

Doctor of Nursing Practice 2017-2018

The Doctor of Nursing Practice (DNP) degree prepares advanced practice nurses at the highest level. 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 DNP curriculum reflects expected student learning outcomes that are consistent with the overall program outcomes.

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.

The **indicators of the attainment** of the DNP Program Outcomes are as follows: (1) attainment of required course outcomes; (2) adherence to UA Graduate School Academic Progression Policy Grade Point Average (GPA) Requirement to Receive a Doctoral Degree *students must obtain a minimum 3.0 cumulative grade point average on all graded graduate course work taken in residence to receive a doctoral degree from the University of Arkansas*; (3) successful completion and defense of a Capstone Project

Nineteen out of 20 students successfully completed a Capstone project in 2017/2018. One student plans to complete the DNP project in August, 2018. Pass rate on the national Certification Exam was 100%, as reported by students taking the exam for the first time. The American Nursing Credentialing Center (ANCC) reports a pass rate of 83% for EMSON (this includes first time takers as well as those repeating the exam).

Attachment 1 EMSON Program Evaluation Plan

Timeline

| MONTH | RESPONSIBLE INDIVIDUAL OR GROUP | ACTIVITY/Source of data | OUTCOME | FOLLOW-UP REPORT | USE OF INFORMATION |
|-----------------------|---------------------------------|---|---|---|--|
| Monthly and as needed | Faculty | Faculty meetings with pre-licensure student representatives | Program satisfaction | Data immediately used to resolve issues, or assigned to appropriate faculty council or individual for recommendations | Council or individual designated to address immediate issues and communicate to students |
| December | Course faculty | End of course assessment – individual faculty complete end of course form | Program effectiveness Student outcomes | Recommendations to appropriate council Council report to full faculty | Individual faculty enhance teaching/learning experiences using best practices Curriculum revisions Faculty development |
| December | Students | Standardized course and clinical evaluations completed | Program and clinical site satisfaction Program and clinical site effectiveness | Included in individual faculty course assessment | Curricular revision Faculty development Improvement of clinical experiences |

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| | | | | Evaluation of and feedback to clinical site | Clinical placement decisions |
| December | Academic Affairs Council (AAC) | Outcome alignment assessment | Program effectiveness Student Learning outcomes | Feedback to faculty at January faculty retreat | Entire faculty discuss relevance and continuity of curricular concepts Curricular revision |
| January | Faculty | Individual faculty complete self-evaluation in areas of teaching, scholarship, service | Program evaluation | Communicate to peer evaluation team | Faculty development Employment/contract/promotion/tenure decisions |
| January (week before school starts) | AAC | Discussion of fall faculty end of course evaluations with recommendations (summaries to address student outcomes) | Student outcomes Program effectiveness | Summary report to full faculty at February meeting Data used to revise courses or revise curriculum in general | Individual faculty enhance teaching/learning experience through use of EB strategies Entire faculty discuss relevance and continuity of curricular concepts Curriculum revision |

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| February | Peer evaluation team | Complete peer evaluations of individual faculty members | Program evaluation | Communicate to program director | Faculty development Employment/contract/promotion/tenure decisions |
| March | Program director | Complete faculty evaluations | Program evaluation | Communicate to Dean | Faculty development Employment/contract/promotion/tenure decisions |
| April | Assistant director, program director | Pre-licensure student focus group –one group with representatives from each class RN-BSN focus group | Program effectiveness Program satisfaction | Report summary findings to faculty in May | Faculty development Confirm adequacy of or revise curriculum/policies and/or teaching strategies Review advising process; faculty development Develop meaningful student activities Budget review for technology and/or equipment needs |
| May | Course faculty | End of course assessment – individual faculty complete end of course form | Program effectiveness Student outcomes | Recommendations to appropriate council Council report to full faculty | Individual faculty enhance teaching/learning experiences using best practices Curriculum revisions Faculty development |

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|-----------------|----------------|--|---|---|--|
| May | Students | Standardized course and clinical evaluations completed | Program and clinical site satisfaction Program and clinical site effectiveness | Included in individual faculty course assessment Evaluation of and feedback to clinical site | Curricular revision Faculty development Improvement of clinical experiences Clinical placement decisions |
| May | AAC | Outcome alignment assessment | Program effectiveness Student outcomes | Individual faculty recommendations to appropriate council (AAC) Feedback to student | Entire faculty discuss relevance and continuity of curricular concepts Curricular revision Assignment revision |
| Ongoing monthly | AAC | Review program outcome quality outcomes | Aggregate outcomes | Results discussed at August faculty retreat Director communicate to Dean | Curriculum/policy revision Resource allocation |
| June | Administration | Deploy new graduate survey (EBI) | Aggregate outcomes | Results discussed at August faculty retreat | Curriculum/policy revision |

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| June | Administration | Deploy alumni survey (EBI) | Aggregate outcomes | Results discussed at August faculty retreat | Curriculum/policy revision |
| June | Administration | Deploy employer survey(EBI) | Aggregate outcomes | Results discussed at August faculty retreat | Curriculum/policy revision |
| June | Assistant Director | Retention/attrition statistics NCLEX pass rates | Graduation rates | Results discussed at August faculty retreat | Analyze cohort and growth trends to monitor movement toward outcomes. Recommendations for curriculum and/or policy revision are developed collectively by faculty during fall and spring retreat.*** |
| August (week before school starts) | AAC | Discussion of spring faculty end of course evaluations and outcome alignment assessments with recommendations (summaries to address student outcomes) | Student outcomes Program effectiveness | Summary report to full faculty at fall retreat Data used to revise courses or revise curriculum in general | Individual faculty enhance teaching/learning experience through use of EB strategies Entire faculty discuss relevance and continuity of curricular concepts Curriculum revision |
| August | Assistant Director | NCLEX results Kaplan scores Employment stats | Aggregate student outcomes | Results discussed at August faculty retreat | *** Better use of these tests for instruction and remediation |

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| On-going | Director | Budget review | Adequate learning resources Quality educational experience Faculty satisfaction | Results reported at faculty meetings | Equipment requests Faculty line requests Grant opportunities |
| On-going | Director | Exit assessment with students who withdraw or fail to progress | Program effectiveness Student outcomes | Summary report to full faculty | Curriculum revision Admission/progression policy revisions |
| On-going (every 8 weeks) | RN-BSN faculty | Review of RN-BSN course/faculty evaluations | Student outcomes | Data immediately fed back to revise course or to revise | Individual faculty enhance teaching/learning experience Entire faculty discuss continuity of curricular concepts |
| On-going (every 8 weeks) | RN-BSN faculty | RN-BSN Capstone Assignment Review | Student outcomes | During assessment workday | *** |

Outcomes

| Program Outcomes | Program Outcome Quality Indicators (need benchmarks) |
|---|---|
| Program satisfaction: relevant professional nursing program | <ul style="list-style-type: none"> • Graduate employment in diverse practice settings • Employer feedback |
| Program effectiveness: quality educational experience | <ul style="list-style-type: none"> • Effective faculty who participate in service, scholarship, and teaching • NCLEX-RN® : 80% of graduates will pass on first attempt. • Kaplan Comprehensive Predictor: class average scores will be at least 90% probability of passing NCLEX-RN® • Graduation rates |
| Program satisfaction: adequate learning resources | <ul style="list-style-type: none"> • Adequate, relevant clinical resources • Effective technology to support curriculum • Adequate library resources • Efficient lab/classroom facilities • Adequate learning support resources • Effective advising |
| Student Learning Outcomes Evaluation | Aggregate Student Outcome Indicators |
| <ol style="list-style-type: none"> 1 Contribute leadership to health care systems, in professional organizations, and inter-professional teams to promote quality improvement and patient safety. 2 Design, deliver and evaluate evidence-based patient-centered care across the lifespan and the health-illness continuum. 3 Demonstrate skill in using patient care technologies, information systems, and communication devices that support safe nursing practice. | <p>Pre-licensure graduates</p> <ul style="list-style-type: none"> • Alignment review - _____score, class average will be at 3 on a 4 point scale. • Alignment review - _____score, class average will be at 3 on a 4 point scale. • Alignment review - _____score, class average will be at 3 on a 4 point scale. |

- 4 Use knowledge of health care policy, finance, and regulatory environments to advocate for quality health care.
- 5 Use effective professional communication and collaborative skills to deliver evidence-based care to individuals, families and communities as part of an inter-professional team.
- 6 Design, deliver, and evaluate evidence-based health promotion/health protection interventions and programs.
- 7 Assume responsibility and accountability for behaviors that reflect professional standards for moral, ethical and legal conduct.
- 8 Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic, and environmental assessments of health and illness using developmentally appropriate approaches.

- Alignment review - _____ score, class average will be at 3 on a 4 point scale.
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- Alignment review - _____ score, class average will be at 3 on a 4 point scale.
- EBI Survey of new grads – AACN questions – class average scores will be at benchmark (5.5 on 7 point scale)

RN-BSN graduates

- Capstone assignment scores will average 3 on a 4 point scale
- Survey of new grads (EBI) : responses to program outcomes and program satisfaction meet benchmark (5.5 on 7 point scale).

Attachment 2 – Rubric for Program Evaluation

Program Outcome - Uses Effective Professional Communication and Collaborative Skills to Deliver Evidence Based Care to Individuals, Families, and Communities as Part of an Interprofessional Team

Course SLO - Communicates effectively with all members of the healthcare team, including the patient and the patient’s support network.

| | 4 Met outcome and almost never requires direction, monitoring, guidance, and support | 3 Met outcome, 25% of the time requires direction, monitoring, guidance, and support | 2 Did not meet outcome, 50% of the time requires direction, monitoring, guidance, and support | 1 Did not meet outcome- 75% of the time requires direction, monitoring, guidance, and support | 0 Did not meet outcome - Dependent – almost always requires direction, monitoring, guidance, and support |
|--|---|---|--|--|---|
| Uses effective communication skills – verbal and written | +++++ | + | | | |
| Uses effective collaborative skills | +++++ | + | | | |
| Delivers evidence based care | +++++ | +++ | | | |
| Participates as part of interprofessional team | +++++ | + | | | |
| Patients | +++++ | + | | | |
| Families | +++++ | ++ | | | |
| Communities | N/A | | | | |

10 Clinical Evaluation Tools from NURS 4722 Immersion were randomly chosen and downloaded from Blackboard. The rubric was used to determine whether the program outcome was met (what is expected of all students).