > 90% on exams
	NURS 750 (A) Capstone I	What: Chapter 3 of proposal defense How: Grading rubric – concept map	Who: Marshall When: Fall 2015; Spring 2016; Spring 2017	Mean score > 90% on grading rubric item
DNP Student Learning Outcome: Evaluate current & emerging health technologies to improve care delivery & organizational systems (DNP Essential IV; NONPF Technology & Information Literacy Competencies). CMU Doctoral Learning Outcome: Employ discipline-specific logical, mathematical, statistical methods, or other analytical processes to address a topic or issue. (Quantitative Fluency)	NURS 502 (B) Health information systems	What: Final course paper How: Grading rubric	Who: Forrest/Marshall When: Fall 2015; Fall 2017	Mean score > 90% on grading rubric item
	NURS 660 (B) Transitions to APN	What: Application activity - Evaluation of online diagnostic application tool How: Grading rubric	Who: Marshall When: Fall 2015	Mean score > 90% on grading rubric item
	NURS 650 (A) Preceptorship	What: EHR How: Total grade on SOAP note assignments	Who: Bailey When: Fall 2015; Spring 2016; course not offered 2017	Mean score > 90% for total grade on SOAP notes
	NURS 750 (A) Capstone I	What: Chapters 1 & 2 of DNP project proposal How: Grading rubric item	Who: Marshall When: Fall 2015; Spring 2016; Fall 2017	Mean score > 90% on grading rubric

<p>DNP Student Learning Outcome: Integrate advanced knowledge of nursing theories, methods of inquiry, humanities, & sciences in the delivery of care to individuals, families, & communities (DNP Essential I; NONPF Scientific Foundation Competencies).</p> <p>CMU Doctoral Learning Outcome: Synthesize, evaluate, or refine the information base of various scholarly sources. (Information Literacy)</p>	<p>NURS 501 (B) Research</p>	<p>What: EBP recommendations How: Grading rubric</p>	<p>Who: Forrest/ When: Fall 2016; 2017;</p>	<p>Mean score > 90% on grading rubric</p>
	<p>NURS 610 (D) Child/Adol Clin</p>	<p>What: Case studies How: Case study write-up rubric</p>	<p>Who: Marshall When: Course not taught 2016; Spring 2017</p>	<p>Mean score > 90% on grading rubric</p>
	<p>NURS 620 (B) Adult Clin</p>	<p>What: Final SOAP note How: Grading rubric</p>	<p>Who: Hall/Cox When: Fall 2016; Fall 2017</p>	<p>Mean score > 90% on grading rubric item</p>
	<p>NURS 700 (D) Evidence based practice</p>	<p>What: Final integration assignment How: Grading rubric</p>	<p>Who: Forrest/McKinney When: Fall 2016; Fall 2017</p>	<p>Mean score > 90% on grading rubric</p>
<p>DNP Student Learning Outcome: Advocate for social justice, equity, & ethical policies in health care (DNP Essential V; NONPF Ethics Competencies; NONPF Policy Competencies).</p> <p>CMU Masters Learning Outcome: Choose ethical & legal courses of action in research & professional practice. (Ethical Reasoning)</p>	<p>NURS 504 (B) Health policy Send to ANN</p>	<p>What: Policy analysis paper How: Grading rubric</p>	<p>Who: Reuss When: Spring 2016; Spring 2017</p>	<p>Mean score > 90% on grading rubric</p>
	<p>NURS 640 (D) Rural</p>	<p>What: SOAP note How: Grading rubric</p>	<p>Who: Marshall When: Summer 2016; Summer 2017</p>	<p>Mean score > 90% on grading rubric</p>
	<p>NURS 660 (D) Transition to Practice</p>	<p>What: Professional issues assignment How: Grading rubric</p>	<p>Who: Marshall When: Fall 2016; Spring 2017</p>	<p>Mean score > 90% on grading rubric</p>

	NURS 760 (A) Capstone II	What: DNP project paper & defense How: Grading rubric	Who: Faculty When: Fall 2016; Fall 2017	Mean score > 90% on grading rubric item
DNP Student Learning Outcome: Design practice environments that support quality improvement, a culture of safety, accountability & communication to improve patient outcomes in diverse settings (DNP Essential II; NONPF Quality Competencies). CMU Doctoral Learning Outcome: Advance science, education, leadership, practice, or policy within a chosen discipline by completing an original research project approved by a faculty panel. (Specialized Knowledge/Applied Learning)	NURS 505 (B) Quality improvement	What: QI project paper How: Grading rubric	Who: Reuss/McKinney When: Spring 2016; Spring 2017; Spring 2018	Mean score > 90% on grading rubric
	NURS 750 (A) Capstone I	What: DNP project proposal How: Grading rubric	Who: Marshall When: Course not taught Spring 2016; Spring 2017	90% of students meet score of \geq 90% on grading rubric
	NURS 760 (A) Capstone II	What: Capstone project defense How: Methodology section grading rubric	Who: Marshall When: Fall 2016; Fall 2017	Mean score > 90% on grading rubric item
DNP Student Learning Outcome: Employ advanced nursing practice to facilitate the delivery of quality, cost-effective primary care for families across the lifespan & population health outcomes with a focus on underserved individuals, families & communities (DNP Essential VII; NONPF Independent Practice Competencies).	NURS 535 (B) Health Promotion	What: Culturally-based HPDP Initiative Paper How: Grading rubric	Who: Reuss, Schriener, Cox When: Summer 2016; Fall 2016; Spring 2017	Mean score > 90% on grading rubric
	NURS 630 (B) Elderly Clin	What: Preceptor evaluation How: Clinical Evaluation Tool (CET)	Who: Hall When: Spring 2016; Spring 2017	Mean score > 90% on CET

CMU Doctoral Learning Outcome: Formulate & evaluate hypotheses as related to research problems, issues, concepts, & various perspectives. (Critical Thinking)	NURS 640 (D) Rural Clin	What: Practicum & Preceptor evaluation How: Clinical Evaluation Tool (CET)	Who: Marshall When: Summer 2016; Summer 2017	Mean score > 90% on CET
	NURS 760 (A) Capstone II	What: DNP project paper & defense How: Grading rubric	Who: Marshall When: Fall 2016; Spring 2017	Mean score > 90% on grading rubric item

Adapted from Long Beach City College and Indiana State University Assessment Plans

**Appendix IV-A-4:
Colorado Mesa University—Course Evaluation Form**

1. The course assignments are clear.
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
2. The grading policies/procedures/criteria for this course are clear.
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
3. The teaching methods/techniques used by the professor are effective.
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
4. The exams and assignments of the course are consistent with the course content.
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
5. The course is appropriately challenging.
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
6. The course syllabus accurately reflects learning outcomes.
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7. The instructor is well prepared for class.
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
8. The instructor responds to student questions at an appropriate level.

- Strongly agree
 Agree
 Neither agree nor disagree
 Disagree
 Strongly disagree
9. The instructor uses a variety of teaching methods.
 Strongly agree
 Agree
 Neither agree nor disagree
 Disagree
 Strongly disagree
10. The instructor explains how material in the course is useful or relevant.
 Strongly agree
 Agree
 Neither agree nor disagree
 Disagree
 Strongly disagree
11. The instructor is accessible to students during office hours or by appointment.
 Strongly agree
 Agree
 Neither agree nor disagree
 Disagree
 Strongly disagree
12. The instructor promotes respect and civility for all students.
 Strongly agree
 Agree
 Neither agree nor disagree
 Disagree
 Strongly disagree

Median

Mean

**Appendix IV-B-1:
MSN Program—Graduation/Completion Rates**

MSN Annual Program Completion Rate			
	Students Enrolled by Cohort	Graduates from Cohort within four years (to date)	Percent Graduates from Cohort within four years
2017-2018	8	8	100%
2016-2017	7	5	71.4%
2015-2016	3	3	100%
2014-2015	5	5	100%
2013-2014	4	4	100%

**Appendix IV-B-2:
DNP Program—Graduation/Completion Rates**

Appendix IV-B-2: DNP Annual Program Completion Rate

DNP Annual Program Completion Rate			
	Students enrolled by cohort*	Graduates from cohort within six years (to date)	Percent graduates from cohort within six years
2017-2018	3	3	100%
2016-2017	1	1	100%
2015-2016	6	6	100%

**Appendix IV-C-1:
FNP Credentialing Examination Pass Rate**

FNP Credentialing Examination Pass Rate			
	Number of Graduates Taking Examination	Number of Graduates Passing on First Attempt	Percent Passing
2018			
2017	4	3***	75%
2016	2*	2	100%
2015	2**	1	50%
<i>Total</i>	4	3	75%****
<p>*One graduate who is already a Certified Nurse Midwife is not counted in this total. She already has prescriptive authority in the state of California.</p> <p>**One graduate who is a Psychiatric Nurse Practitioner has chosen to not take the FNP certification exam and is not counted in this total. She already has prescriptive authority in the state of Colorado.</p> <p>*** The student who did not pass on the first attempt, chose to attempt boards 5 months prior to completion of the program.</p> <p>**** All students passed on the second attempt at certification.</p>			

**Appendix IV-D-1:
MSN Graduate Job Placement Rate within 12 months of Graduation**

MSN Graduate Job Placement Rate within 12 months of Graduation					
	Number of Graduates	Number of Graduates Employed within 12 months		Employer	Percent of Graduates Employed
	MSN	Nursing leadership role	Nursing education role		
Spring, 2018	5	3	2	SMH, Front Range Community College, Vail Medical Center	100%
Fall, 2017	3	2	1	St. Joseph's Hospital; SMH	100%
Spring, 2017	6	6	0	CMU, SMH, RMHP, Community Hospital	100%
Fall, 2016	5	2	3	CMU, SMH, Dialysis Clinic, Inc.	100%
Spring, 2016	2	2	0	UCH, CMU	100%
Fall, 2015	1	1	0	SJMH	100%
Spring, 2015	1	1	0	CMU	100%
Fall, 2014	4	1	3	HopeWest, CMU, SMH	100%
Spring, 2014	1	1	0	CMU	100%
Fall, 2013	3	3	0	CMU, SMH, California Hospital	100%
Total	31	21	10		

Note: CMU=Colorado Mesa University; RMHP= Rocky Mountain Health Plans (United Health Care); SJMH= San Juan Memorial Hospital; SMH=St. Mary's Hospital; UCH=University of Colorado Hospital

**Appendix IV-D-2:
DNP Graduate Job Placement Rate within 12 months of Graduation**

DNP Graduate Job Placement Rate within 12 months of Graduation				
	Number of Graduates	Number of Graduates Employed within 12 months	Employer	Percent of Graduates Employed
	DNP	FNP Role		
Spring 2018				
2017	3	3	Grand Valley Primary Care, Community Hospital Urologic Associates, Family Values Medical Center	100
2016	4	4	Primary Care Partners, Gastroenterology Associates, Children's Hospital of Colorado, Sonoma State University Medical Center	100
2015	3	3	Gastroenterology Associates, Grand Valley Primary Care, Veterans Affairs of Sheridan Wyoming	100
Total	10	10		100

**Appendix IV-E-1:
Exit Survey Results**

Exit survey results (Benchmark 90% of items rated ≥ 3.0)				
	MSN response rate	% of items meeting benchmark	DNP response rate	% items meeting benchmark
Spring 2018	No data	n/a	No data	
Fall 2017	No data	n/a	No data	
Spring 2017	No data	n/a	No data	
Fall 2016	No data	n/a	No data	
Spr 2016	50% (1/2)	96	33% (1/3)	100
Fall 2015	100% (1/1)	100	66% (2/3)	100
Fall 2014	25% (1/4)	95		
Spr 2014	100% (1/1)	100		
Fall 2013	66% (2/3)	100		

**Appendix IV-E-2:
Alumni Survey Results**

Alumni survey results (Benchmark 90% or items rated 3.0 or above)				
	MSN response rate	% items meeting benchmark	DNP response rate	% items meeting benchmark
Fall 2017	N=2	0	N=2	100
Spring 2017	No data	n/a	No data	n/a
Fall 2016	No data	n/a	No data	n/a
Spring 2016	No data	n/a	No data	n/a
Fall 2015	25% (1/4)	100	n/a	n/a
Spring 2015	0% (0/1)	--	n/a	n/a
Fall 2014	33%(1/3)	100	n/a	n/a

**Appendix IV-E-3:
Employer Satisfaction**

Employer Survey Results	
	% of items \geq 3.0
Spring 2018	No data
Fall 2017	No data
Spring 2017	No data
Fall 2016	100 (13/13)
Spring 2016	90 (9/10)
Fall 2015	92 (12/13)
Fall 2014	100 (4/4)

**Appendix IV-E-4:
Clinical Agency Evaluation**

Student evaluation of clinical agencies	
	Average rating for all clinical agencies
Summer 2014	4.97
Spring 2014	4.72
Summer 2015	4.5
Fall 2015	4.9
Spring 2016	4.83
Summer 2016	5.0
Fall 2016	5.0
Spring 2017	4.6

**Appendix IV-F-1:
Aggregated Faculty Outcomes Not Meeting Established Benchmarks**

Expected Faculty Outcome (EFO) (Benchmark Percentage)	Actual Percentage				
	2013	2014	2015	2016	2017
Faculty receiving ranking of \geq highly proficient in each category on annual evaluation (80)	100	60	40	29	83
Faculty receiving ranking of \geq highly proficient on annual evaluation (80)	100	100	100	71	83
Faculty receiving composite \geq 4.0 on each course evaluation (80)	100	89	75	100	57
Faculty completing \geq 2 scholarly activities (80)	75	80	100	83	80
Faculty participate in university, departmental, program, or community activities (100)	100	100	100	100	100
Faculty involved in clinical practice on a regular basis (90)	100	100	100	71	71
Faculty actively participate in advising (100)	100	100	100	100	100

Note: One EFO for 2013-2014 referred to all faculty having doctoral degrees. This EFO was discontinued as all faculty working in the doctoral program are required to have a doctoral degree as a minimum qualification.

Appendix IV-H-1: Graduate Nursing Student Annual Survey 2017

Program	Mission/goals/ESLOS clear throughout program	Curriculum logically structured	Teaching Learning Methods support learning goals	Online environment enables learning goals	Performance evaluated by faculty & reflects ESLOs	Preceptors were academically qualified	Offered to participate in program governance	Academic policies fair	Academic policies congruent with educational goals	Know process of complaint	Academic services sufficient	Faculty members prepared	Quality of advising sufficient
MSN	3	2	2	2	3	3	2	3	3	2	3	3	3
MSN	3	3	2	3	2	3	2	2	2	3	3	3	2
MSN	3	3	3	3	2	3	3	3	3	3	3	2	3
MSN	1	1	1	3	2	1	1	1	1	3	2	1	2
MSN	3	2	3	3	3	3	3	3	3	3	3	3	2
DNP	4	4	3	3	3		4	4	4	2	3	3	3
DNP	3	3	3	3	3	4	3	4	4	2	3	2	3
DNP	3	3	3	3	4	4	4	4	4	4	4	4	2
DNP	4	3	3	4	3	3	3	4	4	3	3	3	3
DNP	3	2	3	4	4		3	3	3	3	3	4	3
DNP	2	2	1	3	2	1	1	1	2	2	1	1	1
DNP	4	4	4	4	3	4	2	3	4	3	2	4	3
DNP	3	3	3	3	2	2	2	3	2	2	1	3	1
DNP	3	2	3	3	3	3	2	3	3	3	3	3	3
DNP	3	3	3	3	4	4	4	4	4	4	4	3	3
DNP	3	3	3	3	2	3	3	3	3	2	3	3	3
DNP	4	2	4	4	4	3	3	4	4	3	3	4	3
DNP	3	3	3	3	3	3	3	3	3	3	3	3	3
DNP	3	2	3	3	3	4	3	3	3	3	3	4	3
DNP	3	3	3	3	3	3	4	4	4	3	3	3	3
DNP	4	3	4	4	4	4	3	4	4	4	4	4	4
DNP	2	2	2	2	2	4	2	1	1	1	1	1	1

Strengths:

MSN: Availability, knowledge, guidance of faculty, the mission; Dr. Acker; cost is affordable

DNP: Small, personalized instruction; Program is overall good, communication with faculty, overall organization & expectations; Size - small enough to really provide a personal touch, flexibility, cost, changing to a standard cohort/course plan; Flexibility; hybrid format; Clinical education of students to prepare for patient care provider role; I am not sure at this point; quality of educators; online, professors; Flexibility of online program; flexibility & Dr. Reuss you will be missed!; faculty support & communication; real teaching in an online environment, small classes; faculty; faculty

Areas for Improvement:

MSN: I believe that the curriculum & individual classes need to be structured & thought through better in order to allow students to better understand expectations & timeline/frames. The capstone course definitely needs to allow students time before the class actually starts to think about a project, preceptor, facility, & define a topic. Doing so after the class officially starts will put everyone in a time crunch & pushes for a simply completed project instead of quality; there are incongruencies in teaching & expectations. Some students are allowed to under-perform & others are not. I have seen some

students not comply with the requirements of the classes/syllabus & pass, where others were disciplined for the same. Professors don't engage enough in the online classroom or give enough feedback; Availability of classes; Increase responsiveness to student questions by faculty. Provide students with degree plan & advising. Need extreme organization with degree plans. Develop continuity of grading across the courses as to expectations. For an online program, increase communication with students is a must!; If I had chosen another program, I'd be farther along. It's too many classes. The format would be better in 10 week sessions. I would not choose this school again if I had a time machine.

DNP: Remove "busy work" from classes; Faculty. Do not allow faculty with no teaching experience teach graduate level education, they need to start with undergrad since the stakes are so high at this level; NP hands-on skills course, information on preceptor/site selection for ALL clinical courses at the beginning of the program; Until this year, there was limited guidance as to what semesters we should be taking what course. I appreciate the time Dr. Hall & Dr. Marshall (& whomever else) took to come up with more formal plans for each student. Please continue!; Offer summer courses; Quality of faculty, development of student into professionals according to the handbook we are supposed to be equals I feel like it is a game to see if you can push us to break. APA is held to a higher standard than content, the program is designed to grow me as a provider in my rural community. Lack of access to clinical sites, no set up places that wish to take DNP students. The content in the classes is not in alignment with the credit hours or the class objectives; Add APA writing for master & doctorate level; Class structure per semester & more close follow up with students, availability of clinical sites or specific clinical sites for each clinical rather than students left to find clinical sites, class structure with peers rather than classes with students in various stages of DNP program; reduce paperwork & increase clinical education; flexibility, communication; Now that I have completed about half of the 500 level courses, I am having a difficult time getting the others as they are not being offered frequently enough; some professors have not been as engaged in the teaching process; more different multimedia ways to learn, ppt, video activities, reading; cohorts, classes in a specific order, alternative to discussion in every class; locations for clinicals; Resources to help student, no help with clinical placement, community that locks students out during certain seasons, no clear advising

