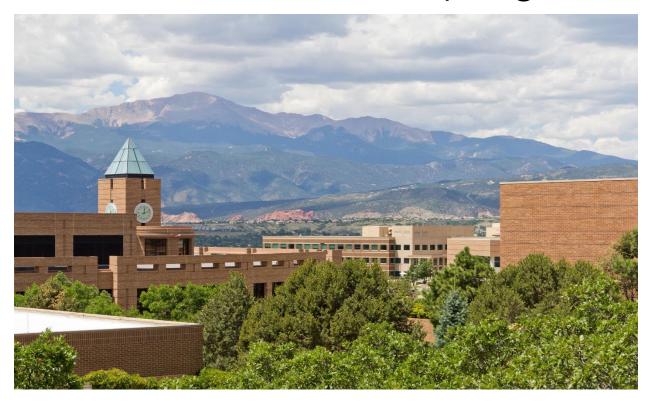# University of Colorado Colorado Springs

UCCS

Self-Study Report

for the Nursing Programs

Master of Science in Nursing

Post-Master's Certificate Program

Doctorate in Nursing Practice

Prepared for the Commission of Collegiate Nursing Education

March 2015

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INTRODUCTION

The University of Colorado System

The University of Colorado (CU) system is the largest institution of higher education in the State of Colorado. Founded in 1861, the University includes four separate and distinct institutions: University of Colorado Boulder, University of Colorado Colorado Springs (UCCS), University of Colorado Denver and Anschutz Medical Campus (previously known as the Health Sciences Center). Each institution serves a specialized function in Colorado higher education and is classified differently by the Carnegie Classifications of Institutions of Higher Education.

The governing authority of the University rests with a Board of Regents. The Regents are qualified and elected according to the Constitution of the State of Colorado, Article IX, Section 12. The President of the University, Bruce Benson, reports to the Board of Regents. Each campus has a Chancellor who reports directly to the President. At the University of Colorado Colorado Springs, the Chancellor is Pamela Shockley-Zalabak. At UCCS, each College has a Dean who reports directly to the Provost and Executive Vice-Chancellor for Academic Affairs, Mary Coussons-Read.

The University of Colorado Colorado Springs (UCCS)

The University of Colorado's presence in Colorado Springs dates to 1925 when extension courses were offered from the Boulder campus, a tradition that continued for the next forty years. By the early 1960s, the CU Extension Campus at Colorado Springs consisted of 62 instructors, 190 courses, and more than 1,200 students. This initial core group, along with community leaders, argued that the people of southern Colorado should be able to earn a University of Colorado degree in Colorado Springs. With support from local and national business leaders, this effort was given significant momentum when George T. Dwire offered Cragmor Sanatorium and its surrounding 80 acres to the university for the sum of $1. The Colorado Springs Center was approved in 1965 and achieved full accreditation status in 1972.

The UCCS campus is located on 520 acres with many newly constructed and/or renovated buildings housing state-of-the-art science labs and classrooms. Classified as a "masters-large" institution by Carnegie, UCCS aims to become the number one comprehensive regional research university in the nation. This goal is fueled by the campus' status as one of the fastest growing universities in Colorado and in the nation. The University of Colorado Colorado Springs is fully accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools.

UCCS has seven colleges and schools offering 36 bachelor degree programs, 19 master's programs and 5 doctoral programs. In 2014, a branch campus of the CU School of Medicine was established at our Lane Academic Health Sciences Center (LAHSC) with medical students scheduled to arrive in 2016. A list of academic programs is available online at http://www.uccs.edu/futurestudents/majors.html.

Among the fastest growing university campuses in the region, 11,132 students were enrolled in campus programs in the Fall of 2014. UCCS serves a diverse student body with a 31% ethnic minority population and 32% are Pell Grant eligible. Further, the campus serves a growing military population including more than 1,300 military veterans, active military, and family members. Although the majority of students are Colorado residents, students come to the campus from all 50 states and 44 countries. Approximately 16% of the students are enrolled in graduate courses with the remainder enrolled in undergraduate programs.

<u>Beth-El College of Nursing and Health Sciences</u>

Beth-El has a very long and rich history. In 1903, a group of community women organized around the need of having a Protestant hospital. In 1904, the Women's Home Missionary Society of the Colorado Conference of the Methodist Episcopal Church established the Colorado Conference Deaconess Hospital and Training School. In 1911, the name was changed to the Beth-El Hospital and Training School.

From 1943-1985, Beth-El School of Nursing was located at Memorial Hospital in Colorado Springs. During this period, the first two African-American women and the first two men graduated from the School. The School became Beth-El College of Nursing and graduated its last diploma students and its first baccalaureate students in 1987. In 1997, the citizens of Colorado Springs gave permission for Beth-El College of Nursing to merge with the University of Colorado Colorado Springs. With the addition of the Health Sciences department, the college became Beth-El College of Nursing and Health Sciences. The College is now one of seven colleges and schools on the campus and offers baccalaureate, masters, and doctorate of nursing practice degrees in nursing, as well as health sciences programs. *U.S. News & World Report* ranked the UCCS graduate nursing programs 48th out of the 96 online programs ranked in 2014.

The baccalaureate nursing program (BSN) includes the traditional option, RN to BSN and Dual enrollment options, and the accelerated nursing option. The baccalaureate program's most recent accreditation was 2005. The master's in nursing program (MSN) offers adult/gerontological nurse practitioner, family nurse practitioner, and nursing education options. A post-master's certificate program offers students the ability to enroll in the nurse practitioner options. The doctorate of nursing practice (DNP) program includes BSN-DNP and post-master's options. All graduate nursing programs are offered in an on-line format. The MSN program received full accreditation from the Commission for Collegiate Nursing Education (CCNE) in 2005. The DNP Program received initial CCNE accreditation in 2010 for 5 years. At our 2015 CCNE accreditation, all graduate programs/options will be reviewed for accreditation including the post-master's certificates.

The Health Sciences Department is a significant part of Beth-El College of Nursing and Health Sciences with undergraduate programs in wellness and health promotion, sports health and wellness promotion, medical laboratory science, and nutrition. Graduate programs are offered in sports medicine, sport nutrition, and health promotion. In 2003, the College moved into its current home, University Hall on the UCCS campus.

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:

The mission, goals, and expected student outcomes of Beth-El College of Nursing and Health Sciences are congruent with those of the parent institution, the University of Colorado Colorado Springs (UCCS). The UCCS Vision, Mission, and Core Values are available for review at http://catalog.uccs.edu/content.php?catoid=10&navoid=462. In January 2012, the faculty revised the mission and vision statements of the College to more succinctly reflect goals and directions established for the future. The mission of the College is congruent with that of UCCS as depicted in Table I-A.1 and is available for review at http://www.uccs.edu/bethel/about/vision.html.

Table I-A.1 Congruence of College Mission Statement with UCCS Mission Statement

UCCS Mission	College Mission
The Colorado Springs campus of the University of Colorado shall be a comprehensive baccalaureate and specialized graduate research university with selective admission standards. The Colorado Springs campus shall offer liberal arts and sciences, business, engineering, health sciences, and teacher preparation undergraduate degree programs, and a selected number of master's and doctoral degree programs.	Beth-El College of Nursing and Health Sciences is a distinguished and innovative college providing excellence in education, scholarship, and practice in the health professions.

Table I-A.2 demonstrates the congruence between the teaching, research, and service vision of UCCS and that of the College. The full vision and mission statements are available in Appendix I-A.1, and at http://www.uccs.edu/bethel/about/vision.html.

Table I-A.2 Congruence of College Vision Statement with UCCS Vision

UCCS Vision	Beth-El Vision
UCCS will provide unsurpassed, student-centered teaching and learning, and outstanding research and creative work that serve our community, state, and nation, and result in our recognition as the premier comprehensive, regional research university in the United States.	Beth-El College of Nursing and Health Sciences will provide interdisciplinary leadership for new directions in health promotion and wellness, as well as illness care and disease prevention, in the community and beyond through innovation in education, practice, research, and scholarship for health science professionals.

MSN and Post-Master's Program Expected Outcomes

Upon completion of the MSN and Post-Master's Certificate programs, the graduate is able to:

- Foster change in health care delivery systems through translation of evidence in practice
- Assume leadership in fostering collaborative interprofessional care teams to integrate care service across the health care system
- Participate in lifelong learning to promote excellence and to design innovative models of nursing practice

There are 3 options within the MSN program: Family NP (FNP), Adult/Gerontological NP (AGNP), and Nursing Education. National standards and guidelines are used to guide the MSN and Post-Master's Certificate curricula including:

- The Essentials of Master's Education in Nursing (AACN, 2011),
- The Nurse Practitioner Core Competencies (NONPF, 2012),
- The Adult-Gerontological Primary Care Nurse Practitioner Competencies (NTF, 2012),
- The Population Focused Nurse Practitioner Competencies (NTF, 2013),
- The Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012),
- The National League for Nurses Scope of Practice for Nurse Educators (NLN, 2012).

Appendix I-A.2 shows a crosswalk between the MSN and Post-Master's Certificate programs and the FNP/AGNP options program expected outcomes and the Master's Essentials (2011), the Nurse Practitioner Core Competencies (2012), the Population Focused Nurse Practitioner Competencies (NTF, 2013) and the AACN Adult-Gerontology Primary Care Competencies (2012). Appendix 1-A.3 shows a crosswalk between the Nursing Education option expected

outcomes and the National League for Nurses Scope of Practice for Nurse Educators. The MSN program expected outcomes are accessible to current and prospective students, faculty, and other constituents on the Beth-El website available at http://www.uccs.edu/bethel/programs/np.html and in the graduate nursing student handbook available at http://www.uccs.edu/Documents/bethel/Handbooks/GRAD_NSG/GradNsgHandbook-04082014.pdf. The graduate nursing student handbook will also be available in the Resource Room for CCNE visitors as Exhibit I-1.

DNP Program Expected Outcomes

Upon completion of the DNP program, the graduate is able to:

- Use scientific evidence, theories, and practice methods to develop and evaluate health care models to improve health care delivery
- Provide effective leadership to create cost-effective, culturally competent, population focused, quality improvement programs that fill current health care needs
- Critically analyze current research and clinical practice guidelines for application in clinical practice to improve health care outcomes
- Participate in the analysis and application of information technology in the clinical setting
- Participate in the analysis, evaluation and creation of equitable health care policies
- Collaborate in inter/intra professional teams to improve the quality and delivery of health care
- Propose ethical solutions that are based on epidemiology, biostatistics, socio-economic environment and cultural preferences that meet the health care needs of individuals, families, and populations
- Demonstrate independent practice, advanced clinical reasoning, and systems thinking when partnering with others to create and evaluate evidence-based quality improvement programs

There are 2 options within the DNP Program; BSN-DNP and post-masters DNP options. National standards and guidelines are used to guide the curriculum including The Essentials of Doctoral Education in Nursing (AACN, 2006) and the Nurse Practitioner Core Competencies (NONPF, 2012). Additionally, the Adult-Gerontological Primary Care Nurse Practitioner Competencies (NTF, 2010) and the Population Focused Nurse Practitioner Competencies (NTF, 2013) are used to guide the BSN-DNP curriculum. Appendix I-A.4 shows the congruency of the DNP program expected outcomes and the national standards and guidelines. The DNP program expected outcomes are accessible to current and prospective students, faculty, and other constituents on the Beth-El website and in the graduate nursing student handbook available at http://www.uccs.edu/bethel/programs/dnp.html, http://www.uccs.edu/bethel/programs/bsn-dnp.html and http://www.uccs.edu/Documents/bethel/Handbooks/GRAD_NSG/GradNsgHandbook-04082014.pdf.

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 a periodic review and revision of the mission, goals, and expected student outcomes. Prior to the current reorganization of the nursing program, the mission, goals, and expected student outcomes were reviewed every five years and as needed. The nursing department mission and goals are currently under review as part of the reorganization of the nursing structure to combine the undergraduate and graduate nursing departments into a single unit.

The Beth-El College of Nursing and Health Sciences mission and goals were reviewed in 2013 by the College Strategic Planning Council as part of a revision of the College Strategic Plan to ensure congruence with the 2012 revisions of the UCCS 2012-2020 Strategic Plan. The UCCS Strategic Plan is available at http://www.uccs.edu/~Documents/chancellor/strategic%20plans/Approved%20Strategic%20Plan/uccs-strategic-plan-2012-2020.pdf. The College strategic plan will be available in the CCNE resource room (see Exhibit 1-2). MSN student outcomes were reviewed and revised in 2013 and the DNP student outcomes were reviewed and revised in 2012. The revised MSN and DNP student outcomes are congruent with nursing standards and guidelines as shown in Appendices in 1-A.2, 1-A.3, and 1-A.4.

In 2010-2011, a taskforce conducted a comprehensive review of the MSN advanced practice nursing options for evaluation of gerontological nursing content as part of the process of transitioning our adult NP program to an adult/gerontological NP program as required by the AACN Consensus Model for APRN Regulation. The Adult-Gerontological Primary Care Nurse Practitioner Competencies (2010) were used to guide the curricular evaluation. Faculty received support for revising coursework that included additional gerontological content to meet competencies. Two new gerontological primary care courses were developed and implemented. This work was completed as part of a grant received from the Health Resources and Service Administration (HRSA). The first cohort of A/GNP students completed the new gerontological courses in 2013.

The community of interest includes faculty, staff, 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. College goals reflect a clear alignment with the needs of the community both at the student level and the community at-large. The Dean meets with the Strategic Nursing Advisory Council to receive information from local health care organizations about the local health care environment and issues relevant to the education of nurses.

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 are clearly identified by Beth-El College of Nursing and Health Sciences, are written and communicated to the faculty, and are congruent with institutional expectations. The College reappointment, promotion and tenure (RPT) policies are congruent with those of the university and the Regents policies. The university RPT policy is located on the

Provost website link to policies at
http://www.uccs.edu/Documents/vcaf/reappointmentpromotiontenure.pdf. As part of ongoing
program improvement, the Faculty Affairs Council of the College reviews guidelines for
evaluation and promotion of tenure track faculty, non-tenure track faculty, clinical teaching track
faculty, and research faculty. The College Tenure Track RPT policy is available on the Local
Area Network (LAN) for the College and will be available in the CCNE resource room as Exhibit
1-3. The current College reappointment and promotion policy for non-tenure track faculty is
under revision and will be available in the resource room at the time of the CCNE visit as Exhibit
1-4. Faculty negotiate their workload distribution with the Department Chairperson and the Dean
using the Faculty Responsibility Statement document which is available in Appendix 1-C.1.

Tenure-track faculty are allotted 40% time/effort for research activities as part of their workload
and clinical teaching track faculty are allotted one day of clinical practice each week. A
differentiated workload is provided for administrative roles within the College as required by the
Colorado Board of Nursing. Positions with administrative offloads include the Dean, Associate
Dean, Department Chairs, Option Coordinators, and Clinical Coordinators. Additionally, all
faculty members can negotiate a differentiated workload annually through the Faculty
Responsibility Statement Process (see Appendix 1-C.1). All faculty members are reviewed
annually for both performance and merit. Each faculty member at the rank of Instructor or above
with an appointment of 50% or greater completes an annual UCCS scholarly report
(http://scholar.uccs.edu/scholar/).

In spring 2010, the College implemented a revised merit review process as part of a newly
implemented faculty organization structure. The merit review document is available in Appendix
1-C.2. Each department appoints a merit review committee and those committees review
faculty outcome documents (e.g. CV, scholarly report, 5-year professional plan) to determine
merit ratings. The Department Chair then reviews the same materials as the Department Merit
Review Committee to assign a merit rating. The Department Chair meets with each faculty
member to evaluate performance and discuss professional goals. The final ratings are
forwarded to the Dean for review and completion of the faculty performance rating.

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 the program are clearly defined and
promote participation. Nursing faculty are involved in the development, review, and revision of
academic program policies. In 2009, the College faculty governance structure was revised to
increase involvement of faculty. The faculty governance workgroup designed new faculty bylaws
(see Exhibit I-5 in the CCNE resource room) that established seven faculty councils to
implement the goals of the College and UCCS. A description of the purpose and functions of
each council was included in the faculty bylaws. Faculty members are actively involved in
College and University Councils, committees, task forces, and work groups (see Exhibit I-6 in
the CCNE resource room). Faculty representation on College and UCCS committees is
reviewed annually for updates, assignments, and reassignments.

In 2013, the Faculty Organization voted to include staff as voting members of the organization
and to change the name to College Assembly. A modification to the governance structure was
also passed in Spring 2014; four councils remain including Administrative, Faculty Affairs, Staff

Affairs, and Student Affairs. Other functions are now embedded in department committees or other ad hoc committees of College Assembly. Bylaws revisions are in progress.

In addition to the Bylaws of the College Assembly, the Faculty Handbook outlines the structure, function, and policies of the College. The Faculty Affairs Council is working on revising the Faculty Handbook to reflect the 2014 changes voted on in College Assembly. The faculty handbook will be available in the CCNE resource room as Exhibit I-7.

In Fall 2014, the previously separate undergraduate and graduate nursing departments were unified to form one Nursing Department. As part of this process, a new department structure was proposed and revised based upon collective input from all nursing faculty and staff. Bylaws are being written to reflect the new department structure. The department organizational structure chart and the bylaws will be available for review as Exhibit I-7.

The Beth-El Student Nurses Association (BSNA) participates in College decision-making, provides a new student orientation to the College, a career fair, educational and informational meetings, and sends representatives to the national organization's annual convention. Student representatives from BSNA attend the Nursing Department meetings, bring forward issues of concern to students and participate in proposing constructive changes in College operations. A faculty sponsor assures congruence between the goals of the College and the BSNA. Because our graduate nursing programs are online, it has been more challenging to achieve graduate student representation on committees. Options under discussion for increasing graduate student participation on College and Program committees include the option of providing access to these committees via videoconferencing technology as well as soliciting written student feedback prior to the scheduled meetings.

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*

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[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).*

Commission on Collegiate Nursing Education (http://www.aacn.nche.edu/ccne-accreditation)."

Program Response:

The primary resource for all information related to student policies and procedures is on the College and UCCS websites (http://www.uccs.edu/~bethel/ and http://www.uccs.edu/). This includes information related to accreditation status, the academic calendar (http://www.uccs.edu/Documents/cic/7%20-Year%20Cal.pdf), recruitment and admission policies (http://www.uccs.edu/bethel/programs.html) grading policies (http://www.uccs.edu/bethel/current/studenthandbooks.html), degree completion requirements, and tuition and fees (http://www.uccs.edu/bursar/bursar-cashiering-office.html).

Changes in program policies and requirements approved by the Nursing Department are submitted to the Technology Coordinator, Dr. William Lord, for updating of the College online resources. The departmental curriculum committees approve any changes to College course sequencing or description and submit those changes to the Technology Coordinator for online resource updates.

Students are notified of policy changes via several methods, including e-mail, the online Student Handbook, announcement by faculty in Blackboard™ online courses, and notification of student representatives to College Councils and Department meetings. Faculty are notified of policy and document changes via established College department and committee meetings, dissemination of meeting minutes, and e-mail announcements. Faculty documents, including meeting minutes, are available to faculty at all times on a faculty shared drive archive.

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:

The academic policies of UCCS and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. The Educational Policy and University Standards (EPUS) committee of the UCCS Faculty Assembly is an executive standing committee that provides ongoing development and review of policies affecting the entire university. All university policies are posted on the Provost's website at http://www.uccs.edu/vcaf/policies/uccs-policies.html. Policies are regularly reviewed and revised within the nursing department with the involvement of the Associate Dean of Academics and Operations and the Dean. University and college policies are reviewed regularly in monthly department meetings, and during the revision process attention is paid to maintaining consistency between department, college, and university policies. The college website is the primary source for students to access current policies and

procedures (http://www.uccs.edu/bethel/current/studenthandbooks.html). Emails are sent to all current graduate students by the department chairperson or the program assistant to alert them to changes in a Handbook and to remind students to locate the handbook on the website. Links to student handbooks are available in each Blackboard™ online course.

Analysis for Program Quality and Effectiveness

Beth-El College of Nursing and Health Sciences MSN and DNP programs are in compliance with Standard I and its key elements.

Strengths:
1. Student and faculty expectations are clearly defined
2. There is clear alignment of university and college missions and visions

Areas of Improvement:
1. Revision of College Assembly bylaws to guide council functions, membership, and duties.
2. New Nursing Department bylaws reflecting the new nursing structure to guide committee functions, membership, and duties.

Plan of Action:
1. College Assembly bylaws are currently undergoing revision to reflect council functions, membership, and duties.
2. Nursing Department bylaws reflecting the new Nursing Department Structure were passed by the nursing faculty on 12/08/14 and will be available in the CCNE resource room as Exhibit 1-9.

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 fiscal resources for Beth-El College of Nursing and Health Sciences are received from four primary sources: tuition revenues; state appropriations; auxiliary accounts; and grants, contracts, and gifts. In the University of Colorado system, the state budget originates in the Colorado General Assembly after two budget proposals made by the Governor's Office to the Office of State Planning and Budget and the Joint Budget Committee of the legislature. These two budget proposals are reconciled into the Long Appropriations Bill on an annual basis, usually at the end of the legislative session in May. The Long Bill includes the general fund appropriation to the Colorado Department of Higher Education (DHE); sets state classified salaries and benefits; provides tuition spending authority; and caps tuition rate increases. The DHE subsequently allocates general funds to the governing boards of the institutions of higher education. The University of Colorado Board of Regents, in turn, directs allocation of general funds to each of the University's campuses.

On the University of Colorado Colorado Springs (UCCS) campus, the Chancellor and the Chancellor's Leadership Team determine College budgets with input from each of the Colleges and the University Budget Advisory Committee. The campus budget process allocates general funds, indirect cost recovery, and miscellaneous revenues for central services, administration, academic support, and student services. The Deans meet with the Chancellor's Leadership Team once per year to discuss Annual Budget Reviews (ABRs). The University Budget Advisory Committee (UBAC), composed of faculty, staff, and students from across the campus, hears proposed budgets, reviews, and provides input before final budgets are allocated by the Chancellor to the Colleges (http://www.uccs.edu/vcaf/university-budget-advisory-committee-%28ubac%29.html)

A review of the College's total revenues from all sources in the past four fiscal years is found in Table II-A.1. The complete documents are found in Exhibit II-1. General funds are state appropriation and allocations received by the College through the campus. Auxiliary funds

include faculty practice and contracts for professional services and extended studies (distance education and continuing education/professional development) revenues. The University of Colorado Foundation receives gift funds on behalf of the College. These revenues do not reflect current fund balances.

Table II-A.1 Beth-El College of Nursing and Health Sciences Revenues

Funding Stream	FY 2010/2011	FY 2011/2012	FY 2012/2013	FY 2013/2014
General Fund (Final Budget)	3,142,527	3,607,421	4,023,598	5,165,721
Auxiliary Fund	1,152,606	1,311,171	1,270,236	1,297,752
University Gift Fund	1,050	2,000	869,120	112,932
Grants and Contracts	322,604	1,194,287	1,024,492	769,495
CU Foundation Gifts	77,874	93,882	152,545	31,470
TOTAL	**4,696,661**	**6,208,761**	**7,339,991**	**7,377,370**

Budget Support of Program's Mission, Goals, and Expected Student and Faculty Outcomes

As with many colleges and universities across the country, there have been many years of budgetary challenges within Colorado. The fiscal health of the College has continued to improve since the last review in 2010 despite the nationwide economic downturn that has impacted the University of Colorado system, as well as the UCCS campus. This campus has had a long history of conservative fiscal management that has served it well. The fiscal environment has presented challenges for the College to minimize tuition rate increases for students, fund faculty compensation at a competitive level, meet the rising cost of education, and to increase alternative sources of funding. Tuition increases for students have increased annually over the last 3 years across all program levels (see Table II-A.2). This is a direct result of low levels of state funding for higher education. The current level of state appropriation for UCCS is approximately 9.7% of the budget. According to the State Higher Education Finance Report (FY 2012), Colorado ranks 48th in the nation for higher education funding support from the state legislature. Despite the lack of state funding for higher education, there is ongoing work by the University of Colorado Foundation, the Associate Director of Development assigned to the College, and the Dean to increase financial aid and scholarship opportunities for students in all programs. The College also hired a Student Engagement and Scholarship Coordinator to work at increasing scholarships for all students in all programs.

Table II-A.2 Tuition Increases Beth-El College of Nursing and Health Sciences

Student Level	Fiscal Year 2012-13			Fiscal Year 2013-14			Fiscal Year 2014-15		
	Resident	Non-Res.	WUE[2]	Resident	Non-Res.	WUE[2]	Resident	Non-Res.	WUE[2]
UG – Lower division	4.9%	3.0%	3.9%	6.0%	4.0%	5.4%	3.2%	Linear avg 4.0%	6.1%
UG-Upper division	5.0%	3.0%	4.2%	5.9%	4.1%	5.5%	3.4%	Linear avg 4.0%	5.5%
Grad.	6.0%	3.0%	n/a	6.0%	4.0%	n/a	3.5%	Linear avg 4.0%	n/a

(1) Undergraduate rates are student share only so do NOT include COF[3] (College Opportunity Fund)
(2) WUE-Western Undergraduate Exchange students pay 150% of resident rate plus COF[3] and only Health Sciences are eligible
(3) COF Stipend per credit hour: 2012-13=$62.00; 2013-14=$64.00; 2014-15=$75.00

Beth-El Student Scholarships

The College has been fortunate to have significant funds available for student scholarships, assistantships and, in the past, advanced education nursing traineeships funds for graduate nursing students. With the recent changes to the advanced education nursing traineeship grant process it has become increasingly difficult for a college of our size to secure this type of funding and our students have had to rely on other sources to help offset tuition costs. There are at least 10 different scholarships that graduate nursing students can apply to, and the College is working to increase support for our students (http://www.uccs.edu/finaid/types/scholarships/scholsearch.html?c4). In October 2013, Renee Rudolph – Student Engagement and Scholarship Coordinator, was hired to help monitor, administer and increase the number of scholarships that are available to Beth-El students. We also have a CU Foundation Associate Director of Development, Ella Fahrlander, assigned solely to our college to enhance efforts to increase scholarship support for our students. For the 2013-14 academic year, over $200,000 in scholarships will be awarded to our students. Exhibit II-2 in the CCNE Room provides a list of currently funded student scholarships.

Faculty Salaries

Maintaining competitive faculty compensation as the fiscal picture has changed rapidly nationally, and within the State of Colorado, continues to be a significant challenge. During the last site visit, salaries were less than the tenth percentile. While not yet at the AACN 50th percentile (2013-2014), the college has made considerable progress (see Table II-A.3).

Table II-A.3 – Salary Comparison with AACN Table 14- Faculty With Graduate Faculty Appointments at Beth-El

Rank	Min	Max	Mean	SD	Median	25%	50%	75%
Professor	48,000	205,445	109,543	29,539	101,390	90,325	101,390	124,491
Beth-El Prof (1)	82,207	82,207	82,207	-	82,207			
Associate Professor	30,706	153,082	85,146	14,626	83,270	75,386	83,270	92,925
Beth-El Associate Prof (4)	77,150	83,000	80,085	2,070	78,568			
Assistant Professor	30,000	180,000	75,207	12,352	74,874	67,956	74,874	81,069
Beth-El Asst. Prof (4)	74,800	76,345	75,321	714	74,832			
Instructor	34,707	100,008	64,392	12,647	61,384	58,951	61,384	69,696
Beth-El Instructor (1)	66,000	66,000	66,000	-	66,000			

Beth-El Percentiles: Professor–22.75; Associate Professor–47.18; Assistant Professor–49.97; Instructor-71.02

The University of Colorado Colorado Springs is in the southern part of the state where per capita income is approximately twenty-five percent less than in the northern part of the state. The College's excellent reputation for high quality educational programs, opportunities for practice and research, and excellent graduates have continued to draw qualified faculty to the College. The campus also has an excellent reputation for excellence in education, innovation,

and a high quality of life in the city and surrounding area. The establishment of the College's first endowed professorship, the Dr. Carole Schoffstall Endowment, has provided support to the research mission of the college, as well.

Sufficiency of Physical Resources

Beth-El College of Nursing and Health Sciences is housed in University Hall on the eastern portion of the campus. The building was acquired by the University to specifically house the College. Nursing moved into the building in 2003. It is a multi-level structure that provides 42,614 square feet for the nursing education programs. Additional space is allocated to the Health Sciences programs. The physical plant provides offices, classroom spaces (including smart classrooms), clinical learning laboratory space, a simulation lab, computer lab, and conference rooms. The building is networked electronically with the rest of the campus and provides wireless computer access to faculty, staff, and students. There are also areas equipped with tables, chairs, kitchen space, and other furniture to promote the community of students, faculty, and staff. The current physical resources are sufficient to fulfill the mission, goals, and outcomes of the programs. The College has access to 5 clinical research offices, UCCS Health Circle Clinics: Primary Care Clinic, Center for Active Living, and Peak Nutrition in the Lane Center for Academic Health Sciences (http://www.uccs.edu/~healthcircle/) and a work area for nursing students who are doing clinical research.

The Department Chairs, the Associate Dean and the Dean conduct an annual review of the physical space and uses within the college. General areas within the college are allocated to departments and functions to facilitate programmatic outcomes and workflow. Moves are made and needed construction projects are identified and implemented to better meet the needs of students and faculty. Since 2010, the college has made the following changes to better use the space within the building: secured funding to design and implement a new Clinical Simulation Learning Center, new office space, and other lab space for Health Sciences faculty. Further, plans for renovating shared student spaces has begun.

In February 2014, the Lane Center for Academic Health Sciences was opened on the campus. The four-story, 54,000 square foot building demonstrates the integration of theory, research and practice from an interprofessional perspective. Both nursing and health sciences faculty from Beth-El were engaged in the planning and design of this building. The Lane Center is the first of several buildings to be included in the designated Health and Wellness Village on the campus. Included in the Lane Center are: UCCS HealthCircle Clinics – Primary Care Clinic, Peak Nutrition Clinic, Center for Active Living, Center on Aging, and Veteran's Health and Trauma Clinic. Beth-El operates the Primary Care Clinic, Peak Nutrition Clinic, and Center for Active Living. Also in the building are spaces for clinical research, the new branch campus for the University of Colorado School of Medicine (first and only branch campus in the state), a branch of the Peak Vista Community Health Center (FQHC), and the CU Gerontology Center. These practices from a variety of health professions disciplines are presenting new opportunities for interprofessional practice, health care innovation, and translational research. The following is a link to the UCCS HealthCircle: http://www.uccs.edu/~healthcircle/.

With the addition of the UCCS HealthCircle Clinics at Lane Center for Academic Health Sciences (March, 2014), an additional inter-professional faculty practice site has been added to existing sites. These faculty practice sites provide opportunities for University-based faculty practice to supplement income and to develop and maintain clinical scholarship, provide clinical sites for graduate nursing students, as well as opportunities for clinical research.

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:

The University of Colorado Colorado Springs is categorized as a Master's Large Institution by the Carnegie classification. The campus is regionally accredited by the North Central Association of the Higher Learning Commission and had a full evaluation in 2006. The next accreditation visit for the University is scheduled for 2016 (http://www.uccs.edu/ir/standard-reports/accreditation.html). As a fully accredited institution, UCCS has a complete range of academic support services to meet the needs of students and achieve the missions and outcomes of the University. These support services undergo regular review, evaluation, and revision. Academic support services are described in this document.

Library Staffing and Facilities

The Kraemer Family Library (KFL) http://www.uccs.edu/~library/ located in the El Pomar Center serves the faculty, staff, and students of the University of Colorado Colorado Springs. In FY 2014, the Library's staff grew to 29.2 FTE that includes 10.5 professional librarians with advanced degrees, 3 professional exempt University Staff, 8.5 classified staff positions, and 32 student employees who contributed 7.2 FTE to serve the UCCS campus community. Two new faculty librarian lines will be added in FY 2015 (starting July 1, 2014) to handle the Library's increased need for library systems and instructional support. During regular semesters, the Library is open 101.5 hours a week with reference assistance available 74.5 hours a week.

As of June 30, 2013, KFL's collections consisted of 421,657 book and serial volumes; 451,925 microforms; 12,744 audio/visual items; 11,651 maps; 81,405 ebooks (includes titles available for patron-driven selection); over 18,600 streaming videos (including the addition of the Nursing Video Collection from Films on Demand in FY 2014); over 300 current journals in print; and over 35,000 full-text online journals.

Library Services

KFL offers a wide range of services to all UCCS faculty and students such as reference assistance (reference desk, email, telephone, chat, SMS); online one-on-one library resources instruction sessions; interlibrary loan through the ILLiad system that accommodates electronic delivery of articles; print and electronic course reserves; on-campus and remote access to the library's catalog; and 24/7 VPN remote (off-campus) access to all of KFL's electronic resources including indexes, databases, online journals, ebooks, and streaming video and audio recordings.

One KFL librarian, Mary Beth Chambers, serves as the liaison to the Beth-El College of Nursing and Health Sciences and works with the faculty on matters related to resource and collection needs, library instruction, and research assistance. Nursing students are encouraged to seek help from their liaison librarian as needed to complete their research assignments. While the liaison is responsible for materials selection, Nursing Department faculty members are encouraged to work with their liaison to identify relevant items or resources for the Library to acquire.

The Library uses open link resolver software from Serials Solutions to provide an A-Z listing of journal titles available electronically at KFL. In addition to the journal search feature, the Library also uses Serials Solutions' article linking software that allows library users to *search for the full-text of articles cited in one database that may be available in another* of KFL's databases or journal packages.

Library Expenditures

Table II-B.1 Library Materials Expenditures (General Funds)

	FY 2011-2012	FY 2012-2013	FY 2013-2014
Books & Media	$307,400	$314,029	$317,381
Reference Books	$ 26,361	$ 24,580	$ 23,500
Serials (print & microform)	$114,356	$114,677	$113,377
Electronic Resources	$657,407	$692,663	$796,282
Other (Interlibrary Loan, Binding, Tech Fees)	$8,903	$9,186	$ 40,000
Total[4]	$1,114,427	$1,155,135	$1,290,540

Table II-B.2 Other Funds (Gifts, ICR)

	FY 2011-2012	FY 2012-2013	FY 2013-2014
Books & Media	$142,185	$ 16,215	$ 4,968
Serials (print & microform)	$ 395	$ 0	$ 0
Electronic Resources	$342,519	$422,304	$318,406
Total[4]	$485,099	$438,519	$323,374

Table II-B.3 Library Expenditures for Beth-El College of Nursing & Health Sciences

	FY 2011-2012	FY 2012-2013	FY 2013-2014
Books & Media	$21,445	$22,034	$23,433
Serials (print)[1]	$ 4,333	$ 5,133	$ 6,334
Electronic Resources[2]	$23,362	$29,291	$31,398
Other Funds[3] (ICR, Kraemer Gift, Extended Studies Fees)	$ 1,292	$ 763	$ 3,825
Total[4]	$50,432	$57,221	$64,990

[1] Today KFL acquires Nursing and Health Sciences journals through online packages available from various publishers/vendors such as Elsevier (ScienceDirect), Sage, Wiley, and LWW (via Ovid, Wolters Kluwer). These packages contain titles in a wide range of subjects. Specific budget dollars are not devoted to any one subject.

[2] Electronic resources include CINAHL, Cochrane Library, Medline, Informa Healthcare journals, Ovid, Natural Standard, and Natural Medicine Comprehensive and HAPI as well as the Films on Demand Nursing Collection and Global Health added FY14.

3. ICR funding availability varies according to grant dollars awarded to Beth-El faculty in any given year.

4. Calculation for materials expenditures was changed from amount allocated to actual spent beginning FY2012-13.

The Library treats Nursing and Health Sciences expenditures collectively

Distance Education

Distance education support is essential to the operation of our programs. In fall 2009, the campus made a decision to move to a single distance education platform, Blackboard™ (Bb) and has been using it successfully to deliver content since. The College's IT support staff, the UCCS IT Department as well as the Faculty Resource Center (FRC) provide solutions to both faculty and students who are engaged in distance education. Learning management systems are under the Information Technology Services for the campus (http://www.uccs.edu/it/learning-management-systems.html).

The College uses many different kinds of distance technologies including: on-line education via Blackboard™(Bb), pod casting, video streaming, instant messaging, Skype™, Virtual Care Works®, AdobeConnect®, CISCO Systems, Inc. - TelePresence™ and television. Many of these technologies are used each semester to deliver content to students in both asynchronous and synchronous formats in an effort to enhance the learning environment.

Information Technology

The IT department at UCCS is the primary resource for all computing services from maintaining secure networks to telecommunication services, IT provides support for all kinds of technology for students, faculty and staff (http://www.uccs.edu/~it/). The IT department provides an IT Helpdesk to assist students, faculty and staff, Monday – Thursday 9am until 6pm and on Fridays from 9am to 5 pm with their technology related questions. Technicians at the help desk can be reached via e-mail or telephone. The IT help desk website has helpful guides, resources, FAQs and links to free software that are available to the UCCS community (http://www.uccs.edu/~helpdesk/). IT is a centralized service to the campus and funding for these services come from annual charges to each college. Students also have access to after-hours IT support directly from Blackboard™.

ITAC, the information technology advisory council, provides guidance for all IT strategic plans at UCCS. Its mission is to meet on a regular basis, analyze, and recommend solutions for IT problems that the University encounters. The committee also serves as a conduit for communication between the ITAC and the UCCS community regarding IT issues. There are representatives from each college, Dean's Council, the Director of IT, Faculty Resource Center, Student Success, Finance and Administration, Student Government, Faculty Assembly, and the community. ITAC reports directly to the Provost (http://www.uccs.edu/itac/index.html).

The College also has two IT support people. William Lord, EdD serves as the Instructional Design and Information Technology Manager for the College and has more than 13 years of experience in the field. Dr. Lord has an EdD in Adult and Community College Education: Training and Development, Communication, and a Masters of Arts in Educational Media and Instructional Technology with an emphasis in Web Based Distance Learning. His main objective is to provide support to college faculty and students who have questions about Blackboard™ and to educate faculty about ways to enhance online teaching strategies. Adam Greenbrier, an IT technician, provides support to faculty and staff on both hardware and software issues.

Faculty Resource Center

Founded as the Teaching Technology Center in 1998, the Teaching and Learning Center has been in existence to support faculty pedagogy in all forms. In August of 2012, the Teaching Technology Center changed its name to the Faculty Resource Center (FRC) and increased the number of staff from 2 FTEs to 5 FTEs and 2 student assistants (http://www.uccs.edu/~frc/) in an effort to offer more support to faculty teaching in the classroom and online. The mission of the FRC is to "provide faculty with the instructional resources and support to explore and implement innovative teaching practices. The Center provides consultation, programs, training, and support." The FRC is a faculty-focused, collaborative endeavor to promote effective teaching, with special emphasis on technology-enhanced, hybrid, and online courses. The Center supports new ways of teaching and learning, including creative approaches to faculty-student engagement, course design and implementation, and the seamless integration of technology into the academic environment.

> *Goal One: Ensure faculty are supported and prepared to teach high-quality courses in traditional, hybrid and online courses.*
>
> *Goal Two: Provide support and resources that enable faculty to use the technology in the classroom and to teach hybrid or online courses.*
>
> *Goal Three: Foster interactions among the Center, faculty, departments, and colleges.*
>
> *Goal Four: Make the Center an effective organization by focusing on quality service and resources that meet faculty needs and expectations.*

The FRC has been at the forefront of increasing the visibility of teaching on campus with its open classroom series, luncheons in honor of Best Practices, a Teaching Online Certificate Program, and Teaching with Technology award winners. FRC's website provides a plethora of information regarding excellence in teaching and learning, including: Blackboard™ Bootcamp – training sessions for all faculty; technology support for lecture capture using Mediasite™, Camtasia™, and Screenflow™; media format changes, such as VCR to DVD; and teaching resources for all faculty, best practices links, information on use of copyrighted materials and numerous online teaching videos, handouts and webinars. In collaboration with other campus units, the FRC has sponsored and funded campus forums on instructional technology, campus culture, academic honesty, copyright issues and information literacy. For tenure-track faculty, the FRC has workshops on teaching portfolios, teaching with technology, and best pedagogical practices. The center has provided special programming for new and non-tenure-track faculty such as orientations, small workshops, group training, and extended hours for walk-in assistance.

The director at the FRC participates in system-wide committees to share ideas about innovation in teaching with peers on other campuses. These contacts include the Committee for the Advancement of Learning Innovations; the Learning, Educational Technology, Teaching, and Scholarship (LETTS) Committee; and the President's Teaching and Learning Collaborative.

The FRC is available to all faculty members at UCCS and provides excellent resources to improve teaching skills. Their mission and goals contribute directly to the mission of the College and the campus that relates to providing excellence in teaching, learning and scholarship.

Research and Innovation Support

The University of Colorado Colorado Springs aims to become the #1 comprehensive regional research university in the nation with 10,000-12,000 students. This goal is fueled by the University of Colorado Colorado Springs status as one of the fastest-growing universities in Colorado and in the nation. During the past decade, UCCS has experienced tremendous growth

in enrollment, course offerings, and campus facilities. Since 2010 the average extramural funding for the University has been about 8.2 million, with a high of greater than 12 million in FY2012. Sources of this funding vary with 36% coming from federal sources, 28% from state and local contributors, 17% from universities, 12% from industry and only 7% from foundations/associations. In addition to the increase in funding, the number of funded investigators reached its peak in FY 2012 with nearly 100 faculty members who were at least partly funded through extramural funding. The expanded research efforts are not supplanting the commitment to educating undergraduate and graduate students, but are "invigorating teaching and creating links between theory and practice to allow the students, and those beyond the University's walls, to understand the world around them in a broader context" (Office of Research).

The University supports the research mission through the Office of Research (http://www.uccs.edu/~research/index.html). An example of this is through seed grants that provide up to $7,500 to eligible full-time tenured and tenure-track faculty. The objectives of this program include the promotion of research excellence; to assist more junior tenure-track faculty to establish their research program; and to provide seed money to enable faculty to secure external funds. The office of Research also sponsors workshops; most recently a four-part series of workshops that focused on statistics was offered and a new program that provides free statistics consulting is now available once a week for UCCS researchers. Finally, within the Office of Research, the Faculty Research Council provides a venue for faculty to discuss common concerns related to research at the University level and provide recommendations to improve research support to the Provost.

The Office of Sponsored Programs and Research Integrity (http://www.uccs.edu/~osp) provides support to faculty who are engaged in research across the campus.   The OSP also has a well-designed website that provides all types of information, forms, handbooks and policies and procedures, the Office of Sponsored Programs (OSP) is able to meet the needs of the research faculty at UCCS. The OSP works directly with research faculty to assist them in finding funding, sponsors grant writing workshops and provides monetary incentives for faculty to submit grants to funding agencies, helps to ensure that compliance issues are being met, and provides excellent resources for the entire research community at the University.

At Beth-El College of Nursing and Health Sciences there is an Associate Dean for Research who works to facilitate the development of the research mission and outcomes within the College. Dr. Deborah Kenny assumed the role of the Associate Dean for Research in January 2010 and is a resource for the research faculty within the college.

Student Admissions

The process of admitting graduate students to our MSN and DNP programs has been improved over the past year. The Admissions and Records Department (A&R) has assigned a new support person to work with our department to track applications and ascertain their completeness prior to review. At the recommendation of AACN, our department is now using NursingCAS®, the centralized nursing college application process, to manage applications. We anticipate having NursingCAS® fully implemented for admissions in Spring 2015. The UCCS Graduate School (http://www.uccs.edu/~graduateschool/)also supports the department admissions processes.

Student Advising

Academic advising is done by both the program assistant and the faculty. Diane Busch, program assistant for graduate nursing faculty and students provides advising for Masters and DNP students related to degree plans, the requirements of the programs, and provides general

guidance for students based on the current Graduate School Handbook (available at http://www.uccs.edu/Documents/bethel/Handbooks/GRAD_NSG/GradNsgHandbook-04082014.pdf).

Graduate faculty provide career-oriented advising and assist with issues that affect progression for MS and DNP students through telephone or Skype® meetings. Questions are also posed and answered via email. Occasionally, students require a leave of absence (LOA) in order to work through personal or family crises. Policies support students to take a LOA of up to 3 consecutive semesters by allowing them to re-enter the program. The policy is available in the Graduate Student Handbook (http://www.uccs.edu/Documents/bethel/Handbooks/GRAD_NSG/GradNsgHandbook-04082014.pdf). The option coordinator and/or department chair discuss the impact of a LOA on the student's future degree plan. In addition, through faculty advising and career guidance, students may elect to change NP options in order to meet revised career goals. This decision requires Department Chair permission.

Other Resources

Graduate School

The Graduate School (http://www.uccs.edu/~gradschl/) promotes excellence in graduate education and experiences for all graduate students attending UCCS. The Dean of the Graduate School, Dr. Kelli Klebe, has worked to increase the number of services and scholarships that the Graduate School provides graduate students. While some of these services are specifically for students who are on campus, there are several resources that all students can use by accessing the graduate school website and/or clicking on direct links provided in the Blackboard™ courses. The Graduate School has been supportive in the transition from the old process for student admission to NursingCAS.

The Nursing Department, as part of the UCCS Graduate School, provides input into UCCS Graduate School decisions. The Department Chair serves on the Graduate Executive Committee, a campus wide committee that approves new programs, creates policies and procedures for the Graduate School and on occasion even serves to adjudicate student complaints brought to the Graduate School. As a member of the Graduate School there are specific policies and procedures that each college must follow. The policies and procedures are outlined on the Graduate School website at: http://www.uccs.edu/graduateschool/current-students/policies-and-procedures.html.

Office of Veteran and Military Student Affairs

Active duty military personnel, reservists, and veterans are all welcomed to UCCS and the College. Colorado Springs enjoys heavy representation in its population from both the U.S. Army and the U.S. Air Force. Each course syllabus addresses questions often asked by these students. The College has three nursing faculty who are retired from the military.

The Office of Veteran and Military Student Affairs (OVMSA) is an important UCCS resource since members of the military and military families are such an important group in the communities of interest for UCCS. The OVMSA is responsible for providing students with information regarding education benefits programs, assisting in the processing of benefits and reporting of data to the federal government. In addition, the OVMSA assists veterans, active duty, military families and others eligible for Department of Veterans Affairs education benefits and tuition assistance (http://www.uccs.edu/~military/).

The Career Center

The Career Center at UCCS provides resources to full time, degree-seeking students and alumni to help them plan, prepare and promote their careers. The Center partners with local and national employers and advertises a variety of internships and jobs to qualified applicants. Virtual consults are available to students and alumni at no cost and the Career Center has numerous resources to help conduct an effective job search or career change (http://www.uccs.edu/career/about-us.html).

The Writing Center

The Writing Center is staffed by UCCS undergrad and graduate students who have been trained to provide effective peer feedback. The Center offers one-on-one consultations and online consulting and will help with the following: paper ideas, organizing and structuring a paper, sentence construction, making cogent arguments, review of evidence and analysis, and APA formatting. Both students and faculty have noted improvement in papers after a visit to the Writing Center. This is a resource that is widely recommended for those students who need help with writing (http://www.uccs.edu/~writingcenter/).

UCCS Disability Services

UCCS takes great pride in the academic and personal achievements of its many students and alumni with disabilities. The mission of Disability Services is to provide students with disabilities skills, reasonable accommodations and support services to participate fully in the academic environment and opportunities available at UCCS. In addition, Disability Services promotes accessibility to all UCCS buildings, programs, and activities. Students are expected to utilize the resource of Disability Services to the degree they determine necessary (http://www.uccs.edu/~dservice/).

Student Health Center

UCCS developed a Student Health Center (SHC) in 1996 in conjunction with the initiation of on-campus housing. To guide it in this endeavor, the University sought help from Beth-El College of Nursing (prior to Beth-El merging with UCCS) and Memorial Hospital Central, now part of University of Colorado Health. Memorial staff helped design a framework for the Health Center and supported it until 1999 when the campus was sufficiently equipped to maintain the Center on its own.

The current SHC is designed to accommodate all students. The Center is staffed by a full-time nurse practitioner (who also serves as the director), a part-time family physician who acts as the medical director, and part-time nurse practitioners. Most patients can be seen by a health care professional the same day for an illness or injury.

The Center strives to create the best learning environment possible by accepting both undergraduate and graduate nursing and health science students into the SHC for clinical learning opportunities. All staff welcome the opportunity to help guide students through their educational experiences. The Center's goal is to have a strong relationship with the College and offer teaching opportunities to students in health disciplines. There are also nursing faculty currently practicing in the SHC (http://www.uccs.edu/~shc/).

University Counseling Center

The University Counseling Center (UCC) makes services available to UCCS students to help them reach their highest academic and social potentials. The UCC has a full-time staff of four licensed clinical psychologists. The UCC provides individual therapy, couples therapy, family therapy, crisis/emergency interventions, and consultation sessions for concerned friends/roommates/instructors. The services provided help UCCS students achieve their

educational goals, define their career goals, learn more about problem-solving processes, enhance their capacity for satisfying interpersonal relationships, and maximize their capacity for continued emotional growth. (http://www.uccs.edu/~counsel/).

Ombuds Program

The UCCS Ombuds Program offers students and employees informal assistance in resolving disputes in a neutral environment where they can openly discuss issues without having those concerns shared without their consent (http://www.uccs.edu/~ombuds/).

Diversity and Inclusiveness

UCCS has an Office of Diversity and an Associate Vice Chancellor for Diversity, Dr. Kee Warner. The University is charged with providing opportunities for higher education to the general public and with offering the fruits of knowledge, research and cultural development for the betterment of the broader public good. To truly serve the public, the University must be inclusive of everyone, regardless of ethnicity, race, gender, age, social class, gender identity and expression, abilities, religious values, political viewpoints, national origin, military status, to name some of the social and cultural differences that can create barriers. The principle of diversity advocates a university that is inclusive of all while overcoming the legacies of exclusion (http://www.uccs.edu/~diversity/).

Review Process of Support Services

Academic support services are reviewed annually and more often when the need arises. When the projected annual budget is being created for the next year, the Dean of the College works with the Department Chairs to review and define academic support priorities for the College. The Department Chairs in turn meet with faculty both formally and informally to discuss any concerns related to academic support within the department.

Throughout the academic year, typically one to two times a month, the Administrative Council, made up of the Dean, the Associate Dean for Academics and Operations, the Associate Dean for Research, the Department Chairs, the Director of Extended Studies, the College Assembly President, and a staff representative, meet and address pressing issues related to the support of the academic mission of the College. This ensures that any serious problems can be managed in a timely manner and that there is a representative voice from different areas of the College.

Another way that academic support services are evaluated and reappropriated or enhanced is through proposals that come from the Department Chair directly to the Dean. This is typically done when the issue directly affects the Department and not the College as a whole and occurs when the need is identified. An example of this process within the Nursing Department is that a need was identified by the NP Practicum Coordinator, Dr. Carole Traylor and the Department Chair, related to the increasing numbers of students in the practicum setting and the expanding workload for the faculty and staff. A proposal was created to hire a Clinical Support Assistant to assist Dr. Traylor with her clinical-related workload. In March 2014, Ms. Denise Ostovich was hired to assist in coordinating practicum site visitors, student and site evaluations, and tracking of required health documents in the Medatrax, Inc. software system.

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:

Beth-El College of Nursing and Health Sciences is administered by Nancy Smith, PhD, APN, FAANP, Dean and Professor. Dean Smith was appointed in August 2008. The prior dean had tenure of seventeen years and transitioned the college from a freestanding, regionally accredited college of nursing to merging with the University of Colorado Colorado Springs in 1997.

Dean Nancy Smith meets CCNE's criteria for the chief nurse administrator of the nursing education programs. Licensed in Colorado as an advanced practice nurse Dr. Smith holds a graduate degree in nursing from California State University at Long Beach, a graduate degree in business (health administration) from the Graduate School of Business Administration at the University of Colorado at Denver, and a doctoral degree in public administration with emphasis in public and health policy from the Graduate School of Public Affairs also at the University of Colorado at Denver. She also holds a lifetime standard designated subjects teaching credential in nursing education from University of California at Los Angeles.

As an officer of the University, Dean Smith is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes. Article 4 Organization of Academic Units of the Regent's Laws in section 4.A.2. outlines the roles and responsibilities of Deans (http://www.cu.edu/regents/laws-and-policies/regent-laws/article-4-organization-academic-units).

Dean Smith is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes. She has thirty-five years of experience in higher education at the baccalaureate, master's, and doctoral levels. Academic appointments have included the following institutions: California State University at Long Beach, University of Colorado Health Sciences Center (now University of Colorado Denver Anschutz Medical Campus), University of Hawai'i at Manoa, and the University of Colorado Colorado Springs. Positions have included faculty roles, program administration and management, and administration including associate dean and dean positions (See Exhibit II-C Dean's CV in CCNE resource room). The Dean's position is an officer of the University with authority relative to budgetary, decision-making, and evaluation authority similar to deans in other University

colleges and is vested with the administrative authority to accomplish the mission, goals, student and faculty outcomes.

Dean Smith has also practiced in regulation of nursing practice working as the executive officer of the Colorado State Board of Nursing from 2003-2005 and was accepted into the Institute of Regulatory Excellence Fellowship Program at the National Council of State Boards of Nursing. She is perceived by a broad community of interest as a nursing leader. The National Organization of Nurse Practitioner Faculties named her as a National Outstanding Nurse Practitioner Educator in 2001. She has earned college-based teaching awards and was elected as a Fellow in the American Academy of Nurse Practitioners in 2001. Dean Smith was recognized by Lt. Governor Maize Hirono from the State of Hawai'i "for outstanding contributions to students and to the health of the people of Hawai'i." Currently, she serves on two Colorado-based boards: Colorado Center for Nursing Excellence Advisory Board and the Community Health Partnership Governing Board. The Community Health Partnership is a coalition of health care providers who are working to improve the health of the community and also serves as the administrator for RCCO 7 (http://www.ppchp.org/). She has also participated in faculty practice program development and administration and practiced as an adult nurse practitioner for nearly twenty years. Dean Smith also has a significant record of scholarship, publication, and funded projects that provide examples of professional leadership.

The nursing programmatic advisory board, known as the Strategic Nursing Advisory Board, provides guidance and feedback to the Dean on the structure and functions of the nursing programs. Nursing leaders from the community and graduates from the program comprise membership on this board (See Exhibit II-4 Strategic Nursing Advisory Board).

Beth-El College of Nursing and Health Sciences practices a shared governance model that was implemented in the 2009-2010 academic year and revised in 2014. The by-laws are being evaluated and any redundant faculty committees eliminated (See College Assembly By-Laws – Resource I-D.1). Dean Smith, the College Assembly President, Dr. Katherine Blair and the faculty members collaborate on College Assembly agendas and decisions to accomplish the mission, goals, and implementation plans of the College.

Dean Smith has developed an organizational structure that is consistent with the mission and goals of the College (See Organizational Diagram - Appendix II-C.1). Broadly organized under two areas: 1) Academics and Operations and 2) Research; there are associate deans in each of these areas. Dr. Deborah Kenny is Associate Dean for Research and is also serving as the Interim Associate Dean for Academics and Operations after the resignation of the prior associate dean in summer 2014. As Associate Dean for Research, Dr. Kenny provides support for the development, administration, and management of faculty grants and contracts. This office helps to facilitate the research mission of the University and the College and provides support and accountability for this mission.

The department chair for nursing is Dr. Amy Silva-Smith. In a college that houses multiple disciplines, the nursing department chair is accountable for administration of the nursing education programs. Along with the dean and associate dean, this structure addresses the state regulations for nursing education including CRS §12-38-101-301 and Chapter II – Rules and Regulations for Approval of Nursing Education Programs (see Exhibit II-4 in the CCNE 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:

The mix of full-time, part-time, tenured, tenure-track, clinical teaching track, research track, and non-tenure track faculty is sufficient to carry out the mission and goals of the College and to meet expected faculty and student outcomes. In August 2014, the previously separate undergraduate and graduate departments merged into one unified nursing department. The organizational structure of the department was changed to provide opportunities for faculty to teach across programs and to collaborate on admissions, progressions, and curricular issues that have relevance across programs and that impact other programs. The structure includes one department chair, option coordinators, and committees with representation from all programs. This has enhanced communication significantly.

The graduate nursing program consists of a Masters in Nursing Education, of which there are typically 6-8 students admitted each year. The NP options (Family and Adult/Gerontological) admitted 70 students in both the 2012 and 2013 academic years, 35 in the spring and 35 in the fall. In the postmasters DNP program, approximately 15 students are admitted once a year in the fall.

The majority of the faculty members, including tenure-track and clinical track, teach 15 credits total in the spring and fall semesters, unless they have offloads for administration, research, or other service activities. Most NP courses have 30 to 40 students (2 sections) at any given time

and DNP courses are usually 8-15 students. The faculty teaching courses with more than 25 students receives credit for two sections of the course.

The Graduate Nursing regular faculty appointments are listed in Appendix II-D.1, along with rank, academic and clinical credentials, certification, and primary areas of responsibility. Nursing faculty members are academically and experientially prepared for teaching assignments. The majority of the faculty in the graduate nursing department are prepared at the doctoral level and many continue to practice on a regular basis. All faculty hold unencumbered licenses as registered nurses in the State of Colorado. Advanced practice faculty members are nationally board-certified and work and teach students in the same population-focused area of practice as their certification. The majority of the advanced practice faculty members continue to practice on a regular basis in order to maintain their national certification and expertise. All faculty who teach clinical courses are currently certified APRNs in the specialty in which they teach. Continuing education is required for national board recertification, which supports faculty's ability to keep curriculum up-to-date. Individual current faculty CVs are available for site visitor review (Exhibit II-6 in CCNE resource room).

Full-time tenured, tenure-track, or clinical track professorial faculty teach 15 credits per academic year on a 9-month contract. Instructors teach 24 credits on a 9-month contract. Summer teaching is a separate contract for each faculty member.

Per Regent policy, tenured or tenure-track faculty workload distribution is 40% teaching, 40% research, and 20% service. Clinical track faculty workload distribution is 40% teaching, 20% scholarship, 20% clinical practice, and 20% service. Table II-D.1 below reflects regular faculty appointments for the nursing department for the academic years indicated.

Table II-D.1 Nursing Faculty Profile

	AY 2013-2014	*AY 2014-2015*
Headcount/FTE		
Full-Time (includes Deans, Chair)	10	12
Part-Time	2	5
FTE	11.2	11.4
Rank		
Professor	2*	2
Associate Professor	3	6
Assistant Professor	4	4
Senior Instructor	1	1
Instructor	0	4
Track		
Tenured	4*	6
Tenure Track	1	0
Clinical Teaching Track	4	5

Research Track	0	0
Non-Tenure Track	1	3
Adjunct	1	3
Highest Degree		
Doctoral	11	15
Master's	0	2
Baccalaureate	0	0
Total Faculty	11	17

*Includes the Dean

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:

The Masters' and BSN-DNP students within the graduate nursing department are required to do practicum in the clinical setting or a higher education teaching setting. Faculty practice sites are available for practicum students and also support the faculty in maintaining national board certification. Table II-E.1 shows three of our current faculty practice sites.

Table IIE.1 College Faculty Practice Exemplars

Practice Site	Type of Practice
City of Colorado Springs Clinic	Employee health, wellness and health promotion, episodic care, management of chronic illness
UCCS Student Health Center	Student health, episodic care, management of chronic illness, wellness and health promotion
UCCS Health Circle Clinics	Interprofessional practice that incorporates the expertise of nurse practitioners, dietitians, psychologists and physical activity experts in 4 clinics (Peak Nutrition, Primary Care, Center for Active Living, Veteran's Health and Trauma) to provide primary care, mental and behavioral health, health promotion and wellness services to University employees and clients from the Colorado Springs community

The department relies on preceptors to provide student clinical/educational experience while the faculty delivers the didactic content. The role of preceptors for masters NP students is delineated in the Preceptor Handbook, which will be available in the CCNE resource room. This handbook is available to current preceptors to use as reference and to guide the preceptor with respect to teaching, supervision and student evaluation. The handbook provides the preceptor with information on the expectations for the preceptor and the student at various levels within the program. Preceptors are encouraged to contact lead practicum faculty with questions or concerns. Frequently asked questions have been addressed in this handbook.

In 2012 select courses started to use Medatrax™, an online resource to track clinical practicum hours, a database for preceptor information and repository for practicum evaluation tools. By 2014, all the practicum courses within the MSN APRN options were using Medatrax™ to track student practicum experiences. This tool provides a single site to access and analyze individual and aggregate information related to experiential learning within the department. A significant advantage of this system is the electronic format and the ease of access and retrieval of information.

The practicum experiences have been designed to meet the objectives, goals and outcomes for each course and the program. In the Master's and BSN-DNP programs, there are several courses that have a practicum component: Advanced Health Assessment (NURS 6730), Primary Care of Acute Disease (NURS 6910), Primary Care of Chronic Disease (NURS 6920), Primary Care of Pediatrics (NURS 6900) and Synthesis Practicum (NURS 6980). When a student is in one of these courses, the practicum location and experience is selected by the student and approved by the practicum coordinator and course faculty to ensure that there is congruence between the proposed practicum site and the objectives for each course. In the Masters of Nursing Education program (NURS 7720), the faculty work with the student to choose an educational experience that will meet the objectives and outcomes for the nursing education option as well as the graduate program's expected outcomes. The Clinical Practicum Assistant keeps each preceptor's curriculum vita and current license documentation in a database. These documents are reviewed to ascertain that our preceptors have achieved the necessary level of education and certification to serve as preceptors for our students.

In the post-master's DNP program, students are already APRNs and are in a clinical residency at their sites of employment to actualize course content and to address the *DNP Essentials*. For some DNP courses, the student may obtain residency hours in other sites such as those relevant to health care policy or business practices. The clinical residency is tracked by the faculty assigned to the course and through discussion and conferencing either online or through telephone contact. Through these clinical residency hours, students often find a clinical expert/mentor/co-advisor for their capstone project.

There is an evaluation process in place for all preceptors in the Masters and DNP programs. Students provide feedback. All students are required to complete a preceptor and site evaluation at the end of their practicum experience. Site visitors for practicum students provide feedback to preceptors, reinforce expectations and report back to the clinical practicum coordinator with any concerns that they may have about the site or preceptor. A similar process happens for distance students in the master's program. Distance site visitors will talk with students and preceptors on the telephone and correspond via e-mail to ensure that there are no issues or concerns with the site, student or preceptor. Faculty are currently piloting the use of Virtual Care Works ® technology to conduct site visits in real time at a distance. DNP faculty at the College are in close communication with the DNP student and the preceptor. All preceptors are required to provide information related to licensure, degree, education, certifications and practice specialty to ensure that they are appropriate mentors for masters and DNP students. This and other demographic information is entered in Medatrax™ or another spreadsheet format and evaluated each semester.

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:

Institutional support

Institutional support is provided to meet expected faculty outcomes through the services and offices described in Key Element II-B above. These services and offices are also supported through the fiscal resources described in Key Element II-A above. At the university level, Intramural grant funding is available through the Committee for Research and Creative Work (CRCW). Grant-writing workshops are provided by the Office of Sponsored Programs and the Institutional Review Board provides online resources for faculty to develop research protocols. Blackboard training and other teaching development resources are available in the Faculty

Resource Center (FRC) as described in II-B. The campus resources provide the faculty with the opportunity to develop in teaching, scholarship and service.

College Support and Resources for Faculty Pedagogy, Research, Practice, and Service

Resources and support within the College assist each faculty member to achieve career goals. These resources, and college leadership, provide and support an environment that encourages ongoing development in the scholarship of teaching, faculty scholarship, clinical practice, and service.

There is a framework surrounding faculty that provides structure to his/her position and professional development. The framework and structure is guided by both the track and rank in

which the faculty member is appointed. When a faculty member is hired into UCCS, the individual position (within professorial ranks) is in one of four tracks: tenure, clinical teaching, clinical, or research. Both the tenure and non-tenure (clinical teaching, clinical, research, and all instructor ranks) tracks have a set of criteria for achievement and success which have been developed within the College and approved through the Office of the Provost (See Exhibits I-3 and I-4). The document and criteria for the achievement of tenure within the College was revised in 2013 and the Non-Tenure Track document was revised in 2014 and is currently under review by the Faculty Affairs Council. These documents provide guidance as to necessary faculty outcomes to achieve retention, promotion, and tenure.

Each new pre-tenured faculty member is assigned a faculty mentor to facilitate and guide the individual faculty member's development. The University Mentoring Program (http://www.uccs.edu/Documents/vcaf/200-017%20Mentoring%20of%20Pre-tenure%20Faculty.pdf), begun in 2008, is an essential component of professional faculty development. Mentors may be either in the College or in another discipline. During 2013-14 when the college had 4 new tenure-track faculty starting their careers at UCCS, the Dean funded a 4-part mentoring series designed to assure success in the tenure process. Programs were presented by current, tenured faculty and attended by new faculty and their mentors.

Each faculty track has general guidance for workload. For example, pre-tenured faculty typically are assigned 40% teaching (15 credits/9-month contract), 40% research/scholarship, and 20% service. Individual faculty workload is determined within the Department and is under the authority of the Department Chair. Department Chairs have considerable flexibility to assist in the achievement of faculty outcomes through individual workload assignments as negotiated through the Faculty Responsibility Statements and the Differentiated Workload Policy. The University of Colorado Administrative Policy Statement on Differentiated Annual Workloads for Faculty (Last reviewed July 1, 2007) found at https://www.cu.edu/policies/aps/academic/1006.html) also provides support and flexibility for the work and evaluation of faculty outcomes. This policy allows for facilitation of achieving the missions of the University and the College, while providing guidance for mentoring of individual faculty. These Faculty Responsibility Statements and an approved differentiated workload become part of the review process.

Faculty Review:

There are two forms of faculty review: 1) annual merit review and 2) reappointment, promotion, and tenure. Annual merit review is done on a calendar year and provides the basis for salary adjustment. Reappointment and promotion review has a separate schedule.

Merit Review: University of Colorado (CU) Rules of the Regents, 1.B.2.c, require annual merit performance evaluations for all faculty members (https://www.cu.edu/regents/Policies/Policy11B.htm). The CU System Administrative Policy Statement on Annual Merit Adjustments for Faculty specifies that, except for faculty who have differentiated workloads, equal consideration must be given to teaching along with research. Faculty members who are non-tenure track, such as instructor level faculty, have workloads that are typically divided between teaching and service. These faculty members may also have a clinical practice component. Faculty on a clinical teaching track or clinical track are often on a differentiated workload and are evaluated in service, teaching, scholarly works and practice.

Reappointment, Promotion, and Tenure Review: There are also University and University of Colorado System policies related to the reappointment, promotion, and tenure process (https://facultyaffairs.colorado.edu/faculty/reappointment-promotion-and-tenure/reappointment-of-tenure-rank-faculty). Instructor and senior instructor ranks are non-tenure track faculty. Clinical teaching track faculty members, also non-tenure track, include: instructors, senior instructors, assistant professors, associate professors and professors. Non-tenure track faculty members have their own document with a unique set of review criteria. This is available for review in Exhibit 1-4.

The Faculty Affairs Council is responsible for oversight of faculty review and evaluation and delegates this charge to appropriate faculty. Faculty members undergoing comprehensive or tenure review are assessed at two levels of review within the College-Primary Unit Committee review and the Dean's Review Committee. Subsequently, the Dean provides a review and recommendation and the faculty member is reviewed by the Vice Chancellor's Review Committee, a campus-level committee.

College Resources to Provide Support:

Resources and support within the College assist each faculty member to achieve career goals. These are provided in addition to resources available at the campus level. Resources are targeted at areas for performance and review including: teaching, research/scholarship, practice, and service. Faculty professional development is provided at both the Department and College level and supported by the Dean.

There are, and have been, significant resources dedicated to faculty professional development. These resources are allocated within the departments and are dedicated to supporting the mission of the college and university. For example:

- Travel support for presentations at national meetings
- Leaves of absence and salary support for research fellowships
- Travel and financial support for leadership development
- Travel and financial support for targeted professional development in specific areas such as: clinical simulation; scholarship of teaching and learning;
- clinical practice; and use of technology
- Travel support for attendance at national meetings such as: AACN's Baccalaureate Education Conference, BONUS Annual Meeting, Doctoral Education Conference, Faculty Development Conference, Faculty Practice Conference, Fall/Spring Annual Meetings, Leadership for Academic Nursing Program, and Master's Education Conference. Other examples of national meetings supported include NONPF, AAN,

AANP, NLN Education Summit, EDUCause, and International Nursing Association for Clinical Simulation and Learning.

There are also resources dedicated to the provision of faculty development internally. Examples of recent faculty development includes speakers on reflective practice and reflective learning, competency-based education, and informatics competencies for nursing. Research development is provided at both the college and department level. The Associate Dean for Research coordinates brown bag discussions and panels to address the faculty's needs for development in grant-writing, publication, and protocol development.

Practice is one area in which faculty may be required or choose to participate. The College has faculty practices and also contracts for professional services in order that faculty may develop, maintain, and demonstrate clinical practice skills and engage in clinical research. At the present time the College operates two nurse-managed faculty practice sites (City Medical Clinic and the UCCS HealthCircle Primary Care Clinic). Faculty who do not practice in one of these settings typically work in the community and have the opportunity to adjust their workload to meet their practice requirements. MSN and DNP students have the opportunity to interact with faculty at these sites as part of their program requirements.

The Lane Center for Academic Health Sciences which houses UCCS HealthCircle Clinics (Center for Active Living, Peak Nutrition Clinic, Primary Care Clinic, Aging Center and Veteran's Health and Trauma Clinic) that are integrated to meet the needs of clients at UCCS and within the community also provides faculty with both a practice and a research opportunity in a unique integrated manner. There are research offices for both faculty and students on the 2nd floor of the Lane Center that puts the researcher and the clinician in the same space (http://www.uccs.edu/~healthcircle/).

Service is an area of expectation that is defined within retention and promotion documents. College, university, community, and professional service is supported by the College through workload assignment, evaluation, and merit review.

Analysis for Program Quality and Effectiveness

Beth-El College of Nursing and Health Sciences MSN and DNP programs are in compliance with Standard II and its key elements.

Strengths
1. Merging two departments, undergraduate and graduate, has provided opportunities for improving efficiencies, sharing resources, and collaborating for teaching and research. The need to hire adjunct faculty to teach courses in the master's and doctoral programs has diminished as a result of merging the two departments and promoting a philosophy of cross-teaching.

2. Overall, assistant professor, associate professor, and instructor faculty salaries have improved for new hires in recent years and are closer to the AACN Median salaries than previously.

3. Academic support services on our campus are excellent and strengthen our online curriculum and the strategies faculty use to teach

Areas for Improvement:
1. As with most other nursing programs, we face challenges in recruiting doctorally prepared faculty.

Action Plan:
1. Continue to seek new ways to identify potential candidates through both broad marketing and personalized recruiting strategies.

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 graduate nursing curricula are developed, implemented and revised to reflect the expected student outcomes and relate to the roles for which students are being prepared. The expected outcomes for the graduate nursing programs align with the University of Colorado Colorado Springs (UCCS) Academic Strategic Goals, The Essentials of Master's Education in Nursing (2011), the Essentials of Doctoral Education for Advanced Nursing Practice (2006), and the Criteria for Evaluation of Nurse Practitioner Programs (2012) were used to develop and revise curricula. The MSN expected outcomes apply to all MSN program options (A/GNP, FNP, Education, post-master's certificates). The DNP expected program outcomes apply to both DNP program options (BSN-DNP and post-master's DNP).

<u>MSN Program and Post Masters Certificate Expected Outcomes</u>

Upon completion of the MSN program, the graduate is able to:

- Foster change in health care delivery systems through translation of evidence in practice
- Assume leadership in fostering collaborative interprofessional care teams to integrate care service across the health care system
- Participate in lifelong learning to promote excellence and to design innovative models of nursing practice

There are 3 options within the MSN program: Family NP, Adult/Gerontological NP, and Nursing Education. National standards and guidelines are used to guide the curriculum including The Essentials of Master's Education in Nursing (AACN, 2011), the Criteria for Evaluation of Nurse Practitioner Programs (2012), the Nurse Practitioner Core Competencies (NONPF, 2012), the Adult-Gerontological Primary Care Nurse Practitioner Competencies (NTF, 2010), the Population Focused Nurse Practitioner Competencies (NTF, 2013), and the National League for Nurses Scope of Practice for Nurse Educators (NLN, 2012). Within the framework of the MSN program expected outcomes, specific outcomes have been developed for the options leading to Nurse Practitioner (NP) and education roles. Table III-A.1 shows the relationship of the MSN and Post-Master's Certificate *program* outcomes with the NP and Education *option* outcomes.

Table III-A.1 Relationship of MSN/Post-Master's Program Expected Outcomes with NP Option and Education Option Expected Outcomes

MSN and Post-Master's Certificate Program Expected Outcomes	Nurse Practitioner Options (FNP/AGNP) Expected Outcomes	Nursing Education Expected Outcomes
Foster change in health care delivery systems through translation of evidence in practice	1. Apply theories and scientific evidence to provide holistic care to the individual 3. Apply clinical reasoning to promote health and prevent disease for the individual, family, and community 4. Critically appraise and apply current evidence in a clinical setting to ensure quality patient outcomes	1. Organize and plan appropriate learning experiences 4. Incorporate technology into curriculum and teaching strategies 6. Apply best practices in nursing education
Assume leadership in fostering collaborative interprofessional care teams to integrate care service across the health care system	2. Provide leadership within clinical and organizational settings to provide high quality, safe, patient care 5. Use technology in the clinical setting to enhance patient care 6. Evaluate emerging trends, policy issues, and programmatic problems to improve health care delivery 7. Use therapeutic, patient-centered, communication in the delivery of health care 8. Collaborate I inter/intra-professional care teams 9. Provide patient-centered, culturally competent healthcare to diverse patient populations 10. Use an ethical framework for clinical practice and clinical expertise to care for patients.	1. Organize and plan appropriate learning experiences 3. Design instructional strategies to help facilitate learning and achieve course objectives 4. Incorporate technology into curriculum and teaching strategies 5. Utilize appropriate evaluation methods to assess learning and program outcomes 6. Apply best practices in nursing education 8. Demonstrate cultural competence in all educational settings
Participate in lifelong learning to promote excellence and to design innovative models of nursing practice	1. Apply theories and scientific evidence to provide holistic care to the individual 3. Apply clinical reasoning to promote health and prevent disease for the individual, family, and community 4. Critically appraise and apply current evidence in a clinical setting to ensure quality patient outcomes 7. Evaluate emerging trends, policy issues, and programmatic problems to improve health care delivery	2. Develop learning objectives and curriculum based on course and program outcomes 3. Design instructional strategies to help facilitate learning and achieve course objectives 5. Utilize appropriate evaluation methods to assess learning and program outcomes 6. Apply best practices in nursing education 7. Engage in self-assessment and development of the nurse educator role 8. Demonstrate cultural competence in all educational settings

See Appendix 1-A.2 for a crosswalk of the MSN *program* expected outcomes, the Nurse Practitioner (FNP and A/GNP) *option* expected outcomes and the national standards guiding the NP option curriculum. Graduates from the NP options are prepared to sit for respective FNP

and AGNP national certification exams. See Appendix 1-A.3 for a crosswalk of the MSN *program* expected outcomes and the nursing education *option* expected outcomes with the NLN Scope of Practice for Nurse Educators.

A gap analysis is conducted for master's prepared nurses applying for the post-master's certificate options. The gap analysis ascertains that admitted students have had sufficient didactic and clinical content to meet the criteria for the respective national board certification for FNP or A/GNP. When evaluation of the gap analysis determines all required MSN course work has not been completed, the student must successfully complete the missing coursework prior to admission to the post-master's option.

DNP Program Expected Outcomes

Upon completion of the DNP program, the graduate is able to:

- Use scientific evidence, theories, and practice methods to develop and evaluate health care models to improve health care delivery
- Provide effective leadership to create cost-effective, culturally competent, population focused, quality improvement programs that fill current health care needs
- Critically analyze current research and clinical practice guidelines for application in clinical practice to improve health care outcomes
- Participate in the analysis and application of information technology in the clinical setting
- Participate in the analysis, evaluation and creation of equitable health care policies
- Collaborate in inter/intra professional teams to improve the quality and delivery of health care
- Propose ethical solutions that are based on epidemiology, biostatistics, socio-economic environment and cultural preferences that meet the health care needs of individuals, families, and populations
- Demonstrate independent practice, advanced clinical reasoning, and systems thinking when partnering with others to create and evaluate evidence-based quality improvement programs

There are two options within the DNP Program; BSN-DNP and post-masters DNP. National standards and guidelines are used to guide the curriculum including The Essentials of Doctoral Education in Nursing (AACN, 2006) and the Nurse Practitioner Core Competencies (NONPF, 2012). Additionally, the Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012), the Adult-Gerontological Primary Care Nurse Practitioner Competencies (NTF, 2010), and the Population Focused Nurse Practitioner Competencies (NTF, 2013) are used to guide the BSN-DNP curriculum. The DNP expected outcomes apply to both the post-master's and the BSN-DNP program options. See Appendix 1-A.4 for a crosswalk of the DNP program expected outcomes with the national standards guiding the DNP curriculum.

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:

Relevant professional nursing standards and guidelines are used to develop, implement, and revise the graduate nursing program curricula. The national standards and guidelines are clearly evident within the curriculum and within the expected student outcomes.

MSN and Post-Master's Certificate Program

The MSN and post-master's certificate programs incorporate The Essentials of Master's Education in Nursing (AACN, 2011), the Nurse Practitioner Core Competencies (NONPF, 2012), Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012), the Adult-Gerontological Primary Care Nurse Practitioner Competencies (NTF, 2010), the Population Focused Nurse Practitioner Competencies (NTF, 2013), the National League for Nurses Scope of Practice for Nurse Educators (NLN, 2012). The MSN program curriculum is comprised of core courses, direct care specialty courses, education practicum, and clinical practicum courses. All MSN students complete the core courses prior to enrollment in the specialty courses and associated practicum. Post-master's certificate students (FNP, A/GNP, Education) complete the nursing master's core courses (including advanced assessment, pharmacology, and pathophysiology) prior to being admitted to the certificate program. Appendix III-B.1 shows a crosswalk table of the MSN curriculum and the Essentials of Master's Education in Nursing (AACN, 2011). Appendix III-B.2 shows a crosswalk table of the MSN/post-master's curriculum and NONPF Competencies.

MSN Core Courses: All MSN students (FNP, A/GNP, MSN-Education) complete 21 credit hours of graduate level core courses which provide history, scope, role, research utilization, and evidence-based practice application. The MSN core courses form a basis for students in developing a foundation for advanced practice nursing. The MSN core courses required for all MSN options are shown in Table III-B.1.

Table III-B.1   MSN Core Courses

Core Course	Credit Hours
NURS 6100 Philosophical Foundations in Nursing Practice	3
NURS 6110 Advanced Nursing Practice and Health Care Policy	3
NURS 6120 Nursing Research	3
NURS 6280 Clinical Pharmacotherapeutics	3
NURS 6730 Advanced Health Assessment	3
NURS 6740 Advanced Pathophysiology	3
NURS 7020 Applied Clinical Research	3

The post-masters certificate program (FNP, A/GNP, Education) students complete their APRN core courses (including advanced assessment, pharmacology, and pathophysiology) during their MSN program prior to beginning the certificate program. A gap analysis is conducted for master's prepared nurses applying for the post-master's NP certificate options to ensure post-master's students complete equivalent core courses prior to admission to the certificate program.

MSN/Post-Master's Certificate Direct Care Focus Courses for FNP and A/GNP

To meet the expected program outcomes, FNP students take Acute, Chronic and Pediatric Primary Care Courses (17 credits) and A/GNP students take Acute, Chronic, Foundational Principles, and Geriatric Syndromes (18 credits). All NP students take 8 clinical credits of practicum in a format designed to provide synthesis of the program. One clinical credit is equivalent to 45 direct patient contact hours. The MSN/Post-Master's Certificate Direct Care Focus Courses for FNP and A/GNP are shown in Table III-B.2.

Table III-B.2   MSN/Post-Master's Certificate Direct Care Focus Courses for FNP and A/GNP

FNP Direct Care Courses		Credit Hours
NURS 6900	Primary Care of Pediatric Patients	5 (2 Practicum)
NURS 6910	Primary Care of Acute Health Conditions	6 (2 Practicum)
NURS 6920	Primary Care of Chronic Health Conditions	6 (2 Practicum)
NURS 6980	Synthesis Practicum	8 (8 Practicum)
Total Family Nurse Practitioner Specialty Credits		**25 (14 Practicum*)**
A/GNP Direct Care Courses		Credit Hours
NURS 6910	Primary Care of Acute Health Conditions	6 (2 Practicum)
NURS 6920	Primary Care of Chronic Health Conditions	6 (2 Practicum)
NURS 6930	Foundational Principles of Care of Older Adults	2 (1 Practicum)
NURS 6940	Geriatric Clinical Syndromes	4 (1 Practicum)
NURS 6980	Synthesis Practicum	8 (8 Practicum)
Total Adult/Gero Nurse Practitioner Specialty Credits		**26 (14 Practicum*)**

* 1 credit hour = 45 contact hours

MSN Education Courses: In additional to the MSN core courses, (including advanced assessment, pharmacology, and pathophysiology), education students develop a foundation for nursing education in the following coursework (17 credits) as shown in Table III-B.3.

Table III-B.3   MSN/Post-Master's Certificate Education Courses

MSN Education Courses		Credit Hours
NURS 6190	Measurement and Evaluation	3
NURS 6200	Curriculum Development	3
NURS 6210	Transformational Teaching Strategies	3
NURS 6180	Technology for Teaching	3
NURS 7720	Education Practicum	5 Practicum
Total MSN Education Specialty Credits		**17 (5 Practicum*)**

* 1 credit hour = 45 contact hours

The MSN course syllabi are located in Exhibit III-1 in the CCNE Resource Room.

DNP Program

The BSN-DNP option incorporates The Essentials of Doctoral Education in Nursing (AACN, 2006), The Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012), The Adult-Gerontological Primary Care Nurse Practitioner Competencies (NTF, 2010), and the Population Focused Nurse Practitioner Competencies. The post-master's DNP program option builds upon the competencies established by The Essentials of Master's Education in Nursing (AACN, 2011) and incorporates The Essentials of Doctoral Education in Nursing (AACN, 2006) into the curriculum. Appendix III-B.3 shows the relationship between the BSN-DNP curriculum and the Doctoral Essentials. Appendix III-B.4 shows the relationship between the BSN-DNP curriculum and the NONPF Competencies and Appendix III-B.5 shows the relationship between the post-master's DNP curriculum and the AACN Doctoral Essentials. The DNP course syllabi are available in Exhibit III-2 in the CCNE Resource Room.

Students develop and implement a capstone project over the final 2 semesters of their DNP program. This includes proposal development and defense, implementation, analysis, manuscript preparation, and defense of the project to a committee of 2 faculty members and 1 external adjunct faculty member. Examples of projects are available in Exhibit III-3.

Post-Master's DNP Courses: The post-master's DNP coursework is comprised of 35 credit hours courses covering the doctoral level competencies of leadership and organizational systems, healthcare policy and ethics, evidence-based practice, and population health. Clinical residency credit hours are embedded in coursework allowing students to focus on achieving the

competencies in the community where they will work. The final summative evaluation for DNP students is the DNP Capstone Project (10 credit hours). The post-master's DNP courses are shown in Table III-B.4

Table III-B.4   Post-Master's DNP Courses

DNP Courses	Credit Hours
NURS 7010 Theoretical Foundations of Reflective Practice	3
NURS 7030 Advanced Health Care Policy, Ethics, and Law	4 (1 Clin Res.)
NURS 7070 Population Based Healthcare	4 (1 Clin Res.)
NURS 7080 Evidence Based Practice	3
NURS 7090 Business, Finance & Entrepreneurship	4 (1 Clin Res.)
NURS 7100 Organizational Systems Leadership and Quality Improvement	4 (1 Clin Res.)
NURS 7110 Inferential Statistics	3
NURS 8030 Capstone Project	10 (10 Clin Res)
Total DNP Courses	**35 (14 Clin Res*)**

* 1 credit hour = 45 contact hours

BSN-DNP Courses: To meet the expected DNP student outcomes and prepare students to sit for the respective NP certification exams, the BSN-DNP students must complete a total of 72-73 credit hours. This includes both NP practicum hours as well as DNP clinical residency hours as shown in Table III-B.5.

Table III-B.5   BSN-DNP Courses

DNP Courses	Credit Hours
NURS 6120 Nursing Research	3
NURS 7010 Theoretical Foundations of Reflective Practice	3
NURS 7030 Advanced Health Care Policy, Ethics, and Law	4 (1 Clin Res.)
NURS 7070 Population Based Healthcare	4 (1 Clin Res.)
NURS 7080 Evidence Based Practice	3
NURS 7090 Business, Finance & Entrepreneurship	4 (1 Clin Res.)
NURS 7100 Organizational Systems Leadership and Quality Improvement	4 (1 Clin Res.)
NURS 7110 Inferential Statistics	3
NURS 8030 Capstone Project	10 (10 Clin Res)
Total DNP Courses	**38 (14 Clin Res*)**
Core Courses	
NURS 6280 Clinical Pharmacotherapeutics	3
NURS 6730 Advanced Health Assessment	3
NURS 6740 Advanced Pathophysiology	3
Total APRN Core Courses	**9**
Nurse Practitioner Specialty Focus (Family NP)	
NURS 6900 Primary Care of Pediatric Patients	5 (2 Practicum)
NURS 6910 Primary Care of Acute Health Conditions	6 (2 Practicum)
NURS 6920 Primary Care of Chronic Health Conditions	6 (2 Practicum)
NURS 6980 Synthesis Practicum	8 (8 Practicum)
Total Family Nurse Practitioner Specialty Credits	**25 (14 Practicum*)**
Nurse Practitioner Specialty Focus (Adult/Gero NP)	
NURS 6910 Primary Care of Acute Health Conditions	6 (2 Practicum)
NURS 6920 Primary Care of Chronic Health Conditions	6 (2 Practicum)
NURS 6930 Foundational Principles of Care of Older Adults	2 (1 Practicum)
NURS 6940 Geriatric Clinical Syndromes	4 (1 Practicum)
NURS 6980 Synthesis Practicum	8 (8 Practicum)
Total Adult/Gero Nurse Practitioner Specialty Credits	**26 (14 Practicum*)**

* 1 credit hour = 45 contact hours

The curricula in the MSN and DNP programs are reviewed regularly by the graduate faculty and revisions are made as needed based upon changes to the AACN Essentials and national competencies. An extensive curricular review occurred in 2011 and 2012 when the faculty conducted a comprehensive review of the MSN and DNP programs. This occurred in conjunction with implementation of the AACN Consensus Model guidelines and transition of the Adult NP program to the Adult/Gerontological NP program. Assessment of the gerontological content integration revealed a need to enhance this content across the MSN and BSN-DNP curricula. Faculty received guidance and resources to enhance the gerontological content in their courses. In addition, 2 new advanced practice, primary care gerontological courses were developed and implemented in 2013. Course descriptions, objectives, and content outlines were revised to more clearly reflect the standards. This comprehensive curricular review and revision was in collaboration with representatives from the nursing faculty of The University of Colorado Anschutz Medical Campus and was supported, in part, by a grant from the Health Resources and Services Administration (HRSA).

Minutes of the Graduate Nursing Department Faculty Meetings reflecting curriculum review and revision are available as Exhibit III-4 in the CCNE resource room.

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.

MSN and Post-Master's Certificate Program

The MSN curriculum is logically structured to achieve expected student outcomes through achievement of course-level objectives and outcomes. Admission to the MSN program requires completion of an accredited baccalaureate degree in nursing program. The MSN program builds upon the competencies established for Baccalaureate nursing programs in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and builds upon foundational competencies acquired in BSN education. For example, Advanced Health Assessment builds upon the BSN level physical assessment principles and the MSN Nursing Research course builds upon the BSN level research foundation. Further, the MSN Clinical Nursing Research Course builds upon the MSN Nursing Research course to provide the APRN students with the knowledge to evaluate evidence and implement evidence-based practice. Courses within MSN curricula are sequenced to ensure students complete the core courses prior to advancing to the specialty focus courses. The NP option concludes with a semester of clinical practicum hours designed for students to synthesize and apply their knowledge and skills within the practice setting.

Post-masters certificate students have completed their nursing core, including advanced assessment, pharmacology, and pathophysiology, prior to being admitted to the program. Certificate students complete all direct care courses in the chosen specialty (FNP, A/GNP, or education). The direct care primary care courses build upon the competencies these students achieved in the MSN program. The NP option concludes with a semester of clinical practicum hours designed for students to synthesize and apply their knowledge and skills within the practice setting.

DNP Program

The BSN-DNP curriculum is logically structured to achieve expected student outcomes through achievement of course-level objectives and outcomes. The BSN-DNP option builds upon the competencies established for the Baccalaureate Essentials of Education in Nursing (2008). Admission to the BSN-DNP program requires completion of an accredited baccalaureate degree in nursing program and RN licensure. The BSN-DNP curriculum is ordered specifically to build on BSN and MSN competencies and includes completion of select MSN level courses in order to acquire the doctoral-level competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). Courses within the BSN-DNP curriculum are sequenced to ensure students complete the core courses prior to advancing to the specialty focus courses while simultaneously acquiring DNP concepts to be applied in the clinical setting. The BSN-DNP option concludes with a semester of clinical practicum hours designed for students to synthesize and apply their clinical knowledge and skills within the practice setting while synthesizing and applying the DNP essentials within the DNP Capstone project.

The post-master's DNP curriculum is logically structured to achieve expected student outcomes through achievement of course-level objectives and outcomes. The post-master's DNP coursework builds upon the foundation for advanced practice provided in the MSN knowledge base. For example, the Advanced Health Care Policy and Ethics course builds upon the MSN course work in Advanced Nursing Practice and Health Care Policy. The DNP course, Clinical Nursing Scholarship for Evidence-Based Practice, builds upon the knowledge gained in the MSN course, Clinical Nursing Research. The post-masters DNP curriculum is sequenced for the students to progressively build on course concepts as they move toward the summative work completed in the Capstone project. Exhibit III-5 in the CCNE resource room shows the full-time and part-time degree plans for the MSN and DNP programs. Table III-C illustrates the curricular progression from BSN to DNP program outcomes.

Table III-C   Progression of Expected Program Outcomes: BSN to DNP

BSN Program Expected Outcomes	MSN Program Expected Outcomes	DNP Program Expected Outcomes
Function in the beginning role of a baccalaureate generalist nurse in settings that cross all populations and environments	Assume leadership in fostering collaborative interprofessional care teams to integrate care service across the health care system	Provide effective leadership to create cost-effective, culturally competent, population focused, quality improvement programs that fill current health care needs
Be proficient in the core nursing competencies of clinical/critical reasoning, patient safety, and quality improvement principles	Foster change in health care delivery systems through translation of evidence in practice	Demonstrate independent practice, advanced clinical reasoning, and systems thinking when partnering with others to create and evaluate evidence-based quality improvement programs
Maintain interprofessional collaboration and communication to improve healthcare outcomes	Assume leadership in fostering collaborative interprofessional care teams to integrate care service across the health care system	Collaborate in inter/intra professional teams to improve the quality and delivery of health care
Master the required core knowledge for baccalaureate generalist nursing practice	Participate in lifelong learning to promote excellence and to design innovative models of nursing practice	Use scientific evidence, theories, and practice methods to develop and evaluate health care models to improve health care delivery

Critically analyze current research and clinical practice guidelines for application in clinical practice to improve health care outcomes |
| Demonstrate professionalism and its values (including altruism, autonomy, human dignity, social justice, and integrity) as a baccalaureate generalist nurse | Participate in lifelong learning to promote excellence and to design innovative models of nursing practice | Participate in the analysis, evaluation and creation of equitable health care policies

Propose ethical solutions that are based on epidemiology, biostatistics, socio-economic environment and cultural preferences that meet the health care needs of individuals, families, and populations |

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:

The MSN and Post Master's Certificate Program

Teaching-learning practices and environments support the achievement of expected student outcomes. The MSN courses are taught online using the Blackboard™ Educational Platform. Video streaming of lectures, Podcasting, Virtual Care Works medical-grade communications platform, computer assisted interactive online activities and Shadowhealth™ virtual standardized patients are used to deliver course content to students. Instructors use a combination of lecture, case study discussion, and small group activities to present content and facilitate synthesis. Appendix III-D.1 illustrates a crosswalk of MSN course objectives, course teaching-learning practices, and MSN program expected outcomes.

Students complete their clinical practicum or education practicum hours in their community. The Clinical Practicum Coordinator assists students in setting up clinical education affiliation agreements with a preceptor at the clinical sites. Evaluation of practicum performance occurs at multiple levels. Preceptors complete evaluations for the student at the end of the semester. Site visitors conduct an in person, Virtual Care Works medical-grade communications platform, or telephone site visit with the preceptor to evaluate the student's performance and the level of engagement of the preceptor for consideration for future placements. In addition, the ability of the clinical site to meet the educational needs of our students is assessed by the site visitors. The practicum coordinator faculty member reviews all levels of evaluation, seeks additional information when needed, and determines the final grade practicum grade for the student. Samples of student practicum evaluations are available in Exhibit III-6 in the CCNE Resource Room.

DNP Program

DNP students participate in an online orientation program delivered through videoconferencing technology. During the orientation, students meet graduate faculty and hear about the program expected outcomes and the curriculum. All courses in the DNP program are delivered through the Blackboard™ educational platform. Video streaming of lectures, podcasting, and Virtual Care Works technology are used to deliver course content to students. Instructors use a combination of lecture, case study discussion, and small group activities to present content and facilitate synthesis. Appendix III-D.2 illustrates a crosswalk of DNP course objectives, course teaching-learning practices, and DNP program expected outcomes.

Each DNP student is paired with a faculty advisor who facilitates the student's preparation for, development and implementation of the capstone project. A second graduate faculty member serves as a committee member and an external clinically focused expert serves as the third committee member. All committee members participate in the capstone proposal defense and the final capstone project defense during a student presentation delivered via Blackboard™ Collaborate or Adobe® Connect technology. Exhibit III-7 in the CCNE Resource Room provides a list of previous external committee members and their expertise.

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:

MSN and Post Master's Certificate Program

The MSN and post-master's NP options include clinical practice experiences relevant to the FNP, A/GNP, and nurse educator roles. FNP and A/GNP students complete 630 clinical practicum hours.

NP practicum experiences are aligned with each clinical course in the MSN NP curricula as shown in Table III-E.1. The FNP and A/GNP curricula conclude with an 8-credit synthesis practicum that provides the opportunity for students to integrate all knowledge gained in the direct care coursework during a focused practicum experience. With the assistance of the clinical practicum coordinator, students locate preceptors. Agency contracts must be in place and the clinical practicum coordinator must approve all preceptors prior to students starting their practicum experience with the preceptor and agency. A list of approved clinical practice sites for the NP students is available in Exhibit III-8 in the CCNE resource room.

Clinical practicum experiences are evaluated by both faculty and practicum preceptors based upon the 7 Domains of the NONPF Competencies and the level of student in the program (see Appendix III-E.1 for student expectations based upon their clinical level). The clinical faculty/site visitor acts as the liaison between the Beth-El College of Nursing and Health Sciences, the student, and the clinical site. The visit to a student's clinical site provides an opportunity to observe how the student is demonstrating the advance practice nursing role as a student in either the Adult/Gerontology or the Family Nurse Practitioner Program. During the course of the semester, each student will receive at least one site-visit per 180 clinical hours/semester and two site visits during the final synthesis practicum with the student doing 360 practicum hours. Telephone or virtual visits using Virtual Care Works (VCW) telehealth technology are conducted for distance students when a site visitor is not available. A video highlighting Beth-El utilization of the VCW telehealth platform is available at http://www.virtualcareworks.com/. In addition to the faculty evaluations, each clinical preceptor evaluates the NP student each semester. Faculty/Site visitor and preceptor evaluations are documented online using the Medatrax™ Medical Data Tracking System. Faculty/site visitor evaluation documents are provided in Appendix III-E.2. Preceptor evaluation documents are provided in Appendix III-E.3a through Appendix III-E.3d. The Student practicum handbook, preceptor handbook, and site visitor handbook are available in the CCNE visitor resource room.

Table III-E.1 Family NP and Adult/Gerontological NP Clinical Hours by Course

Clinical Course	Clinical Hours
NURS 6730 Advanced Health Assessment	45
NURS 6900 Pediatric Primary Care (FNP)	90 (FNP option)
NURS 6910 Acute Primary Care (FNP, A/GNP)	90
NURS 6920 Chronic Primary Care (FNP, A/GNP)	90
NURS 6930 Foundations Older Adults (A/GNP)	45 (A/GNP option)
NURS 6940 Geriatric Clinical Syndromes (A/GNP)	45 (A/GNP option)
NURS 6980 Synthesis Practicum (FNP, A/GNP)	360
TOTAL	**630 + 45 Health Assessment**

The MSN Education practicum credits provide the student with relevant experiences in curriculum development, evaluation, and teaching. Practicum sites for MSN Education students are located in Exhibit III-6 in the CCNE Resource Room.

DNP Program

DNP students complete clinical residency hours that are relevant to the course for which the credit hours are linked. Students are required to complete a minimum of 1130 clinical residency hours. Because all post-master's DNP students are certified as Advanced Practice Registered Nurses, 500 clinical hours from their MSN program of study is accepted as part of the required residency hours. Additionally, a gap analysis is conducted to ensure post-master's DNP graduates will have completed a total of 1000 clinical hours. The gap analysis worksheet is shown in appendix III-E.4. Table III-E.2 shows clinical residency hours associated with DNP courses. Clinical residency mentors are from community-based organizations, health care systems, public health organizations, and health care policy organizations. The course instructor evaluates student's residency performance based upon established criteria/grading rubrics for each course. Examples of DNP clinical residency experience sites are available in Exhibit III-7.

Table III-E.2   DNP Clinical Residency Hours

DNP Course	Residency Hours
Organizational System Leadership and Quality Improvement	45
Population Based Health Care for Improving the Nation's Health	45
Advanced Health Care Policy and Ethics	45
Business, Finance, Entrepreneurship for Advanced Practice	45
Capstone Project	450
TOTAL	**630 hours**

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 are appropriate to the student population and consider the needs of the community of interest. The community of interest for the nursing programs at Beth-El College of Nursing and Health Sciences includes faculty, staff, 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. Alumni and employer surveys are conducted to evaluate the needs of the community. The faculty reviews these data. Additionally, preceptor feedback is sought at the end of each semester.

MSN and Post-Graduate Certificate Programs

Approximately two-thirds of UCCS graduate nursing students reside in Colorado; many in rural regions. The remaining students reside in other states. The admitted students attend all classes in a distance format using Blackboard™ Technology. By utilizing an online educational platform, MSN and post-graduate APRN certificate students are able to maintain their current practice in their home community while completing their education in a specialty area. The Graduate Student Handbook [http://www.uccs.edu/bethel/current/studenthandbooks.html] details the information technology required by students to successfully participate in the program. The UCCS campus provides support for students who speak/write English as a Second Language through the English Language Center [http://www.uccs.edu/international/english-language-center.html]. In addition, the campus provides writing support to local and distance students through the Writing Center [http://www.uccs.edu/~writingcenter/]. Students are offered an orientation to library online database services [http://splint.uccs.edu/]. Online writing modules were developed in collaboration with the English department and are required for MSN students early in their program.

DNP Program

The DNP program attracts students from across the United States and abroad. The post-master's DNP option offers both a part-time and full-time option. Initially, the DNP program was developed through the support of a Health Resources and Services Administration grant to develop and implement a DNP program that serves the needs of diverse students including those serving in rural and underserved communities. To meet that need, the program is delivered in a fully online format, which allows students to maintain employment in their community and to remain engaged with family and community. The post-masters DNP has received the majority of applicants however there has been an increase in BSN-DNP applicants.

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:

MSN/Post-Master's Certificate Programs

Individual student performance reflects achievement of expected student outcomes. Faculty evaluate individual student performance in each course. Evaluation policies are published in the Graduate Nursing Student Handbook. The Graduate Nursing Grading Criteria are used for all MSN courses, are posted in course syllabi and in the Graduate Nursing Student Handbook. A numeric score of 84% (B) or higher is required to pass all courses in the graduate programs. If a student earns a grade of B- or lower, the student must retake the course the next time it is offered. Students who earn a grade of B- or lower more than one time are dismissed from the program. In direct care courses, FNP and A/GNP students (including post-graduate certificate students) must pass both the clinical practicum portion of the course (pass/fail) and the didactic portion of the course in order to proceed. Students have access to their individual grades within the Blackboard™ course website. The clinical practicum coordinator determines the MSN FNP or A/GNP students' final clinical grade based upon evaluations by the preceptor and the site visitor. MSN Education students receive a practicum grade based upon practicum preceptor evaluations.

DNP Program

The faculty member for each DNP course evaluates individual student performance in each course. Evaluation policies are published in the Graduate Nursing Student Handbook. The Graduate Nursing Grading Criteria are used for all DNP courses and are posted in course syllabi and in the Graduate Student Handbook. Students must achieve a grade of 84% or higher to pass each course. If a student earns a B- or less, the student must retake the course the next time it is offered. Students who earn a grade of B- or lower more than one time are dismissed from the program. Formative feedback is provided to the student during the capstone proposal defense by 2 faculty members and an adjunct faculty member at the student's practice location. The faculty members on the committee and the DNP option coordinator approve the final capstone project plan with input from the adjunct member.

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:

The curriculum is evaluated every five years and as needed to reflect changing national standards that guide the development and implementation of the graduate program curricula. The graduate faculty participate in work groups to review and revise curriculum based upon The Essentials of Master's Education in Nursing (AACN, 2011), the NONPF Competencies, The Essentials of Doctoral Education in Nursing (AACN, 2006) and the Criteria for Evaluation of Nurse Practitioner Programs (2012). In 2012, the faculty's curricular review included assessment of gerontology content, recommendations for addition of content, and revision of

course expected outcomes to reflect the transition from an adult NP program to an A/GNP program as required by the AACN Consensus Model.

Teaching-learning practices are evaluated annually at the time of the faculty annual merit review. Evaluation of teaching-learning practices is based upon data obtained from faculty course questionnaires (FCQs) that are gathered at the end of every semester as well as feedback from clinical preceptors, students, graduates, and employers of graduates from the program. Recent changes made to the DNP sequencing of courses resulted from feedback from students in two separate years strongly urging the program to move NURS 7110 from the summer semester to a full 16-week semester in either the fall or spring semester. Rationale for this suggestion was that the course work was too intense and the content too complex to be able to fully understand the course concepts within the confines of the shortened summer semester. Additional curriculum changes will be implemented in 2015 in response to students reporting the coursework during the first semester of the DNP curriculum (BSN-DNP and the post-masters DNP) was often overwhelming. This resulted in students either leaving the program or transferring from the full-time post-master's DNP option to the part-time post-master's DNP option.

With the recent restructuring of the nursing programs at Beth-El College of Nursing and Health Sciences, a formal committee comprised of faculty who teach primarily at the undergraduate level and faculty who teach primarily at the graduate level has revised the program evaluation plan. The evaluation plan became effective upon adoption by the full nursing faculty in December 2014. A copy of the approved evaluation plan is available in Appendix III-H.1.

Analysis for Program Quality and Effectiveness

Beth-El College of Nursing and Health Sciences MSN and DNP programs are in compliance with Standard III and its key elements.

Strengths:
1. The curriculum is developed in accordance with the program's expected student outcomes.

2. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest.

Areas for Improvement:
1. Greater input from the community of interest would help to strengthen the curriculum development.

Action Plan:
1. Include representatives from primary care organizations to the Dean's Strategic Advisory Committee

2. Add program/curriculum level questions to the NP student preceptor evaluation form to assist in determining how well the program is meeting the needs and expectations of the community of interest.

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 collect data to determine program effectiveness. The department uses data from multiple sources to evaluate MSN and DNP program effectiveness. Data collected includes graduate satisfaction and achievement of expected student outcomes based upon graduate and alumni surveys, graduation rates, certification rates, employer satisfaction and student satisfaction. The department has historically reviewed the data when available during departmental meetings according to the evaluation plan shown in Appendix IV-A.1.

With the merger of the undergraduate and graduate nursing programs, program evaluation was enhanced with the formation of an evaluation committee comprised of faculty teaching both undergraduate and graduate courses. The newly developed evaluation committee is scheduled to meet monthly and will oversee the evaluation process for the nursing program. The evaluation committee began their work by merging and revising the previously separate program evaluation plans. The final plan was passed at the regular evaluation committee meeting in November 2014 and by the nursing faculty on December 8, 2014. The revised program evaluation plan is available in Appendix III-H.1 and became effective at the time of approval by the nursing faculty.

Graduation Rates: MSN graduation rates are determined by dividing the number of students who graduate within four years of completing their first semester in the program by the total number of students in the cohort who completed their first semester. DNP graduation rates are determined by dividing the number of students who graduate within four years of completing their first semester in the program by the total number of students in the cohort who completed the first semester in the program. The benchmark for graduation/completion rates is 70%.

Although the program completion rate is based upon a standard of four years from beginning the program to graduation, according to the UCCS graduate school policies and procedures MSN students have six years to complete their program of study and doctoral students are allowed seven years of study. Therefore, although the numbers in this report show completion at the end of four years, the actual completion rates at six and seven years is often greater than

indicated in this report. The graduate school policies and procedures document is available at http://www.uccs.edu/graduateschool/current-students/policies-and-procedures.html.

Certification Exam Pass Rates: The nursing department reviews the ANCC and AANP reports of NP student pass rates annually. The benchmark is an 80% pass rate for the FNP, ANP and A/GNP graduates.

Employment Rates: Employment rates are obtained through various methods including exit surveys, alumni surveys and personal feedback from program graduates. The benchmark for graduate employment is 80% within 12 months of program completion.

Alumni Surveys/Outcome Review and Revision: Alumni surveys were administered by the Institutional Research Department of the university and either mailed or e-mailed to graduates within 12-36 months of program completion through 2012. The purpose of the surveys is to obtain graduate feedback on satisfaction with the program and graduate perceptions on how well the program prepared them for meeting the expected student outcomes. The university generated alumni surveys were replaced in 2014 when the college began using the AACN/EBI surveys for MSN and DNP graduates (exit survey) and alumni. Similar to the surveys generated by the university, the AACN/EBI surveys provide feedback on student satisfaction and perceptions on how the program prepared them for meeting the expected program outcomes. The information provided by the AACN/EBI surveys is more comprehensive and detailed than the previous alumni surveys. The AACN/EBI surveys capture data related to graduate/alumni satisfaction, program outcomes, and graduate employment rates.

Employer Surveys: In the past, the Institutional Research Department at the university mailed or emailed the employer surveys for the department. In 2014, the employer surveys sent by the Institutional Research Department were replaced by AACN/EBI employer survey. The response to both sources of employer surveys has been poor. The evaluation committee is exploring alternative methods to obtain employer satisfaction data. Alternative sources for employer satisfaction identified by the committee include expanding the membership on the Dean's Strategic Advisory Council to employers of graduate alumni as well as adding program evaluation questions to the existing student evaluation form that is completed by each preceptor at the end of each semester.

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:

MSN Graduation and Post-Master's Completion Rates

The MSN program effectiveness is demonstrated by program graduation rates that meet both the UCCS and CCNE benchmarks of 70% for the past three years. Program completion rates are based upon graduation rates within four years after starting the program. Starting the program is defined as the second semester of enrollment in MSN courses. The decision to base the beginning and end dates for calculation of graduation from the program is based upon the number of MSN nursing students who: (a) determine during their first semester of study that the graduate nursing coursework is too time demanding to allow them to fully attend to the program of study without compromising family and/or employment responsibilities and decide the leave the program during or after the first semester of study; and/or (b) request time to take off from their program of study for compelling personal, family, or financial reasons. Table IV-B.1 shows the MSN graduation rates for the past three years.

The post-master's program completion rates have not met the UCCS and CCNE benchmarks of 70% for the past three years. Program completion rates are based upon graduation rates within four years after starting the program. Starting the program is defined as the second semester of enrollment in MSN courses. Table IV-B.2 shows the post-master's certificate completion rates for the past three years. The reason(s) the post-master's completion rate does not meet the stated benchmark is unclear and has led to the Associate Dean of Academics and Operations starting a new system of conducting exit interviews of all students who leave Beth-El College of Nursing and Health Sciences prior to graduating from their respective programs of study. Information obtained from the exit interviews will be used to develop a plan to improve the post-master's completion rates. Because the exit interviews are new to the College, results are not yet available. The evaluation committee and nursing faculty will continue to monitor completion rates.

The MSN and post-masters certificate completion rates are calculated by dividing the number of students who graduate within 4 years of beginning their second semester of coursework by the number of students who started the second semester of the program in the same cohort:

Graduation/Completion Rate =
Student # in cohort graduating/completing within 4 years of starting their 2nd semester of their program
Student # in cohort starting their 2nd semester in MSN/post-master's program

Table IV-B.1   Master's Program Graduation Rates for the past three years

Year entered program	Number of students starting Second semester in MSN program	Number of students graduating	Completion rate	UCCS/CCNE Benchmark
2008	56	48	85.7%	70%
2009	43	32	74.4%	70%
2010	33	26 (2 In progress)	78.5%	70%

Table IV-B.2 Post-Master Program Graduation Rates for the past three years

Year entered program	Number of students starting Second semester in MSN program	Number of students graduating	Completion rate	UCCS/CCNE Benchmark
2008	8	5	62.5%	70%
2009	8	5	62.5%	70%
2010	4	2	50%	70%

DNP Graduation Rates

The DNP program graduation/completion rates provide evidence of achievement of required program outcomes. The DNP program start is defined as the date of completion of the first semester in the DNP program. DNP graduation rates are determined by dividing the number of students who graduate within four years by the total number of students in the cohort who started their second semester in the program. Although the DNP curriculum is based upon a 2-year or 3-year program of study, the decision to base the beginning and end dates for calculation of graduation from the program is based upon the number of DNP nursing students who: (a) determine during their first semester of study that the graduate nursing coursework is too time demanding to allow them to fully attend to the program of study without compromising family and/or employment responsibilities and decide the leave the program during the first semester; and/or (b) request time to take off from their program of study for compelling personal, family, or financial reasons. The benchmark graduation rate for the DNP programs is 70%. Table IV-B.3 shows the post-master DNP graduation rates for the past three years.

The DNP post-master's graduation rates are calculated by dividing the number of students who graduate within 4 years of completing their first semester by the number of students who started the program in the same cohort:

Graduation/Completion Rate = Student # in cohort graduating within 4 years of starting their 2nd semester
Student # in cohort who started the semester in the DNP program

Table IV.B.3   DNP Graduation Rates (post-master's option)

Year entered program	Number of students starting Second semester in DNP program	Number of students graduating	Completion rate	UCCS/CCNE Benchmark
2008	13	9	69%	70%
2009	19	16	84%	70%
2010	6	5	83%	70%

As shown in Table IV-B.3, the DNP graduation rates exceeded the program and CCNE benchmark of 70% for 2013 and 2014. The completion rate missed the 70% benchmark by 1% for the students expected to graduate in 2012. The graduate nursing faculty addressed this concern by adding a part-time option to the post-master's DNP curriculum to better meet the needs of students who remained employed on a part-time or full-time basis while enrolled in the DNP program. The evaluation committee and nursing faculty will continue to monitor graduation rates. Additionally, the Associate Dean for Academics and Operations is beginning a formal system for conducting exit interviews with all students who leave the program prior to completion.

Because students were not enrolled in the BSN-DNP curriculum until 2011, there are no BSN-DNP graduates at the time of this report. As the BSN–DNP students complete the program and data are available, this information will be analyzed and compared with the expected student outcomes. It is anticipated this comparison will begin in 2016.

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:

The Nurse Practitioner options in the MSN program demonstrate achievement of the expected certification rates for both the ANP and the FNP graduates. The UCCS benchmark for certification exam pass rates for ANPs and FNPs is 80%. Certification exam pass rates for ANP and FNP graduates of the MSN and post-master's programs for the most recent three years are shown in Table IV-C. Because of the reporting methods of the certifying bodies, it is not possible to separate the pass rates of the MSN students from the pass rates of the post-master's certificate students in this table.

Table IV-C   Certification Exam Pass Rates for the Last Three Calendar Years (2011 -2013)

Year	Certification Exam (by specialty area)	Certification Organization	# Students Taking Exam	# Students Passing Exam	Certification Pass Rate
2011	ANP	AANP	9	5	56%
2011	ANP	ANCC	3	3	100%
2011	**ANP Total**	**ANCC+AANP**	**12**	**8**	**67%**
2012	ANP	AANP	9	7	78%
2012	ANP	ANCC	4	4	100%
2012	**ANP Total**	**ANCC+AANP**	**13**	**11**	**86%**
2013	**ANP Total**	**AANP**	**5**	**5**	**100%**
2011	FNP	AANP	18	18	100%
2011	FNP	ANCC	6	6	100%
2011	**FNP Total**	**ANCC+AANP**	**24**	**24**	**100%**
2012	**FNP Total**	**AANP**	**14**	**13**	**93%**
2013	FNP	AANP	16	15	94%
2013	FNP	ANCC	4	3	75%
2013	**FNP Total**	**ANCC+AANP**	**20**	**18**	**90%**

The mean ANP certification exam pass rate in 2013 for the ANP graduates was 100%. The mean FNP certification pass rate in 2013 was 90%. Certification data for 2014 are not available at the time of preparation of the self-study. Because the A/GNP option was not offered until 2013, there have been no graduates of this new curriculum to date. It is anticipated that the first A/GNP graduation will be in Dec 2014. The benchmark was not met in 2011 for ANP graduates. As shown in the table, the rates have improved since that year. Two actions were taken subsequent to the 67% ANP pass rate. First, the program underwent a thorough review of geriatric content and curriculum changes were made. Secondly, the lower certification pass rate reflects a period of time that the full-time faculty member who taught the chronic care of adults course was awarded a two-year fellowship. During that time, an adjunct instructor was

hired to teach the course. Upon the return of the regular, full-time faculty member, the certification rates improved and remained above the CCNE and UCCS benchmark.

Because students were not enrolled in the BSN-DNP curriculum until 2011, there are no BSN-DNP graduates at the time of this report. As the BSN–DNP students complete the program and certification pass rate data are available, this information will be analyzed and compared with the expected student outcomes. It is anticipated this comparison will begin in 2016.

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:

MSN Program

The MSN and post-master's programs demonstrate achievement of the required employment rate outcomes. The benchmark for employment rates within 12 months of program completion is 80%. Prior to initiating the use of the AACN/EBI surveys in 2014, the method for determining employment rates was graduate self-report to faculty and staff. Based upon this report methodology, 100% of the MSN and post-master's graduates were employed within 12 months of program completion. Aggregate MSN Alumni employment data from the 2014 AACN/EBI surveys are shown in table IV-D.1

Table IV-D.1   MSN/Post-master's Employment Rates

Program completion	Employed within 12 months of the program	Not employed but seeking employment	Not employed and not seeking employment
2011 through 2013	85.7%	0%	14.3%
2014	Not yet available	Not yet available	Not yet available

DNP Program

The DNP program demonstrates achievement of the required employment rate outcomes. The benchmark for employment rates within 12 months of program completion is 80%. Prior to

initiating the use of the AACN/EBI surveys in 2014, the method for determining employment rates was graduate self-report using electronic or verbal communication with graduate faculty and staff. Based upon this report methodology, 100% of the DNP graduates were employed within 12 months of program completion. Aggregate DNP employment data from the 2014 AACN/EBI alumni and exit surveys are shown in table IV-D.2

Table IV-D.2 DNP Employment Rates

Program completion	Employed within 12 months of the program	Not employed but seeking employment	Did not seek employment in first 12 months
2011 through 2013	80%	0%	20%
2014	100%	0%	0%

IV-E. Program outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of outcomes <u>other than</u> 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:

In addition to program completion rates, certification pass rates, employment rates, and faculty outcomes, MSN, post-master's, and DNP program effectiveness is evaluated based upon student achievement of program learning outcomes, alumni achievement, and student/graduate/alumni satisfaction with the program. Collection of employer satisfaction data is also attempted, however the response rate to the employer surveys has been minimal resulting in the data being too limited to analyze. Refer to Appendix IV-A.1 for the graduate nursing department program evaluation plan. As previously indicated, this plan has been revised to reflect the merger of the graduate nursing and undergraduate nursing departments. The revised plan (see Appendix III-H.1) became effective in December 2014.

<u>Alumni Surveys</u>

Until 2014, graduate nursing alumni surveys were launched biannually to MSN, post-master's certificate and DNP graduates with current addresses on file in the graduate nursing department and/or the UCCS Institutional Research Department. Originally, the surveys were mailed. This was changed in 2012 when electronic surveys were e-mailed to program graduates. The purpose of the alumni surveys was to provide data on alumni satisfaction with their program of study and graduate perceptions on how well the program prepared them for achievement of the program expected student outcomes. The 2012 MSN alumni survey results indicate that the respondents are satisfied with the MSN program and would recommend the program to their

peers. The 2012 MSN survey results are available as Exhibit IV-1. The 2012 DNP survey results indicate that 100% of the respondents were satisfied with the DNP program and would recommend the program to their peers. This exceeds the benchmark of 80% that had been set by the faculty. The 2012 DNP survey results are available as Exhibit IV-2 in the resource room.

AACN/EBI Graduate and Alumni Surveys

The University generated alumni surveys were replaced in 2014 with the AACN/EBI surveys for MSN and DNP graduates (exit survey) and alumni. Similar to the previous alumni surveys generated by the graduate nursing faculty, the AACN/EBI surveys provide data on student satisfaction and perceptions on how the program prepared them for achieving the expected program outcomes. The AACN/EBI surveys capture data related to student satisfaction, program outcomes, and graduate employment rates. The EBI for MSN and DNP graduates and alumni survey results were made available to the evaluation committee in the fall of 2014. The committee has not yet had the opportunity to review and analyze the survey findings. The results of the 2014 exit and alumni surveys are available as Exhibits IV-3 and IV-4 in the resource room.

Employer Satisfaction Surveys

Attempts have been made to obtain data on employer satisfaction with the knowledge and performance of the MSN, post-master's certificate, and DNP graduates. However, the response to the mailed and electronic surveys has been very limited with only 0 to 2 surveys completed each year. Like the alumni surveys, the University generated employer satisfaction survey was replaced with the EBI employer satisfaction survey in 2014. There was no response to the 2014 employer satisfaction survey and data on employer satisfaction are not available for analysis. The nursing evaluation committee is considering alternative strategies to obtain employer feedback on the performance of the MSN, post-master's certificate, and DNP graduates. Considerations currently being discussed include adding preceptor feedback regarding the NP programs in general to the current student evaluations being completed by preceptors who will be proxies for potential employers and adding primary care representatives to the Dean's Strategic Advisory Council.

Faculty Course Questionnaires (FCQs)

Faculty Course Questionnaires (FCQs) are sent to all students in the University of Colorado System at the end of each semester. The FCQs provide an opportunity for students to give timely feedback on both course and instructor quality for each course that is taken each semester. The FCQs are comprised of a set of questions initiated by the CU system and included as part of the FCQ survey for all University of Colorado courses. Each course instructor has the opportunity to add specific questions related to the specific course to the FCQ for that course. The FCQ results for the individual courses are aggregated to allow for comparison of individual courses to the University and College mean scores. The program aggregate benchmark for Course Overall and Instructor Overall ratings is 4.0 on a 1.0 to 6.0 scale. The FCQ reports are returned to the Department and are initially reviewed by the program chair prior to being forwarded to the course instructor. The feedback that is received is used to evaluate student satisfaction with the quality of the course and the instructor. Changes to individual courses as well as curricular changes are made based upon the feedback received from the FCQs. University mandated FCQ questions are shown in Appendix IV-E. Aggregate FCQ data over three years is shown in table IV-E.

Table IV-E   Faculty Course Questionnaire (FCQ) Data over Three Years

	Total Number of Courses	Course Overall Mean Score	Instructor Overall Mean Score
2011	48	4.95	4.73
2012	48	5.34	5.38
2013	56	4.89	4.96

Range of scores is 1.0-6.0. The aggregate faculty and course benchmark is 4.0.

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:

Aggregate Graduate Faculty Outcomes

The program demonstrates achievement of expected faculty outcomes. The expected faculty outcomes are identified in the College RPT document for tenured and tenure-track faculty. This document will be available in the CCNE resource room. The expectations of the non-tenure track faculty, which includes the clinical teaching track faculty and program instructors, are currently found in the Faculty Handbook. The Faculty Handbook will be available in the CCNE resource room. The non-tenure track expectations are currently being revised by the faculty and, if finalized by the time of the CCNE visit, will be available in the CCNE resource room. The Faculty Affairs Council of the College Assembly is responsible for reviewing expected levels of achievement for the tenure track, clinical teaching track, and instructor level faculty. Final approval of the faculty expectations is made by a vote of the College Assembly. Expected faculty outcomes contribute to the achievement of the program's mission and goals and are congruent with the institution and program expectations.

Table IV-F.1 shows the aggregate faculty peer reviewed publication and refereed presentation outcome data for 2011 through 2014. Twelve full-time faculty members produced 33 refereed publications. These included journal articles, books, book chapters, and conference proceedings. Publications appeared in multiple journals including: Journal of Gerontological Nursing, The Gerontologist, Preventive Medicine, Issues in Mental Health Nursing, Qualitative Health Research, Heart & Lung, Western Journal of Nursing Research, Annals of Behavior Medicine, Journal for Nurses in Professional Development, and Clinical Nursing Research.

During 2011 through 2014, 12 faculty members made presentations at more than 53 regional, national, and international conferences, seminars, and events. These included: National

Organization of Nurse Practitioner Faculty, International Nurse Practitioner/Advanced Practice Nursing Network Conference, National League of Nursing Technology Conference, Western Institute of Nursing Research, Gerontological Society of America, National Primary Care Nurse Practitioner Symposium, Council for the Advancement of Nursing Science, Veterans Administration, Triservice Nursing Research and the American Nurses Informatics Association.

The contributions of the faculty are also evident in research, training, and service grants in the areas of behavioral interventions for cardiovascular and stroke risk reduction, COPD secondary prevention, nursing faculty education in rural settings, smoking cessation and prevention, health information technology and DNP education, violence intervention and prevention, military women's health, successful aging, and the availability of geriatric-trained nurse practitioners.

Table IV-F.1 Faculty Publications and Refereed Presentations

	Number of Peer-Reviewed Publications*	Refereed Presentations
2011	8	15
2012	2	11
2013	9	15
2014	14	12
Total	33	53

*Includes invited, book chapters, and in press

Through support provided by the Associate Dean for Research and the campus Office of Sponsored Programs, nursing faculty have applied for increasing grant funding over the past three years. Total grant funding for the period from 2011 through 2013 totaled $3,858,573. Table IV-F.2 illustrates the grant funding amount and date received.

Table IV-F.2 Faculty Grants Received

Grant	Date Received	Funding Amount
Statewide SANE Project	1/1/2011	$115,840
The Southern Colorado Rural Nursing	4/1/2011	$2,221,862
Advanced Education Nursing Traineeship	7/1/2011	$43,567
Enhanced Gerontological Competency	7/1/2011	$95,119
2011 TOTAL		**$2,476,388**
Statewide SANE Project	1/1/2012	$115,840
Enhancing Gerontological Competency	7/1/2012	$97,276
The Southern Colorado Rural Nursing	8/1/2012	$100,000
Caring for Colorado Foundation– Purchase of Equipment	11/1/2012	$10,000
2012 TOTAL		**$323,116**
Preparing Diverse Baccalaureate	7/1/2013	$1,049,060
Evaluation of Two Dating Violence PR	8/1/2013	$5,000
Lived Experiences of Female Veterans	9/1/2013	$5,000
2013 TOTAL		**$1,059,060**
3-Year TOTAL		**$3,858,573**

The faculty fulfill the mission and expectations of UCCS and the College through local, state, national, and international service positions in the following organizations and or groups: National Organization of Nurse Practitioner Faculty, Sigma Theta Tau International, American Academy of Nurse Practitioners, American Association of Colleges of Nursing, Society for the Arts in Health Care, Memorial Hospital Arts Advisory Council, Colorado Center for Nursing Excellence WELLS Center Simulation Development Advisory Committee, Colorado State Board of Nursing Advanced Practice Committee. In addition, faculty members serve on editorial boards for journals, consult with programs locally, nationally and internationally, and provide legal consultation to the state of Colorado.

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:

The nursing program reviews formal complaints according to the policies published in the Graduate Nursing Student Handbook and the UCCS Graduate School Policies and Procedures. The Graduate Nursing Student Handbook [http://www.uccs.edu/bethel/current/studenthandbooks.html] contains the policies associated with making a formal appeal related to grade or dismissal. Article IV pertains to professional behavior conduct, Article V pertains to the appeals process including appeals that move beyond the college to the UCCS Graduate School, and Article VI pertains to the process of dismissal from the program. Additionally, Article VI of the Graduate School Policies and Procedures define the process for graduate student appeals that move beyond the College level to the UCCS Graduate School. The graduate school procedure for student appeals is available online at http://www.uccs.edu/graduateschool/current-students/policies-and-procedures.html.

Student complaints are typically resolved at the instructor and/or department chair level. The program administrative assistant and the faculty refer students to the written policies. Table IV-G shows the 2011 through 2014 data regarding formal complaints with the level of resolution.

Table IV-G   Formal Student Complaints and Level of Resolution

	Department	Associate Dean of Academic and Operations	Dean of the Graduate School
2011	2	0	1
2012	1	1	1
2013	2	0	0
2014	3	1	0

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 collected throughout the evaluation process are used to foster ongoing program improvement. The evaluation process itself has been reviewed and determined to have weaknesses that can result in failure to collect and analyze data on a timely, regular basis. The formation of a formal evaluation committee within the nursing program structure in 2014 is the result of the review and evaluation of the program evaluation process. The committee is comprised of faculty members who teach graduate and undergraduate level courses as well as representatives from administration. The committee is scheduled to meet on a regular basis and follow a preset plan to evaluate all aspects of the nursing programs within the department of nursing. The evaluation committee reports to the full nursing faculty on a monthly basis. Specific program changes that have resulted from the program evaluation process include curricular changes to the NP, DNP and education curricula.

Adult/Gerontology Nurse Practitioner Curriculum

With the national mandate for making a change from separate educational preparation programs for adult nurse practitioners and gerontology nurse practitioners into a single, combined educational program and certification exam for adult/gerontology nurse practitioner, NP faculty conducted a thorough NP program review and concluded that the curriculum offered at that time was not sufficient to adequately prepare adult/gerontology nurse practitioner to provide safe, effective care. Almost simultaneous with the program review, analysis of ANP certification exam results revealed a low pass rate below the benchmark set for the program. The analysis of these separate sets of data resulted in a curriculum change as the transition was made to offering an educational program for adult/gerontology nurse practitioners. The curriculum change resulted in the addition of two courses to curriculum to better educate A/GNP students. The result of the curriculum change is evidenced by the improved certification exam results as shown in Table IV-C.

DNP Curriculum

Although program evaluation benchmarks indicated that DNP students and graduates were meeting the benchmarks for program completion and student/alumni satisfaction with program, FCQs for NURS 7110 repeatedly provided student feedback that the course was too intense for students to completely achieve the level of understanding that they determined was needed and desirable for the course content. Based upon student FCQ feedback over two consecutive years, the DNP curriculum was revised to move NURS 7110 from the summer term to the fall semester. A second program improvement that resulted from DNP student feedback was the decision to eliminate the requirement for a DNP student portfolio. The student input supporting this change was obtained from the alumni surveys that were sent in 2011. Based upon the alumni surveys, the faculty re-examined the purpose of the DNP student portfolios. After reinforcing that the portfolios were to being used to ensure that students were meeting all elements of the DNP Essentials, the faculty determined that the DNP Capstone projects served the same purpose and the portfolios were not necessary to determine whether the Essentials were met by the UCCS DNP graduates.

Education Curriculum

The MSN education option is currently undergoing a curricular change based upon FCQ results, alumni surveys, and personal communication with students in the education option. Students have strongly requested that the curriculum be changed from placement of all practicum hours at the end of the curriculum to being placed throughout the curriculum, which will allow students

to apply what they have learned in the didactic coursework to the practical experience in the practicum setting.

Analysis for Program Quality and Effectiveness

Beth-El College of Nursing and Health Sciences MSN and DNP programs are in compliance with Standard IV and its key elements.

Strengths:
1. MSN and DNP program completion rates exceed the UCCS and CCNE benchmark.
2. MSN and post-master's certification pass rates exceed the UCCS and CCNE benchmark.

Areas for Improvement:
1. The post-master's program completion rate fails to meet the UCCS and CCNE benchmark.
2. The graduate nursing evaluation plan lacks specificity for when evaluation reviews were to be conducted throughout the academic year.
3. The method for determining graduate employment rates has historically been based upon graduate disclosure to faculty and staff. This method allowed for error based upon the risk that graduates who were unable to obtain employment are possibly less likely to report her/his employment status to faculty and staff.
4. Poor response to employer satisfaction surveys

Action Plan:
1. The Associate Dean for Academics and Operations is developing a formal system to obtain exit interviews from all Beth-El College of Nursing and Health Sciences students who leave prior to completion of their program of study. The results will be used to develop a formal plan to address the low completion rates of post-master's nursing students.
2. A formal evaluation committee has been formed to consistently evaluate program outcomes based upon a revised evaluation plan. The new evaluation plan specifically outlines when data and program outcomes will be reviewed and analyzed. The evaluation committee reports monthly throughout the academic year to the full nursing faculty.
3. Beginning in June 2014, the AACN/EBI exit survey is being used to obtain employment status at the time of completion of the MSN and DNP programs. The exit surveys are launched approximately one month following program completion and provide a reliable, systematic method for obtaining employment data. The evaluation committee will request that the alumni surveys be launched within 12 months of program completion to provide a second reliable and systematic method for obtaining alumni employment data.
4. The evaluation committee is exploring alternative methods to obtain employer satisfaction data. Alternative sources for employer satisfaction identified by the committee include expanding the membership on the Dean's Advisory Council to employers of graduate alumni as well as adding program evaluation questions to the existing student evaluation form that is completed by each preceptor at the end of each semester.