



Evaluation Team Report on the Accreditation Review of the Master of Science in Nursing Program, Doctor of Nursing Practice Program, and Post-Graduate APRN Certificate Program at University of Colorado at Colorado Springs

Commission on Collegiate Nursing Education
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Introduction

This report presents the findings of the evaluation team from the Commission on Collegiate Nursing Education (CCNE), the accrediting body responsible for the evaluation of baccalaureate and graduate nursing programs, regarding the Master of Science in Nursing (MSN), Doctor of Nursing Practice (DNP), and post-graduate Advanced Practice Registered Nurse (APRN) certificate programs at University of Colorado at Colorado Springs (UCCS) and their compliance with CCNE's standards for accreditation. The MSN program received initial accreditation by CCNE in 2002 and the DNP program received initial accreditation by CCNE in 2010. Both are being reviewed for continuing accreditation. The post-graduate APRN certificate program is being reviewed for initial accreditation.

The University of Colorado consists of four separate institutions: University of Colorado Boulder, University of Colorado at Colorado Springs (UCCS), University of Colorado Denver, and the Anschutz Medical campus. Each of these entities performs different functions within Colorado higher education and is classified differently by the Carnegie Classifications of Institutions of Higher Education. UCCS has a Master's L Carnegie classification and is fully accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. The institutions are governed by an elected Board of Regents and overseen by the president of the university. Each institution has a chancellor who reports directly to the president. UCCS began as an extension to the University of Colorado Boulder campus in 1925. By the early 1960s faculty, students, and community leaders expressed the desire to have a free standing degree granting institution to serve the needs of southern Colorado. UCCS was approved in 1965 and received full accreditation status in 1972. UCCS prides itself as one of the fastest growing universities in the state offering 37 baccalaureate degrees, 19 master's degrees, and 5 doctoral degrees. In the Fall 2014 term there were 11,132 on-campus students, including more than 1,700 graduate students and more than 1,500 military veterans, active military, and family members.

The Beth-El College of Nursing (Beth-El CON) began as a diploma program in 1904 (Colorado Conference Deaconess Hospital and Training School) and later changed its name to the Beth-El Hospital and Training School in 1911. The last class of diploma students graduated in 1987 when the school became the Beth-El CON. Ten years later the college merged with UCCS to become the Beth-El College of Nursing and Health Sciences. Beth-El CON offers three options to receive the baccalaureate degree: pre-licensure, registered nurse-Bachelor of Science in Nursing (RN-BSN), and accelerated. The baccalaureate program is accredited by CCNE. The MSN program offers nurse practitioner (NP) options in adult-gerontology (A/GNP) and family (FNP), and also offers nurse education. The DNP program offers BSN-DNP and post-master's options, and the post-graduate APRN certificate program offers post-master's NP options. All graduate courses are offered online. Current student enrollment includes 257 MSN, 38 DNP, and 12 post-graduate APRN certificate students. There are a total of 25 full-time and 6 part-time faculty at the college.

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

As part of the review, the team verified that the program afforded the opportunity for constituents to submit third-party comments directly to CCNE, in accordance with CCNE procedures. No letters were received.

Meeting of CCNE Standards

While visiting the campus in Colorado Springs, Colorado, the evaluation team had an opportunity to interview school and university officials; program faculty, students, and alumni; and community representatives. The team reviewed information in the self-study document and in the resource room, as well as other materials provided at its request. In addition, the team also observed classroom and clinical activities. The following assessments were made regarding compliance with the *CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* by the master's degree program in nursing, the DNP program, and the post-graduate APRN certificate program at the institution.

Standard I Program Quality: Mission and Governance

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

This standard is met for the master’s degree nursing program.

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

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

I-A. The mission, goals, and expected program outcomes are:

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

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

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

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

A program may select additional standards and guidelines.

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

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

Compliance Concern?	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The mission, goals, and expected outcomes of Beth-El CON are congruent with UCCS. In conversations with the team, the provost and chancellor provided evidence of the esteem in which the college is held and considered as a leader among colleges on campus. Content reviewed on site, on the website, and in the self-study

document and interviews with university administration and faculty confirmed that the mission, goals, and program outcomes are consistent with professional nursing standards and guidelines and are readily accessible. Program outcomes for the MSN, post-graduate APRN certificate, and DNP programs were identified. Students confirmed that they know the expected outcomes of the various programs and are excited to be a part of these programs. When asked why they chose to enroll at Beth El CON over other options students cited the high standards of the programs, faculty expertise, and welcoming environment.

The following professional nursing standards and guidelines are used for the master’s and post-graduate APRN certificate programs:

- *The Essentials of Master’s Education in Nursing (Master’s Essentials)* (AACN, 2011);
- *Nurse Practitioner Core Competencies (NONPF Core Competencies)* [National Organization of Nurse Practitioner Faculties (NONPF), 2012];
- *Adult-Gerontology Primary Care Nurse Practitioner Competencies* (AACN, 2010);
- *Population-Focused Nurse Practitioner Competencies* (NONPF, 2013);
- *Criteria for Evaluation of Nurse Practitioner Programs (NTF Criteria)* [National Task Force on Quality Nurse Practitioner Education (NTF) 2012]; and
- *Scope of Practice for Nurse Educators* [National League for Nursing (NLN) 2012].

In addition, the DNP program uses *The Essentials of Doctoral Education for Advanced Nursing Practice (Doctoral Essentials)* (AACN, 2006). Crosswalk tables are included in the self-study document and provide documentation on how the MSN, post-graduate APRN certificate, and DNP programs’ outcomes are tracked through relevant professional nursing standards and guidelines.

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.

Compliance Concern?	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The mission, goals, and expected student outcomes have traditionally been reviewed every five years. The recent reorganization and restructuring of the undergraduate and graduate programs into one unit has prompted a new review of the mission and goals. To conform to the recommendations in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (2008), curriculum revisions were implemented following the transition of the adult NP program to the A/GNP program. Documents reviewed on

site and in the self-study document verify that professional nursing standards and guidelines guided the reviews. The community of interest is defined in the self-study document. In interviews with the team, representatives from the community of interest confirmed that their interests align with the goals of the college. For example, the dean meets on a regular basis with the Strategic Advisory Council to stay current with issues in the health care community.

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.

Compliance Concern?	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Faculty outcomes are clearly defined, accessible, written, and consistent with those of the parent institution. There are guidelines for reappointment and promotion in place for tenure, non-tenure, clinical teaching, and research tracks. Guidelines were reviewed online and on site and were confirmed in interviews with faculty. Faculty reported that they are aware of the expectations, they receive support that enables them to achieve those expectations, the administration listened and responded to faculty concerns following the reorganization of the college. Faculty also reported that they are aware of how merit reviews would be conducted. After merging the undergraduate and graduate department into one unit, faculty felt that expectations for merit reviews differed for primarily undergraduate and graduate faculty. After raising this concern with the administration, it was agreed that a task force would look at the issues and recommend fair and equitable procedures for the faculty as a whole. All faculty are reviewed annually and, if appointed at 50% or more, complete the UCCS scholarly report. There are separate procedures for clinical track faculty, which were reviewed on site.

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.

Compliance Concern?	Master’s	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Several years ago the faculty governance structure was revised, and through a revision of the bylaws, seven faculty councils were established. Recently faculty approved a revision to this structure resulting in four rather

than seven councils. Review of committee meeting minutes on site confirmed there is active participation by faculty on college and university councils. In interviews with the team, faculty confirmed their involvement in reviewing academic program policies. The recent merging of the undergraduate and graduate departments necessitated revision of the bylaws. The new organizational chart and bylaws were reviewed on site. Graduate student involvement has been challenging due to competing obligations for graduate students. Although they are generally not able to participate in college meetings, students feel that they are able to bring concerns and issues to faculty. The nursing department chair reported that graduate students are consistently invited to participate but understands the conflicts students experience.

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>).”

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).

Compliance Concern?	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Documents and publications were reviewed online and on site and are accurate and consistent. Information regarding certification examinations and licensure was reviewed on site and is also available on the website. The official transcript reflects the student role and population focus. As all courses are offered online, students from out of state are advised in the handbook to check with their state board of nursing to determine if completion of the Beth-El CON NP program will allow them to apply for licensure in their state. There is also a disclosure that students from 10 states are not eligible for admission because of Board of Nursing regulation. Students reported that they receive notifications of policy changes through a variety of methods such as emails and online

announcements. Accreditation status is appropriately displayed on the college website. Faculty receive notification of policy changes through emails, council meetings, and a shared drive accessible to faculty at all times.

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.

Compliance Concern?	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Academic policies were reviewed online and on site and are fair and accessible and congruent with the parent institution. Policies published through the provost’s office set the minimum standard for the campus, and the college differs where appropriate as with, for example, admission grade point average (GPA). Graduate school admission GPA is set at 2.75. Beth El CON requires a 2.75 GPA for all undergraduate courses but a minimum of 3.3 for the BSN GPA. Policies related to students are published online, and students were able to tell the evaluation team where they can locate information.

In meetings with the team, nursing administrators confirmed that policies are reviewed annually by the associate dean of academics and operations and the dean on a regular schedule for congruence with those of the university.

Standard II Program Quality: Institutional Commitment and Resources

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

This standard is met for the master's degree nursing program.

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

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

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

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

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

Compliance Concern?	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The evaluation team confirmed statements in the self-study document that indicate that UCCS demonstrates ongoing commitment to the Beth-El CON by providing sufficient financial, personnel, instructional, and academic resources as well as environmentally appropriate facilities to enable the nursing program to achieve its mission, goals, and expected student and faculty outcomes. Despite significant budget constraints, Beth-El CON has remained fiscally sound and able to achieve the program's mission, goals, and expected outcomes. Staff positions have been added to better secure scholarship opportunities for students and to improve community funding support. Faculty salaries, although less than the AACN-reported 50th percentile, have improved substantially from less than the AACN-reported 10th percentile at the last CCNE on-site evaluation. Faculty discussed their satisfaction with salaries and opportunities to achieve expected faculty outcomes in the CON.

The dean reported she has appropriate input into the department budgetary process that is comparable to other college leaders at UCCS. The chancellor, provost, and business affairs director all praised the substantial value of the Beth-El CON to UCCS and confirmed there is fair budgetary consideration.

The Beth-El CON is housed in a shared building with other health science programs. There is adequate space for offices, research facilities, and learning labs. Computer resources and online opportunities for distance education are abundant. Meeting minutes evidence an annual review of space needs and utilization. A new simulation center opened in 2012 to meet the learning needs of the students. The UCCS HealthCircle, housed in the new Lane Center for Academic Health Sciences, offers integrated healthcare. Clinics include the Center for Active Learning, Aging Center, Primary Care Clinic (a nurse managed clinic), Peak Nutrition Clinic, and the Veterans Health and Trauma Clinic. The HealthCircle clinics provide opportunities for faculty practice and clinical experiences for students in an interprofessional environment.

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.

Compliance Concern?	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Resources are numerous on campus and include library resources, information technology (IT) support, distance education support, admissions and advising services, and research support. Library resources are fully accessible online and include Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Library, Medline, Informa Healthcare journals, Ovid, Natural Standard, Natural Medicine Comprehensive, and Ovid's Health and Psychosocial Instruments (HAPI) as well as the Films on Demand Nursing Collection and Global Health, added in fiscal year 2014. A dedicated librarian is assigned to the Beth-El CON and is available to work with faculty and students. Students and faculty reported satisfaction with library services and staff.

The college employs a variety of distance education technologies including: online education via Blackboard™ (Bb), pod casting, video streaming, instant messaging, Skype™, Virtual Care Works®, AdobeConnect®, CISCO Systems, Inc. - TelePresence™, and television. Graduate students stated they are satisfied with the online orientation and ability to communicate with faculty from a distance. Specifically, students noted support from the IT staff in resolving technical issues. Faculty confirmed there is mentoring, education, and direct support from IT staff.

A recently hired support person works with the programs to track applications and monitor for completeness prior to review. The Beth-El CON is now using the NursingCAS® application system to manage applications. The UCCS graduate school also supports the department in the admission process. During the interview with student support services, the admissions representative discussed recent quality improvement plans for software to aid

applicants. Multiple scholarships are available and have been consistently awarded to graduate nursing students. The Veteran’s Administration provides individual support to military students and families. During meetings with the team, several students who are retired military or a family member of retired military expressed satisfaction with how the program meets their unique needs.

Students and faculty expressed satisfaction with advising services. Students complimented faculty for their responsiveness to important life changes, specifically, permanent changes of station for military families, deployments, and family and personal emergencies that warranted major changes to study. Students applauded the timely efforts to adapt plans of study and decrease anxiety. While student support services representatives stated they have appropriate resources to accomplish their work, the program assistant noted difficulties with current workload due to the significant number of preceptor and faculty contracts and recruiting responsibilities. The dean is aware of these issues and is actively working to secure support.

In interviews, faculty indicated that they are satisfied with the continuing education support and funding by the Beth-El CON and UCCS. Several faculty reported that they have received advanced education funding assistance, moral support, and encouragement. Further opportunities abound for continuing clinical and instructional development education as sponsored by the Beth-El CON and UCCS.

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).

Compliance Concern?	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The dean of nursing, appointed in 2008, is well-qualified for the position; has a Doctor of Philosophy (PhD) in public administration with an emphasis on healthcare policy; and is vested with the administrative and budgetary authority to accomplish the mission, goals, and expected program outcomes. Her academic

experience involves 35 years of teaching, leadership, and administration in nursing education. She is widely known for her expertise in regulatory practice and held the position of executive officer for the Colorado Board of Nursing for two years. The university president, chancellor, and dean of the graduate school were uniform in their praise of the dean and consider her visionary in the upcoming program expansion for the DNP program, integrated health science schools, and integrated health clinics. Faculty, students, alumni, and community representatives reported satisfaction with her leadership and support. Community college representatives praised the dean for her efforts to facilitate associate degree RNs to return to UCCS for baccalaureate and higher education.

II-D. Faculty are:

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

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

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

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

Compliance Concern?	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Faculty are academically and experientially qualified to fulfill their teaching, practice, and scholarship roles and are sufficient in number to meet the needs of the Beth-El CON. The number of full-time and part-time adjunct faculty is appropriate to meet the needs of the Beth-El CON to enable fulfillment of program goals and expected student and faculty outcomes at the MSN and DNP levels. Review of faculty curricula vitae (CVs), licenses, and national certifications confirmed that there is appropriate experience for faculty to teach in their areas.

A typical faculty workload is 15 credit hours for the academic year and individual contracts for summer sessions. During interviews with the team, faculty confirmed that these contract parameters and verified that

there are credit releases for clinical, research, and scholarship development. Tenured and clinical professional tracks allow for different research, clinical, and scholarship outcomes and are individually contracted.

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

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

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

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

Compliance Concern?	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Preceptors are used for the MSN and DNP programs. Preceptors are academically and experientially qualified and meet all requirements of state and regulatory bodies. Preceptors are oriented to the student's program of study by Beth-El CON faculty and are provided with a preceptor handbook and evaluation form. Preceptor approval forms and affiliation agreements are signed and were available for review in the resource room. Preceptors have an opportunity to evaluate the experience and student performance, and provide feedback to the faculty.

Students evaluate the preceptor and clinical experience. Examples of these evaluations were reviewed in the resource room. Preceptors confirmed that there are opportunities to contribute to clinical site selection and curriculum improvement.

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

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

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

Compliance Concern?	Master's:	No
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DNP:	No
Post-graduate APRN certificate:	No

Rationale:

The self-study document provides evidence of ample opportunities for faculty professional growth and achievement of expected outcomes. With the integration of the undergraduate and graduate faculty, both leadership and faculty reported there is improved communication and opportunities to share professional strategies.

In interviews with the team, faculty indicated they are satisfied with the continuing education support and funding offered by the Beth-El CON and UCCS. Several faculty reported they have received advanced education funding assistance, workload adjustment, and encouragement to complete a terminal degree. There are additional opportunities for continuing clinical and instructional development education sponsored by the Beth-El CON and UCCS.

The university Faculty Resource Center (FRC) was identified by faculty and is noted in the self-study document as a valuable resource. It has been expanded by two FTEs to a total of five personnel and two student assistants. The FRC hosts regular classes that promote teaching innovations including the use of a variety of technology and media. Similarly, the Office of Research encourages and assists with the growing research participation of faculty through seed grants and training sessions for grant writing. The Office of Sponsored Programs and Research Integrity provides funding source information. The Beth-El CON also employs an associate dean for research. In discussions with the team, the chancellor, provost, graduate school director, Beth-El CON dean, and Beth-El CON research coordinator confirmed UCCS's commitment to scholarly research.

QualityMatters is an education improvement program offered annually that supports evidenced-based instructional strategies. MSN and DNP faculty discussed IT support and opportunities to grow with distance education resources. Faculty reported there are opportunities to attend national conferences in the educational arena and clinical specialties. Faculty also reported there is adequate travel support for presentations at national meetings, support of fellowships, and leaves of absence to accomplish professional goals.

In the meeting with the team, faculty mentioned there is appropriate credit release and adequate resources to pursue opportunities to achieve personal and professional goals. Clinical faculty discussed there is the opportunity for practice one day per week.

Standard III

Program Quality: Curriculum and Teaching-Learning Practices

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

This standard is met for the master’s degree nursing program.

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

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

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

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

Compliance Concern?	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Graduate degrees offered by the nursing department include an MSN with A/GNP, FNP, and nurse education options; a post-graduate APRN certificate program with an NP option; and a DNP program with BSN-DNP and post-master’s options. The curricula and course syllabi reviewed by the team support the goals and mission of the nursing department through course objectives. The transition from an adult NP option to an A/GNP option with concurrent reviews of the MSN and DNP curricula in 2011-2012 resulted in the addition of two advanced practice primary care gerontology courses. This process is reflected in Graduate Nursing Department Faculty Committee meeting minutes from September 12, 2011, which were reviewed in the resource room.

The college vision, mission, and goals are clearly reflected in the graduate nursing student handbook. Student educational outcomes are clearly delineated on the college website. Student outcomes are consistent with the missions of the college and university; likewise, student outcomes are consistent with the *Master’s Essentials*. Table III-A.1 in the self-study document depicts how expected student outcomes for the MSN and post-graduate APRN certificate programs are related to NP and nurse education expected outcomes. During an interview with the team, graduate students articulated an understanding of the expected outcomes of the program, and shared how these expectations relate to their future role preparation as an A/GNP, FNP, or DNP-level nurse. For example, several students indicated how their courses prepare them for advance health policy and work in health systems to improve the health of the populations they serve. Another student discussed how the course assignments are clearly linked to course objectives and the *Doctoral Essentials*. A student summarized by stating “there’s book learning and real world nursing--in this program they are one and the same.”

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

- Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
- Master’s program curricula incorporate professional standards and guidelines as appropriate.
 - a. All master’s degree programs incorporate *The Essentials of Master’s Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
 - b. All master’s degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.
- DNP program curricula incorporate professional standards and guidelines as appropriate.
 - a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
 - b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

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

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

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

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

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

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

Compliance Concern?	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The Master’s Essentials, NTF Criteria, NONPF Core Competencies, Population Focused Nurse Practitioner Competencies, Adult-Gerontology Primary Care Nurse Practitioner Competencies and Scope of Practice for

Nurse Educators are incorporated into the MSN, post-graduate APRN certificate, and BSN-DNP program coursework and expected student learning outcomes in order for students to meet the FNP, A/GNP, or nurse education role requirements. Students complete the requirements for master's core courses, APRN core courses, and population-focused (family/ across the lifespan and adult/gerontology primary care) courses or nurse educator courses, as appropriate to their option focus. Both options in the DNP program incorporate requisite clinical hours and the *Doctoral Essentials*.

The MSN, post-graduate APRN certificate, BSN-DNP, and post-master's DNP course crosswalks, available in the of the self-study document, depict a mapping of courses and course objectives to expected student outcomes, AACN's *The Essentials of Baccalaureate Education for Professional Nursing Practice*, *Master's Essentials*, *Doctoral Essentials*, *NONPF Core Competencies*, and *Population Focused Nurse Practitioner Competencies*. Appendix I-A.3 in the self-study document maps the program outcomes with the nurse education outcomes, *Master's Essentials*, and *Scope of Practice for Nurse Educators*. The team's review of graduate course syllabi and program materials and discussions with faculty and students provided evidence that the professional nursing standards and guidelines are integrated throughout the curriculum.

The *NTF Criteria* are addressed within the curriculum, and the findings on site were congruent with the six criteria of organization and administration, students, curriculum, resources, faculty, and evaluation. With 630 required clinical hours, the MSN FNP and A/GNP options exceed the required number of supervised clinical hours, as required in the *NTF Criteria*. The BSN-DNP curriculum includes 1,260 clinical hours.

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

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

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

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

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire doctoral-level competencies delineated in The Essentials of Doctoral Education for Advanced Nursing

Practice (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.

Compliance Concern?	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The MSN program builds on the skills and knowledge obtained from a baccalaureate education in nursing and the post-graduate APRN certificate program builds on a master's education to prepare graduates with advanced role knowledge and practice competencies in nursing. Post-graduate APRN certificate students are in the same courses as MSN students, are meeting the same student-learning outcomes, and are exposed to the same teaching-learning strategies. The BSN-DNP option builds on baccalaureate competencies and the post-master's DNP option builds on master's level education. For example, NURS6910 Primary Care of Adults and Families with Acute Health Conditions incorporates knowledge from epidemiology, genomics, family, community, and culture into clinical practice; NURS 7020 Clinical Research Application reinforces previously presented concepts in research to apply evidence in practice; and NURS7030 Advanced Health Care Policy, Ethics, and Law builds on concepts of ethics, law, and policy using reflective practice to demonstrate that students incorporate these principles into advanced practice nursing.

The NP graduate curriculum for the NP and nurse education options is clearly based on a foundation of coursework and a sequencing plan that is congruent with national standards for a master's program with an NP or nurse educator option. All students, including the nurse education students, are required to take the advanced practice core courses. Curriculum plans reviewed in the resource room illustrate that the foundational courses that provide scientific underpinnings for advanced nursing practice, such as philosophies of nursing practice, advanced nursing practice and health care policy, advanced health assessment, advanced pharmacology, advanced pathophysiology, and research are sequenced to be completed within the first three semesters of the program and prior to starting clinical core courses. In subsequent semesters, the student completes coursework in applied research and option-specific courses; all NP students finish with practicum experiences to integrate and apply concepts mastered through their program of study. The DNP program includes a capstone project in the last two semesters.

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

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

Compliance Concern?	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Through a review of course syllabi, Blackboard™ online courses, the Medatrax™ documentation system, and facility resources (e.g., online library access, supportive faculty and preceptors, and clinical sites), the team verified there are adequate teaching-learning practices and environments to support the achievement of expected individual student outcomes. Faculty and staff are available to meet student needs and assist in mastery of course objectives, learning outcomes, and degree objectives. For example, faculty availability and contact information is clearly identified in Blackboard™ courses, a program assistant is dedicated to graduate nursing students and faculty to provide academic advising, and faculty provide career-oriented advising. There are multiple online resources such as Shadow Health™ virtual standardized patients, podcasting, Virtual Care Works® (a secure, medical-grade communication platform), AdobeConnect®, and online textbooks to deliver course content synchronously and asynchronously. Faculty practice sites provide clinical sites for graduate nursing students.

The team's review of documents in the on-site resource room, Blackboard™, and clinical sites and discussions with faculty, staff, and students demonstrated that teaching-learning practices and environments support students in mastering course content. Students commented on the helpfulness of the required orientation modules including orientation to online learning and Blackboard™. Learning objectives are noted in syllabi and Blackboard™ courses and are linked to course assignments. A standardized format for syllabi and Blackboard™ course shells facilitates smooth student transition between courses and promotes an environment to facilitate student learning and use of the course. Syllabi are clear and include pertinent information and grading rubrics for course assignments.

Student work, such as student presentations from Fall 2014 in NURS7030 Advanced Health Care Policy, Ethics, and Law, evidences mastery of course objectives. Course design promotes higher-level decision-making and practice. For example, discussion boards in NURS7020 Clinical Research Application identify the assignment goal as "... to increase your understanding of analysis and synthesis of evidence to draw logical conclusions." Grading rubrics support this goal and distinguish between learners based on ability to synthesize information.

III-E. The curriculum includes planned clinical practice experiences that:

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

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

Compliance Concern?

Master's:

No

DNP:	No
Post-graduate APRN certificate:	No

Rationale:

The team reviewed evidence of planned clinical practice experiences throughout the MSN and post-graduate APRN certificate programs and NP courses in the BSN-DNP curriculum. The MSN FNP and A/GNP options include 630 required clinical hours plus 45 health assessment hours. The DNP program includes 1,260 clinical hours. As post-master’s DNP students all hold APRN certification, 500 hours of their master’s programs’ clinical hours count toward the DNP clinical hours. A clinical support assistant was hired in March 2014 to assist with coordinating practicum site visits and student and site evaluations, and tracking required health documents under the direction of the NP practicum coordinator. The Medatrax™ system is used for tracking clinical hours, preceptor information, and a repository for practicum evaluation tools.

As verified through discussions with students, community partners, and faculty, students meet program outcomes and integrate new knowledge by initially using Shadow Health™ virtual standardized patients (for all but post-master’s DNP students) and then by using clinical preceptors and sites in practica. Faculty assess each student’s achievements in NP practica courses through a review of documented hours, preceptor feedback, and at least one site visit per 180 clinical hours per semester. Visits to distant sites are conducted via phone; Virtual Care Works® is being piloted to conduct site visits for distance education students. A site visitor handbook for faculty, available via the university website, identifies specific procedures for visits and assessments. The clinical evaluation form documents student performance in clinical experiences, reflects a leveling of student expectations with increasing clinical expertise expected in each of the four practicum courses, and reflects that students are meeting the *NTF Criteria*.

Clinical residency hours in the DNP program are completed in settings that are appropriate to the DNP course to which the hours are linked (e.g., organizational leadership, population health, health care policy and ethics, business and finance for advanced practice, and the capstone project). Course syllabi provide evidence that grading rubrics are included for assignments in each course.

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

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

Compliance Concern?	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The Beth-El CON identifies its community of interest as “current and prospective students, alumni, employers,

administrators and staff at clinical sites, the university administration and community, members of professional nursing organizations, and health care system consumers.” To evaluate the needs of the community of interest, the program conducts exit interviews of graduates and alumni, and employer surveys. Serving a majority of students who live in rural communities and/or those who must maintain a clinical practice, the curriculum and teaching-learning practices have been designed to support the needs of students who may find it difficult to attend face-to-face courses. Examples include online library services and writing support, including online modules developed with the UCCS English department and the Writing Center. With the intent of promoting flexible schedules, but still offering faculty-student engagement, the courses are managed using asynchronous and synchronous formats with online classes. In addition, courses are designed in a fairly standardized format to reduce the stress associated with navigating a new course. Other interactive online resources are available to graduate students including Shadow Health™ virtual standardized patients, which offers the opportunity for students to practice their skills in a safe environment while receiving feedback, and Virtual Care Works®.

The team also had an opportunity to meet with members of the Beth-El CON’s external community of interest (e.g., clinical partners, Strategic Advisory Committee, and emeritus faculty). Attendees indicated that as clinical partners they meet with the college administration and faculty at Beth-El CON advisory meetings and other meetings and use these opportunities to share program information, recommendations, partner needs, and/or concerns with college representatives. They all agreed that the communication between the entities is two-way, sharing nursing department faculty concerns or recommendations is welcomed, and changes have been made based on these meetings. A clinical partner spoke to the benefits of having graduate nursing faculty on the professional development and evidence-based practice committees.

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

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

Compliance Concern?	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Policies regarding student performance and evaluation are clearly delineated in the graduate student handbook, are available online and in course syllabi, and are consistent with expected student outcomes. The team noted, and students and faculty confirmed, that each course syllabus clearly defines the course

objectives, the methods used for evaluation, and the grading scale. Grading rubrics are present for course assignments. Course evaluation tools were available for review in the resource room. Students are made aware of evaluation policies during new student orientation, which is delivered via online modules for MSN students and via videoconference for DNP students, and in course syllabi. Tenure/tenure-track and non-tenure-track faculty are oriented to the policies during new faculty orientation. The nurse practitioner practicum handbook (for students), preceptor handbook, and site visitor handbook, available online and in the resource room, identify specific procedures for clinical evaluation of students. In a meeting with the team, students indicated that they know where to find policies and that grading is consistent and fair and voiced appreciation that feedback is provided promptly. The faculty of record determines students' grades for the course, as documented in the nurse practitioner practicum handbook (p. 11, 2014) and confirmed in the team's interview with graduate faculty. Faculty reported that they assess students' progress in clinical experiences via a variety of means, including communicating through emails and telephone conferences with the respective preceptor and/or student, assessing students' entries into Medatrx™, and conducting site visits. In addition to clinical evaluations, students' knowledge regarding course content is evaluated regularly using an assortment of teaching-learning strategies including online examinations, papers, case studies, and discussion boards.

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

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

Compliance Concern?	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Courses are evaluated by the faculty with student input via end-of-class surveys [faculty course questionnaires (FCQs)] to improve the quality of courses. Students indicated that faculty are open to feedback and have changed methods based on feedback or explained why methods are used to support mastery of course objectives. The FCQs are administered at the end of each semester to determine if there should be revisions to courses and implementation of strategies to address student concerns. Evaluation of individual faculty member's teaching-learning practices is conducted annually during their merit review. Preceptor evaluations are solicited each semester and graduate, alumni, and employer surveys are conducted annually as indicated in the Nursing Evaluation Committee's program evaluation timeline. Pre- and post-program results from the Barkley exam are also used to evaluate NP student performance. Faculty complete annual course reviews which are submitted to the Curriculum Committee to consider changes to improve student outcomes. Administrators and faculty confirmed that the Evaluation Committee is responsible for implementing the evaluation plan for the nursing department. Meeting minutes from the Evaluation Committee confirms that the

committee reviews data, identifies areas of concern, makes recommendations for action, and makes monthly reports to the full faculty. Data from students and alumni prompted faculty to modify the MSN nurse education curriculum to change from all practicum hours occurring in the last semester to distributing the practicum hours throughout the program, effective Fall 2014.

Through a review of Graduate Nursing Department Faculty Committee meeting minutes, the team verified that faculty engage in regular review of the MSN and DNP curricula. For example, the elimination of the DNP portfolio requirement was discussed and voted on at the February 28, 2011 meeting. Furthermore, in meetings with the team, faculty confirmed that they engage in, and are committed to, program evaluation and regular course evaluation. Faculty shared several examples of how feedback from students and external partners has led to curricular changes.

During the on-site evaluation, the team met with eight students from the MSN FNP and A/GNP options and the post-master's DNP option. The students were vocal about how flexible and approachable the faculty are, citing several examples that supported their statement that "there is a lot of opportunity to give feedback." For example, based on student feedback, faculty evaluated the portfolio requirement for DNP students, recognized that the DNP capstone project served the same purpose, and eliminated the requirement. Students also spoke about how faculty and staff support them as individuals by rapidly responding to questions, needs, and situations that require changes in study plans. Students appreciate the online format and spoke to how it meets the needs of students in the region that has large rural areas, as well as those students who have full-time jobs or are military spouses and relocate frequently.

Standard IV

Program Effectiveness: Assessment and Achievement of Program Outcomes

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

This standard is met for the master's degree nursing program.

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

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

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

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

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

Compliance Concern?	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	Yes

Rationale:

The team's review of the self-study document provided information related to processes that are used to collect aggregate MSN and DNP student outcome data. The graduate nursing program evaluation plan provides a plan for an ongoing and systematic evaluation of the MSN and DNP programs (self-study document, Appendix IV-A.1). The plan for evaluation includes timelines, qualitative and quantitative data analysis, and other data sources. Program effectiveness data are collected using Educational Benchmarking Inc. (EBI) survey tools.

Evaluation Committee meeting minutes state that the committee has discussed the fact that EBI program evaluation reports are long, which makes a full review of the data difficult. Therefore, committee members will review particular programs and develop a report to submit to the committee. The areas selected for review and the reviewers for each program (BSN, MSN, and DNP) were determined at the meeting.

Exit surveys, alumni surveys, employer surveys, and certification rates for individuals who have completed the post-graduate APRN certificate program were not evident in the resource room. The department chair and associate dean stated that the Evaluation Committee will be responsible for developing a process to obtain and analyze these outcome data. In a meeting with the team, the associate dean discussed a potential process to obtain exit, alumni, and employer survey data from individuals who complete the post-graduate APRN certificate program.

The department chair stated that the Evaluation Committee is responsible for reviewing and revising the evaluation guidelines. In a meeting with the team, the associate dean verified the evaluation processes. Currently, students complete course evaluations at the end of every semester, which are reviewed in the graduate faculty meeting. Some courses taught by tenured/tenure-track faculty implement mid-course evaluations. Graduates are sent a request to complete an exit survey immediately upon graduating. The exit and alumni surveys using the EBI report system were implemented last year for the MSN and DNP programs.

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.

Compliance Concern?	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	Yes

Rationale:

The team’s review of the self-study document provided information related to the completion rates for the MSN, post-graduate APRN certificate, and DNP programs. The start of the MSN and post-graduate APRN certificate programs is defined as the second semester after admission into the program. Completion rates for the MSN and post-graduate APRN certificate programs are based on students graduating within four years of starting the second semester of the programs. The start of the DNP program is defined as the first semester of the program. Completion rates are determined by dividing the number of students who complete the program in four years by the total number of students who began the second semester of the program. Graduation rates for the MSN program meet the benchmark of 70% (self-study document, Table IV-B.1). Completion rates for the post-graduate APRN certificate program fail to meet the benchmark of 70% (self-study document, Table IV-B.2). The associate dean has proposed a plan to conduct exit interviews to address the low completion rates in the post-graduate APRN certificate program. Graduation rates for the DNP program meet the benchmark, with the exception of 2008 (self-study document, Table IV.B.3).

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

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

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

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

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

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

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

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

Compliance Concern?	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The team's review of the self-study document provided information on certification exam pass rates. The BSN-DNP program began in 2011; therefore, there are no graduates from this program who have completed a certification exam. The MSN and post-graduate APRN certificate programs' certification pass rates for adult

nurse practitioner (ANP) and FNP graduates are presented in Table IV-C of the self-study document. The certification rates for the most recent calendar year meet the 80% benchmark. In 2011, the American Academy of Nurse Practitioners (AANP) certification pass rate for the ANP exam was 56%. In 2012, the AANP certification pass rate for the ANP exam was 33%. In 2013, the American Nurses Credentialing Center (ANCC) certification pass rate for the FNP exam was 75%. All other certification pass rates from 2011-2013 were 86% to 100% (Program Information Form). In addition, in 2012 the AANP certification pass rate for the ANP exam was 67%, as evidenced by the AANP report in the resource room.

In a meeting with the FNP coordinator, the 2011 and 2012 certification exam pass rates were discussed. During 2011 and 2012, there was a new faculty member teaching in the program. In addition, graduates were not enrolling in a review course prior to taking the certification exam. Currently, students are encouraged to complete a review course before taking the exam.

IV-D. Employment rates demonstrate program effectiveness.

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

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

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

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

Compliance Concern?	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The team’s review of the self-study document provided information on employment rates. From 2011-2013, 85.7% of graduates of the MSN and post-graduate APRN certificate programs were employed within 12 months (self-study document, Table IV-D. 1). DNP graduates from 2011-2013 reported an 80% employment rate within 12 months. The 2014 DNP graduates reported a 100% employment rate (self-study document, Table IV-D.2).

IV-E. Program outcomes demonstrate program effectiveness.

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

Program outcomes are defined by the program and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the degree and certificate programs offered and may include

(but are not limited to) student learning outcomes; student and alumni achievement; and student, alumni, and employer satisfaction data.

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

Compliance Concern?	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	Yes

Rationale:

The team's review of the self-study document provided information on program outcomes. Student and alumni survey reports were reviewed in the resource room. Exit survey responses were reviewed in the resource room for 2012 (for the MSN program) and 2014 (for the DNP program). The exit survey mean scores for the DNP program ranged from 5.33 to 6.33 out of a possible 7.0. The MSN exit snapshot includes an item on "Instruction and Curriculum - How satisfied are you with: Preceptor Availability." Seven students responded to this item with a mean score of 3.86 out of a possible 7.0. The February 2015 Evaluation Committee meeting minutes state that this issue was discussed for the MSN program. The Lane Center was discussed as a possible long-term solution to this problem. In addition, the on-campus lab is open for the assessment course. In reviewing DNP alumni survey results, two items were identified with a mean score below 4.0. One survey item focused on co-curricular activities and the extent to which specific school activities during the DNP education contribute to advancing practice. Five alumni responded to this item with a mean score of 3.60 out of a possible 7.0. The second item focused on the overall satisfaction with the DNP program and whether students would recommend the nursing school to a friend. Five alumni responded to this item with a mean score of 3.8 out of a possible 7.0. During a meeting with the team, multiple current students stated that they have recommended the MSN and DNP programs to other potential applicants.

There were no student or alumni reports available for the post-graduate APRN certificate program. In a meeting with the associate dean, the team received verification that no data are collected from students or individuals who complete the post-graduate APRN certificate program. This item is on the agenda for the next Evaluation Committee meeting, which is scheduled for March 16, 2015. After the Evaluation Committee reviews and votes on the proposed plan to obtain these data using EBI survey tools, the item will be voted on by the graduate faculty.

Although employer surveys were sent, meeting minutes dated November 17, 2014 state that no employer survey responses had been received and that other processes will be explored to obtain information on graduate programs. At this meeting, the committee made the decision to discontinue employer surveys and include questions on preceptor evaluations for all graduate programs. The Evaluation Committee meeting minutes dated December 14, 2014 state that the committee discussed the decreased response from employers of Beth-El CON graduates. The committee discussed the advantages and disadvantages of holding annual focus groups with clinical site representatives to obtain information related to graduates of the programs. Many

employers attend the Strategic Advisory Committee meetings and provide input via this committee as well as through individual meetings with college administration and faculty.

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

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

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

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

Compliance Concern?	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The team's review of the self-study document provided information related to faculty productivity. The Faculty Affairs Council of the College Assembly reviews the expectations of faculty on the tenure track, clinical teaching track, and instructor rank. The College Assembly makes the final vote regarding approval of faculty expectations.

Information is provided in Table IV-F.1 of the self-study document on faculty outcomes related to peer-reviewed publications and refereed presentations from 2011-2014. Twelve full-time faculty produced 33 refereed publications. During this timeframe, 12 faculty presented at 53 regional, national, and international conferences, seminars, and other events. In addition, faculty received \$3,858,573 in grant funding from 2011-2013.

The self-study document describes the process used for FCQs at the completion of each semester. Students are provided the opportunity to offer feedback on the quality of the course and instructor. FCQ data were provided for the past three years, 2011-2013 in Table IV-E of the self-study document. The aggregate course and faculty ratings exceeded the school's benchmark of 4.0.

The team verified that faculty are evaluated annually on scholarship, teaching, and service. In a meeting with the team, the associate dean verified the faculty evaluation process. Faculty complete a self-evaluation and portfolio, a university-required document with CV and FCQ data included. The tenure/tenure-track faculty conduct an evaluation of each other's portfolio, and the clinical-track faculty conduct an evaluation of each other's portfolio. After faculty complete this process, the department chair conducts an evaluation of each portfolio. Finally, the dean reviews all portfolios to complete the evaluation process. Each faculty member

develops a five-year plan with goals. Faculty are expected to participate in service to the university. Many faculty serve on standing committees, which include executive, curriculum, evaluation, research/scholarship, and student conduct. In addition, faculty serve in the community and participate in professional organizations.

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

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

Compliance Concern?	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The graduate nursing student handbook and UCCS graduate school policies and procedures include the processes and procedures the nursing faculty and administration use to review formal complaints. The team verified that formal student complaints are defined by the department as an appeal of a decision made by a faculty member in the graduate department. Usually, complaints from students are resolved at the level of the instructor and/or department chair. Students are referred to the written policies by the administrative assistant and faculty. In Table IV-G of the self-study document, data related to formal complaints with the level at which the complaints were resolved are included for 2011-2014. During this time there were a total of eight complaints. In 2011 and 2012, a complaint reached the level of the dean of the graduate school. Policies have not been revised based on formal student complaints.

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

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

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

Compliance Concern?	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The team’s review of the self-study document and meetings with the dean, associate dean, and department chair provided information related to data analysis used to foster ongoing program improvement. Weaknesses have been identified in the evaluation process, which has resulted in the collection and analysis of data in a

timely manner. In 2014, a formal Evaluation Committee was developed as a result of the program evaluation process. The Evaluation Committee includes undergraduate and graduate faculty and administration representatives. The Evaluation Committee meets regularly to evaluate all nursing programs. The full nursing faculty receive a monthly report from this committee. Examples of program changes which have resulted from this committee include NP, DNP, and nurse education curricula changes.