

## Assessment of Doctor of Nursing Practice Program

The Doctor of Nursing Practice (DNP) degree prepares advanced practice nurses at the highest level. The DNP curriculum reflects expected student learning outcomes that are consistent with the overall program outcomes and the American Association of Colleges of Nursing Essentials of Doctoral Education for Advanced Nursing Practice.

**Student Learning Outcomes** - Graduates of the DNP Program are expected to be able to:

1. Evaluate and utilize advanced knowledge and theories from nursing and related disciplines to solve complex health issues for individuals, aggregates, populations, and systems.
2. Design, implement, and evaluate strategies that promote and sustain quality improvement at organization and policy levels.
3. Provide leadership in the transformation of health care through interprofessional collaboration, application of technology, and policy development.
4. Incorporate evidence-based clinical prevention and health services for individuals, aggregates, and populations.
5. Demonstrate clinical expertise, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.

In addition, course objectives are included in each course syllabus and are designed to develop knowledge, skills, and attitudes in the graduate core (research translation), advanced practice core (leadership), and selected clinical specialty area (clinical knowledge).

The indicators of the attainment of the DNP Program Outcomes are as follows: (1) attainment of required course outcomes; (2) pass rates on national certification exams, and (3) successful completion and defense of a DNP Project. Like other programs, the DNP curriculum and program outcome is undergoing major revisions. Outcomes for this academic year is articulated in the attached EMSON Program Evaluation Plan.

### Eleanor Mann School of Nursing Program Evaluation Plan – Reviewed 4/30/2024

#### **Standard 1 Program Quality: Mission & Governance**

Key Element	Sources of Data	Responsible Party	Frequency of Review	Expected Outcomes	Date of Review: 04/30/2024 <b>Met/ Not Met</b>
I-A. The mission, goals, and expected program outcomes are: ▪ congruent with those of the parent institution; and	<ul style="list-style-type: none"> <li>• U of A Mission</li> <li>• COEHP Mission</li> <li>• EMSON Mission &amp; Philosophy</li> <li>• EMSON and Global Campus Websites</li> </ul>	<ul style="list-style-type: none"> <li>• Standing committees</li> <li>• Director</li> <li>• Assistant director</li> <li>• UG/GR program coordinators</li> <li>• PEC</li> </ul>	Annually	EMSON mission, goals and expected student outcomes are accessible to students. They are congruent and consistent with parent institutions and professional nursing standards and guidelines.	Met

<ul style="list-style-type: none"> <li>▪ reviewed periodically and revised as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Full faculty minutes</li> </ul>				
<p>I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.</p>	<ul style="list-style-type: none"> <li>• Minutes (AAC, Full Faculty)</li> <li>• AACN Essentials (2021),</li> <li>• Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2022)</li> </ul>	<ul style="list-style-type: none"> <li>• Academic Affairs Committee</li> <li>• PEC</li> <li>• UG/GR program coordinators</li> </ul>	Annually	Systematic reviews are conducted. They include input from community of interest to foster program improvement.	Met
<p>I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest. congruent with institutional expectations.</p>	<ul style="list-style-type: none"> <li>• Committee/full faculty minutes</li> <li>• Students: course evaluations, end-of program evaluations; advising sessions</li> <li>• Alumni surveys</li> <li>• UA Promotion &amp; Tenure policies 1405.11</li> </ul>	<ul style="list-style-type: none"> <li>• Director</li> <li>• Assistant director</li> <li>• UG/GR program coordinators</li> </ul>	Annually	Expected faculty outcomes are clearly identified, written (documented in UA policy and EMSON Personnel Document) & shared with faculty by the director. Director send annual memo in May. They are congruent with those of parent institution.	Met
<p>I-E. Faculty and students participate in program governance.</p>	<ul style="list-style-type: none"> <li>• Committee Minutes</li> <li>• Faculty Handbook</li> <li>• Student representatives attend program level meetings</li> </ul>	<ul style="list-style-type: none"> <li>• EMSON standing Committees</li> </ul>	Ongoing	Roles of faculty and students in governance of program are clearly defined and promote participation.	Met
<p>I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:</p> <ul style="list-style-type: none"> <li>▪ fair and equitable;</li> </ul>	<ul style="list-style-type: none"> <li>• COEHP Personnel Document</li> <li>• EMSON Personnel Document</li> <li>• UG/GR Catalogs • University, college and school's Web pages</li> <li>• Faculty/Student/ Staff Handbooks</li> </ul>	<ul style="list-style-type: none"> <li>• EMSON standing committee chairs</li> <li>• UG/GR Program Coordinators</li> <li>• Director</li> <li>• Assistant director</li> </ul>	Ongoing	Nursing faculty are involved in development, review, and revision of academic program policies. Differences in EMSON and COEHP/UA are identified and are in support of achievement of the program's mission, goals and expected student outcomes. A process is in place by which policy review occurs annually	Met

<ul style="list-style-type: none"> <li>▪ published and accessible; and</li> <li>▪ reviewed and revised as necessary to foster program improvement.</li> </ul>	<ul style="list-style-type: none"> <li>• Committee Minutes</li> <li>• (Faculty, AAC, FAC, SAC)</li> <li>• Course syllabi</li> </ul>			and revisions are made as needed.	
I-G. The program defines and reviews formal complaints according to established policies.	<ul style="list-style-type: none"> <li>• Student Handbooks</li> <li>• Record of formal complaints SAC minutes)</li> </ul>	<ul style="list-style-type: none"> <li>• UG/GR program coordinators</li> <li>• Director</li> <li>• Assistant director</li> </ul>	Ongoing	A formal complaint is defined in UA policy and a record compiled of those complaints.	Met
I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	<ul style="list-style-type: none"> <li>• UG/GR Catalogs</li> <li>• EMSON WebSite</li> <li>• EMSON Admission materials</li> <li>• Student Handbooks</li> <li>• Recruitment materials</li> </ul>	<ul style="list-style-type: none"> <li>• EMSON Standing Committee Chairs</li> <li>• GR/UG Program Coordinators</li> <li>• Director</li> <li>• Assistant director</li> </ul>	Ongoing Review and Revision of the Website	References to the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, transfer of credit policies, grading policies, degree completion requirements, tuition, and fees are accurate. Accreditation status is publicly disclosed.	Met

**Standard 2 Program Quality: Institutional Commitment & Resources**

Key Element	Sources of Data	Responsible Party	Frequency of Review	Expected Outcomes	Date of Review: 04/30/2024 <b>Met/ Not Met</b>
II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.	<ul style="list-style-type: none"> <li>• EMSON Budget</li> <li>• Budget Priorities for fiscal year (Minutes)</li> <li>• Simulation Lab Inventory</li> <li>• Foundation Budgets</li> <li>• Tele-fee priorities</li> <li>• AACN Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing</li> </ul>	<ul style="list-style-type: none"> <li>• UG/GR Program Coordinator s</li> <li>• Faculty</li> <li>• *Director</li> </ul>	ongoing	The budget enables achievement of program’s mission, goals and expected faculty/student outcomes. The budget also support the development, implementation, and evaluation of program. Nursing compensation supports recruitment & retention of qualified faculty. Physical space is sufficient and enables EMSON to meet mission, goals, and expected student/faculty outcomes. A process is in place for regular review of EMSON’s fiscal and physical resources and improvements are made as appropriate	Met

<p>II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.</p>	<ul style="list-style-type: none"> <li>• EBI/Skyfactor exit surveys; alumni surveys</li> <li>• Student end-of course surveys</li> <li>• End-of-program surveys</li> <li>• Readiness to practice survey</li> <li>• Faculty satisfaction survey</li> </ul>	<ul style="list-style-type: none"> <li>• FAC</li> <li>• EMSON Standing Committee Chairs</li> <li>• *Director</li> <li>• College</li> </ul>	<p>Reviewed at least annually</p>	<p>FAC surveys faculty regarding resources and reports results to Director and faculty.</p>	<p>Partially met. Skyfactor survey not implemented</p>
<p>II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.</p>	<ul style="list-style-type: none"> <li>• Faculty surveys of resources</li> <li>• Student survey of resources (EBI)</li> <li>• Academic advisors</li> </ul>	<ul style="list-style-type: none"> <li>• *Director</li> <li>• EMSON standing committee chairs</li> <li>• UG/GR program coordinators</li> </ul>	<p>ongoing</p>	<p>Academic support services (library, IT, Global Campus, admission &amp; advising services) are regularly reviewed and found to be adequate for students and faculty to meet program requirements and achieve mission, goals, and expected student/faculty outcomes. Improvements are made as appropriate.</p>	<p>Met</p>
<p>II-D. The chief nurse administrator of the nursing unit:</p> <ul style="list-style-type: none"> <li>▪ is a registered nurse (RN);</li> <li>▪ holds a graduate degree in nursing;</li> <li>▪ holds a doctoral degree if the nursing unit offers a graduate program in nursing;</li> <li>▪ is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and</li> <li>▪ provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• Vitae</li> <li>• Director's job description</li> </ul>	<ul style="list-style-type: none"> <li>• COEHP Dean</li> <li>• *Program Evaluation Committee</li> </ul>	<p>ongoing</p>	<p>The Director has budgetary, decision making, and evaluation authority comparable to that of chief administrators of similar units at UA. She consults, as appropriate with faculty and other communities of interest, to make decision to accomplish the mission, goals, and expected student/faculty outcomes. The Director is perceived by the communities of interest to be an effective leader of the nursing unit.</p>	<p>Met</p>
<p>II-E. Faculty are:</p> <ul style="list-style-type: none"> <li>▪ sufficient in number to accomplish the mission, goals, and expected program outcomes;</li> <li>▪ academically prepared for the areas in which they teach; and</li> <li>▪ experientially prepared for the areas in which they teach.</li> </ul>	<ul style="list-style-type: none"> <li>• Faculty Vitae</li> <li>• Faculty list consisting of academic rank, educational degrees, licensure, certifications, and experiences.</li> </ul>	<ul style="list-style-type: none"> <li>• Director</li> <li>• UG/GR Program Coordinators</li> <li>• EMSON Faculty Standing Committee</li> <li>• *Program Evaluation Committee</li> </ul>	<p>ongoing</p>	<p>The FTE of faculty formula for calculating FTE is clearly delineated; the mix of FT and PT faculty is appropriate to achieve mission, goals, and expected student/faculty outcomes. Faculty-student clinical ratios (1:8 BSN, 1:6 DNP) meet Board of Nursing's and accrediting body's professional practice</p>	<p>Met</p>

	<ul style="list-style-type: none"> <li>• Faculty Workload guidelines</li> <li>• List of course/clinical sections</li> <li>• Status of faculty searches</li> <li>• EMSON faculty/course evaluations</li> <li>• Hiring requests</li> </ul>			standards. Faculty are academically prepared for the areas in which they teach. Rationale is provided and approval is obtained for the use of faculty who do not have a graduate degree. Faculty hold RN licensure. Clinical faculty are experienced in the clinical area of the course and maintain clinical expertise. Faculty supervising the DNP program hold appropriate licensure and certification.	
II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.	<ul style="list-style-type: none"> <li>• Preceptor list with credentials</li> <li>• Preceptor contracts &amp; orientation</li> <li>• Preceptor vitae</li> <li>• Student evaluations of preceptor(s)</li> <li>• Clinical coordinator evaluation of preceptor</li> </ul>	<ul style="list-style-type: none"> <li>• *UG/GR Program Coordinators</li> <li>• Course faculty</li> </ul>	ongoing	The roles of preceptors or mentors with respect to teaching, supervision, and student evaluation are clearly defined; congruent with mission, goals, expected student outcomes; and congruent with relevant professional nursing standards &/or guidelines. Preceptors and/or mentors have the expertise to support student achievement of expected learning outcomes. Preceptor/mentor performance expectations are clearly communicated to preceptors.	Met
II-G. 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.	<ul style="list-style-type: none"> <li>• COEHP Annual Report</li> <li>• Development offerings (FAC &amp; TFSC sponsored)</li> <li>• Faculty Vitae</li> <li>• Annual faculty evaluations</li> <li>• Faculty workloads</li> </ul>	<ul style="list-style-type: none"> <li>• Director</li> <li>• EMSON Standing Faculty Committees</li> <li>• UG/GR program coordinators</li> <li>• *Program Evaluation Committee</li> </ul>	Ongoing	Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (teaching, research, practice, service) and in support of the mission, goals, and expected student outcomes.	Met

**Standard 3 Program Quality: Curriculum and Teaching-Learning Practices**

Key Element	Sources of Data	Responsible Party	Frequency of Review	Expected Outcomes	Date of Review: 04/30/2024 <b>Met/ Not Met</b>
III-A. The curriculum is developed, implemented, and revised to reflect clear	<ul style="list-style-type: none"> <li>• AAC minutes</li> <li>• UG/GR program minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Academic Affairs</li> </ul>	Every 4 years	Curricular objectives (course, unit, level, competencies) provide	Met

<p>statements of expected student outcomes that:</p> <ul style="list-style-type: none"> <li>▪ are congruent with the program’s mission and goals;</li> <li>▪ are congruent with the roles for which the program is preparing its graduates; and</li> <li>▪ consider the needs of the program– identified community of interest.</li> </ul>	<ul style="list-style-type: none"> <li>• Curriculum plan</li> <li>• Program outcomes</li> <li>• EMSON course &amp; clinical evaluations</li> <li>• EMSON faculty evaluations of clinical sites</li> <li>• NEC Committee Minutes</li> </ul>	<p>Committee Chair</p> <ul style="list-style-type: none"> <li>• Assistant director</li> <li>• *UG/GR program coordinators</li> </ul>		<p>clear statement of expected individual student learning outcomes which contribute to the achievement of the mission, goals, and expected aggregate student outcomes.</p>	<p>Note: <i>Curriculum transformation initiated in Spring 2023 and is ongoing to meet the national recommendations, e.g., competency-based education.</i></p>
<p>III-B. Baccalaureate 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 (AACN, 2021).</p>	<ul style="list-style-type: none"> <li>• AR State Board of Nursing regulations</li> <li>• AACN standards:</li> <li>• The Essential s (2021)</li> </ul>	<ul style="list-style-type: none"> <li>• Academic Affairs Committee Chair</li> <li>• Assistant director</li> <li>• *UG/GR Coordinator s</li> </ul>	<p>Every 4 years</p>	<p>Each degree 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 skilled required by identified sets of standards are incorporated into the curriculum.</p>	<p>Met</p> <p><i>New BSN Curriculum to be implemented Fall 24.</i></p>
<p>III -C. Master’s curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, expected student outcomes (individual and aggregate).</p>	<ul style="list-style-type: none"> <li>• AACN standards:</li> <li>• The Essential s (2021)</li> </ul>		<p>Every 4 years</p>		<p>Met</p> <p><i>See above curriculum change notes.</i></p>
<p>III-D. DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, Practitioner Programs (NTF, 2022).</p>	<ul style="list-style-type: none"> <li>• AACN standards:</li> <li>• The Essential s (2021)</li> <li>• Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2022)</li> </ul>		<p>Every 4 years</p>		<p>Met</p> <p><i>Note: Major curriculum revision is underway to meet the national recommendations and trends in advanced practice nursing, e.g., competency-based education, job market, etc.</i></p>
<p>III-F. The curriculum is logically structured to</p>	<ul style="list-style-type: none"> <li>• Student surveys</li> <li>• Curriculum map</li> </ul>	<ul style="list-style-type: none"> <li>• Assistant Director</li> </ul>	<p>In conjunction</p>	<p>BSN faculty and students can articulate how knowledge from courses</p>	<p>Met</p>

<p>achieve expected student outcomes.</p> <ul style="list-style-type: none"> <li>▪ Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.</li> <li>▪ Master’s curricula build on a foundation comparable to baccalaureate level nursing knowledge.</li> <li>▪ DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student.</li> <li>▪ Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.</li> </ul>		<ul style="list-style-type: none"> <li>• *UG/GR Program Coordinators</li> <li>• Academic Affairs Committee Chair</li> </ul>	with review of courses	<p>in the arts, sciences, and humanities is incorporated into nursing practice. RN to BSN program demonstrates how these nurses acquire BSN competencies and essentials. MSN and DNP programs incorporate generalist knowledge from BSN and delineate how students acquire doctoral-level competencies of Essentials.</p>	
<p>III-G. Teaching learning practices:</p> <ul style="list-style-type: none"> <li>▪ support the achievement of expected student outcomes;</li> <li>▪ consider the needs and expectations of the identified community of interest; and</li> <li>▪ expose students to individuals with diverse life experiences, perspectives, and backgrounds.</li> </ul>	<ul style="list-style-type: none"> <li>• EMSON course syllabi</li> <li>• End of Course/Faculty Evaluations</li> <li>• End of Course reports</li> <li>• UG/GR Dept. minutes</li> <li>• Alumni/Exit surveys</li> <li>• Clinical evaluations</li> <li>• NEC Committee Minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Assistant director</li> <li>• *UG/GR Program Coordinators</li> <li>• Academic Affairs Committee Chair</li> </ul>	ongoing	<p>Teaching-learning practices and environment (classroom, clinical, lab, simulation, distance education) support the achievement of individual student learning outcomes identified in course, unit, and/or level objectives. The curriculum and teaching-learning practices are appropriate to the student population and consider the needs of the program- identified community of interest.</p>	Met
<p>III-H. The curriculum includes planned clinical practice experiences that:</p> <ul style="list-style-type: none"> <li>▪ enable students to integrate new knowledge and demonstrate attainment of program outcomes;</li> <li>▪ foster inter professional collaborative practice; and</li> <li>▪ are evaluated by faculty.</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Course Syllabi</li> <li>• Faculty meeting minutes</li> <li>• AAC minutes</li> <li>• PT Clinical faculty evaluations</li> <li>• UG/GR Dept. Minutes</li> <li>• Clinical Affiliation Agreements</li> <li>• Clinical evaluation tool</li> <li>• Simulation scenarios</li> </ul>	<ul style="list-style-type: none"> <li>• Assistant director</li> <li>• *UG/GR Program Coordinator s</li> <li>• Academic Affairs Committee Chair</li> </ul>	Ongoing	<p>Students in each degree program have 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 practices are designed to ensure students are competent to enter nursing practice at the level indicated by the</p>	Met

				degree. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.	
III-I. 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.	<ul style="list-style-type: none"> <li>• Student Handbooks</li> <li>• EMSON Clinical Evaluation tools</li> <li>• Course syllabi</li> </ul>	<ul style="list-style-type: none"> <li>• *UG/GR Program Coordinators</li> <li>• Academic Affairs Committee Chair</li> <li>• Course faculty</li> </ul>	Ongoing	Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. A process is in place for communicating the evaluation of individual student performance to students.	Met
III-J. The curriculum and teaching learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.	<ul style="list-style-type: none"> <li>• Alumni/Exit surveys</li> <li>• Student evaluations of courses</li> <li>• UG/GR Dept. minutes</li> <li>• Faculty evaluations</li> </ul>	<ul style="list-style-type: none"> <li>• Academic Affairs Committee Chair</li> <li>• *UG/GR Program Coordinators</li> </ul>	Every Semester	Faculty use data from student evaluations to inform decisions that facilitate achievement of student outcomes.	Met

**Standard 4 Program Effectiveness: Assessment and Achievement of Program Outcomes**

Key Element	Sources of Data	Responsible Party	Frequency of Review	Expected Outcomes	Date of Review: 04/30/2024 <b>Met/ Not Met</b>
IV-A A systematic process is used to determine program effectiveness.	<ul style="list-style-type: none"> <li>• Program Evaluation Plan The records are maintained on the EMSON server.</li> </ul>	<ul style="list-style-type: none"> <li>• *Program Evaluation Committee</li> <li>• Director</li> <li>• Assistant director</li> <li>• UG/GR program coordinators</li> </ul>	Ongoing	A process is in place that is written, ongoing, comprehensive, uses quantitative, and qualitative data, has timelines for collection, review, and analysis of data, and is periodically reviewed & revised.	Met
IV-B. Program completion rates demonstrate program effectiveness.	<ul style="list-style-type: none"> <li>• BSN, MSN, and DNP graduation rates</li> <li>• Attrition data</li> </ul>	<ul style="list-style-type: none"> <li>• UG/GR Program Coordinators</li> <li>• Assistant director</li> <li>• *Director</li> </ul>	Yearly May	Each program demonstrates achievement of required program outcomes; completion rates are 70% or higher.	Met

IV-C. Licensure pass rates demonstrate program effectiveness.	<ul style="list-style-type: none"> <li>• NCLEX results</li> </ul>	<ul style="list-style-type: none"> <li>• UG/GR Program Coordinators</li> <li>• Assistant director</li> <li>• *Director</li> </ul>	Ongoing	The NCLEX pass rate is 80% or higher for first-time takers.	Met
IV-D. Certification pass rates demonstrate program effectiveness.	<ul style="list-style-type: none"> <li>• Certification Rates</li> </ul>	<ul style="list-style-type: none"> <li>• UG/GR Program Coordinators</li> <li>• Assistant director</li> <li>• *Director</li> </ul>	Ongoing	Certification pass rates are 80% or higher for first-time takers.	Partially Met – small FNP/ACNP cohorts in DNP program
IV-E. Employment rates demonstrate program effectiveness.	<ul style="list-style-type: none"> <li>• Graduate surveys</li> <li>• From COEHP</li> </ul>	<ul style="list-style-type: none"> <li>• UG/GR Program Coordinators</li> <li>• Assistant director</li> <li>• *Director</li> </ul>	After graduation	The employment rate is 70% or higher for each program (BSN, MSN, and DNP).	Met
IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.	<ul style="list-style-type: none"> <li>• Standing committee minutes</li> </ul>	<ul style="list-style-type: none"> <li>• UG/GR Program Coordinators</li> <li>• Assistant director</li> <li>• *Director</li> </ul>	Ongoing	The program uses outcome data for program improvement. Provide examples.	Met
IV-G. Aggregate faculty outcomes demonstrate program effectiveness.	<ul style="list-style-type: none"> <li>• Annual Faculty Evaluation</li> <li>• EMSON Personnel Document</li> <li>• Student evaluations of course</li> </ul>	<ul style="list-style-type: none"> <li>• Personnel committee</li> <li>• *Director</li> <li>• PEC</li> </ul>	Annually - spring	<ul style="list-style-type: none"> <li>• Aggregate student course evaluations (end of course survey) reflect at least a 4.25 on a 5-point scale on the following statements: <ul style="list-style-type: none"> <li>• Q5: Teaching and learning practices and environments were appropriate for achieving course objectives</li> <li>• Q8: This course encourages me to think critically</li> </ul> </li> <li>• At least 90% of nursing faculty will engage in a professional development activity related to their teaching assignments.</li> <li>• 90% of faculty with research assignment will publish one peer reviewed work as first author or 2 peer reviewed published works as 2nd or 3rd author.</li> <li>• Ninety percent of research faculty will</li> </ul>	Met

				present at a national or international conference. <ul style="list-style-type: none"> <li>• 75% of nursing faculty will serve on a college or university committee, chair or cochair a department committee, or demonstrate leadership in a professional organization at the national or international level.</li> </ul>	
IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.	<ul style="list-style-type: none"> <li>• Annual faculty evaluation</li> <li>• Student evaluations of course</li> </ul>	<ul style="list-style-type: none"> <li>• Personnel committee</li> <li>• *Director</li> <li>• Assistant director</li> </ul>	Ongoing		Met
IV-I. Program outcomes demonstrate program effectiveness.	<ul style="list-style-type: none"> <li>• Student Satisfaction Surveys <ul style="list-style-type: none"> <li>○ End of program surveys</li> </ul> </li> <li>• Outcome assessment data</li> <li>• Clinical evaluations</li> </ul>	<ul style="list-style-type: none"> <li>• UG/GR Program Coordinators</li> <li>• Assistant director</li> <li>• *Director</li> </ul>	Ongoing	<ul style="list-style-type: none"> <li>• 100% of students in cohort achieve 75% or higher on NURS 4722 clinical evaluation</li> <li>• 100% of students in cohort achieve 75% or higher in capstone course evaluation (RNBSN)</li> <li>• Each item on the Skyfactor End of Program survey will score at least 5.5 on a 7-point scale.</li> <li>• Online BSN Outcomes Assessment: 100% of artifacts reviewed will achieve at least 3 on a 4 points scale on each criterion</li> <li>• 80% of respondents will select either “strongly agree” or “agree on the DNP end-of-program survey on each item</li> <li>• At least 80% of respondents will affirm achievement of all five program outcomes on the DNP end-of-program survey</li> </ul>	Met
IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.	<ul style="list-style-type: none"> <li>• UG/GR dept. minutes</li> <li>• • SAC/AAC minutes</li> <li>• ATI/APEA results</li> <li>• NCLEX/Certification data</li> </ul>	<ul style="list-style-type: none"> <li>• UG/GR Program Coordinators</li> <li>• Assistant director</li> <li>• Director</li> </ul>	Ongoing	The program uses outcome data for program improvement (Ex: completion, licensure, certification, employment rates, program outcomes, and formal complaints).	Met – DNP program implemented use of APEA certification prep for graduating cohort of 2024

	<ul style="list-style-type: none"><li>• Program completion data</li><li>• Student outcome assessment data</li><li>• Student satisfaction survey</li><li>• Employer surveys</li></ul>	<ul style="list-style-type: none"><li>• Faculty Committees</li><li>• Faculty</li></ul>		Examples provided in formal reports.	
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