Pacific Lutheran University

Doctor of Nursing Practice Program Self-Study

Pacific Lutheran University
School of Nursing
12180 Park Avenue S.
Tacoma, WA
www.plu.edu/nursing

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Educating nurses for Lives of thoughtful Inquiry, Service,
Leadership, and Care

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Introduction

Pacific Lutheran University (PLU) is a comprehensive private university located on a 156-acre campus six miles south of Tacoma in suburban Parkland, Washington. The mission of the university is: *PLU seeks to educate students for lives of thoughtful inquiry, service, leadership and care – for other people, for their communities, and for the earth.*

Pacific Lutheran University was founded in 1890 and celebrated its 125th anniversary in 2015. The school opened as Pacific Lutheran Academy and became a community college in 1921. Ten years later it was organized into a three-year normal school that, in 1939, became a College of Education. The institution changed its name to Pacific Lutheran College (PLC) in 1941. PLC became PLU in 1960 when the institution was reorganized as a university. It presently includes: Divisions of Humanities, Natural Sciences, and Social Sciences; and professional schools of Arts and Communication, Business, Education and Kinesiology, and Nursing. The university offers 44 majors and 54 minors, as well as graduate programs in [business administration](), [creative writing](), [education](), [finance](), [marketing research](), [marriage and family therapy](), and [nursing](). PLU is internationally known for its [Holocaust and Genocide Studies program]() which holds an annual Powell-Heller Conference for Holocaust Education.

Throughout its history, PLU has remained closely affiliated with the Lutheran church and is now one of 26 member universities of the Evangelical Lutheran Church in America (ELCA). PLU is a nonprofit corporation owned by more than 600 congregations of Region 1 of the ELCA.

PLU is a member of The [New American Colleges and Universities](), a national consortium of mid-sized (2,000 to 7,500 students) independent colleges and universities committed to the integration of liberal education, professional studies, and civic engagement. The New American College/University model was coined by Ernest Boyer in the1990s. Pacific Lutheran University seeks to maximize its mission to become an internationally renowned model of a New American University, integrating the liberal arts, professional education, and community and civic engagement.

Dr. Thomas W. Krise became the 13th president of Pacific Lutheran University on June 1, 2012. He holds full professorship with tenure in the Department of English. Prior to his appointment as PLU's president, he was dean of the College of the Pacific at the University of the Pacific in Stockton, CA, and served as chair of the Department of English at the University of Central Florida in Orlando. President Krise is a retired lieutenant colonel after serving 22 years on active duty in the U.S. Air Force as a regular commissioned officer. Under President Krise's leadership, PLU has embarked on a strategic planning process designed to make PLU an internationally renowned model of a New American University.

The university has had three 10-year long-range plans, *PLU 2000: Embracing the 21st Century, PLU 2010: The Next Level of Distinction* and *PLU 2020: Affirming Our Commitments, Shaping Our Future* ([www.plu.edu/PLU2020]()). *PLU 2020* provides the framework, foundation and direction for strategic decision making in five areas: 1) *identity and mission* as a regional university committed to liberal and purposeful learning and to the discernment of vocations that care for individuals, their communities, and the earth; 2) *social and economic context* of the

period (global economic stress and uncertainty, rapid and continual technological change, major demographic changes, and increased public scrutiny of higher education); 3) academic excellence and engaging each student in an education that opens her or him to the life of the mind through *academic and co-curricular activities*; 4) a diverse, just and sustainable *learning community*; and 5) expanding the *financial* resource base and finding new sources of revenue to support our mission. PLU has set out three pathways to academic distinction: global education and service to the world, student-faculty research and creative projects, and helping students discern meaning and purpose in their lives.

PLU offers approximately 3,300 students a unique blend of academically rigorous liberal arts and professional programs. In 2015-2016 there are 2,860 undergraduate students and 331 graduate students. The student body is 62 percent female, 38 percent male, 27 percent students of color, and 4.7 percent are international students representing 26 countries. PLU awards more than $44 million in grants and scholarships from all sources (federal, state, institutional) to students each year. Ninety-seven percent of all students receive financial assistance from at least one source.

The leadership team for PLU consists of the President, the Provost and Senior Vice President, and four additional Vice Presidents. The Provost and Senior Vice President for Academic Affairs, Dr. Steven Starkovich, is the Chief Academic Officer for the University. The remainder of the PLU leadership team consists of the Vice President for Student Life, Dr. Joanna Royce-Davis; the Vice President for Finance and Administration, Allan Belton; the Vice President for Marketing and Communications, Donna Gibbs; and Daniel Lee, the Vice President for Advancement (see PLU leadership organizational chart Appendix Intro-1).

In January 2014 as part of the strategic plan to expand graduate program offerings the university hired Dr. Geoffrey Foy as the Associate Provost for Graduate and Continuing Education. Dr. Foy chairs the Graduate Council, which serves in an advisory capacity on matters pertaining to graduate education at PLU, and includes the directors of graduate programs who represent the deans of each division or school with a graduate program. The Graduate Council makes recommendations to the Provost regarding new program proposals, strategic marketing of the graduate programs, program prerequisites, graduate student admissions, and graduate scholarships and assistantships. The Associate Dean for Graduate Nursing Programs is a member of the PLU Graduate Council.

PLU has 297 full-time and 197 part-time faculty members to provide an overall student/faculty ratio of 15 to 1. The university uses a calendar that consists of two fifteen-week semesters bridged by a four-week January term. Course credit is computed by semester hours. Each undergraduate degree candidate is expected to complete a minimum of 128 hours with a minimum overall grade point average of 2.00. Departments or schools may set higher grade point requirements. Graduate program credits requirements vary by program, but all graduate students must graduate with a minimum grade point average of 3.00 in all graduate work.

Accreditations and Approvals. Pacific Lutheran University is fully accredited by the Northwest Commission on Colleges and Universities (NWCCU) as a four-year institution of higher education (www.nwccu.org). Since 1987 *U.S. News and World Report* has identified

PLU as one of the finest small comprehensive universities in the country. In 2015 PLU was ranked number 14 in the *U.S News and World Report* Regional University (West) rankings. The PLU Graduate Nursing programs were ranked number 83 by *U.S News and World Report* in 2015.

In addition to accreditation being affirmed by NWCCU, many of PLU's programs, including nursing, hold specialized accreditations and approvals. These accreditations and approvals are listed in the *PLU Online Catalog* (http://www.plu.edu/catalog-2015-2016/university-information/accreditation/).

PLU School of Nursing

The PLU School of Nursing (SoN) is the only traditional BSN program and the only DNP program in the South Puget Sound area. The SoN is housed in Ramstad Hall, close to the Anderson Student Center, the Mortvedt Library, and Student Services in the Administration building. The School has a rich history spanning 65 years and currently has three degree programs: BSN, MSN, and DNP. Nursing is the largest undergraduate major on campus with current enrollment of 239 BSN students. There are 49 MSN and 15 DNP students enrolled in the 2015-2016 academic year. The demographic profile of the School of Nursing programs is found in Appendix Intro-2.

History. Pacific Lutheran University School of Nursing was established in 1951 as the Department of Nursing Education at Pacific Lutheran College (PLC), offering the BSN. From 1951 until 1960 a cooperative agreement existed with Emanuel Hospital in Portland, Oregon to provide clinical education to PLC nursing students. In June 1960 the Department of Nursing Education became the School of Nursing. In 1982, the title of the Director was changed to Dean.

An RN to BSN program was created and offered in cooperation with Harrison Memorial Hospital in Bremerton in 1993. An RN to MSN program was started in 1999. Admissions to both of these programs are currently on hold pending curriculum updates and allocation of sufficient faculty. In 1989, the Master of Science in Nursing degree was approved. The two tracks in the MSN program have been the Family Nurse Practitioner (FNP) and the Care and Outcomes Manager (COM) throughout its history. With implementation of the DNP program, the MSN FNP track is being phased out. The last class of MSN FNP students will graduate in May 2016.

In 2003, the School of Nursing enrolled its first cohort in the Entry-Level MSN (ELMSN) program. The ELMSN program enters 20 students per year and frequently achieves a 100% pass rate on the NCLEX-RN exam.

The Doctor of Nursing Practice (DNP) FNP program was approved by a unanimous vote of the PLU Faculty Assembly in December 2013 and received approval from the Board of Regents in February 2014. The first post-MSN DNP FNP students were admitted in spring 2015, and the first full cohort of BSN to DNP FNP students was admitted in summer 2015. A Psychiatric Mental Health Nurse Practitioner (PMHNP) concentration in the DNP was approved by the PLU faculty in November 2015, and is expected to have approval by the PLU Board of Regents

(BOR) in February 2016. We anticipate admitting the first cohort of PMHNP students to begin summer 2016.

Administration of the School of Nursing. Dr. Sheila Smith was appointed Dean of the School of Nursing in August 2014. Dr. Teri Moser Woo has served as Associate Dean for Graduate Nursing Programs and Director of the Nurse Practitioner program since 2012. Dr. Lorena Guerrero is the Interim Director of Continuing Nursing Education (see Appendix Intro-3 for the SoN Organizational Chart).

Academic Programs. The degree programs in nursing are: the Basic (traditional) BSN program, with an LPN to BSN pathway, MSN program, Entry-Level MSN, and Doctor of Nursing Practice. The MSN concentration is the Care and Outcomes Manager (COM). Nurse Educator and Nurse Administrator tracts are also approved but are not currently accepting applications, as they were under-enrolled and are in need of curriculum updates. The SoN has an approved dual MSN/MBA degree program with the PLU Business School which has also been under-enrolled. The MSN/MBA program is not accepting students, and options for this program are being explored. The DNP concentration is Family Nurse Practitioner; a Psychiatric Mental Health Nurse Practitioner concentration has also been approved pending final PLU BOR and WA State Nursing Care Quality Assurance Commission (NCQAC) approvals.

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:

Mission Congruence

Pacific Lutheran University (PLU) purposefully integrates the liberal arts, professional studies, and civic engagement, as it carries out its mission *"to educate students for lives of thoughtful inquiry, service, leadership and care—for other people, for their communities and for the Earth."* As a Lutheran institution of higher learning PLU continues the tradition of Lutheran higher education through its commitment to the advancement of knowledge, thoughtful inquiry and questioning, and the preparation of citizens in service to the world and to its ongoing reform. The PLU community accepts people from all faith backgrounds, as well as those who

proclaim no faith background. The development and campus-wide involvement in the creation of *PLU 2000, PLU 2010* and *PLU 2020* affirm the "university's mission and the expression of its identity and self-understanding as a Lutheran university." Copies of *PLU 2000*, *PLU 2010,* and *PLU 2020* are found in the onsite resource room, Exhibit I-A.1.

The university vision is: "As a university of the first rank, Pacific Lutheran University seeks to maximize its mission for all students as the leading example of the Lutheran tradition of higher education, purposefully integrating the liberal arts, professional studies, and civic engagement." PLU values diversity, justice, sustainability, critical questioning, protecting freedom, liberating study, learning in community, honoring life on Earth, discerning one's calling, and serving wholeness and health. The PLU mission, vision, and values are used to guide strategic planning (http://www.plu.edu/president/planning/strategic-planning/).

The School of Nursing's guiding principles, vision, mission, philosophy, and expected student and faculty outcomes are congruent with and derive from those of the university. The guiding principles or core values of the School of Nursing and found in Table I.A.1.

Table I-A.1. PLU School of Nursing Guiding Principles

- Benevolence, Care, and Compassion for All
- Nourishing Student and Faculty Success
- Celebrating Diversity and Inclusive Excellence
- Fostering Whole Person Development
- Collaborating Intentionally as Teachers, Leaders, and Scholar-Practitioners
- Partnering with Communities for Improved Population Health and Well-Being
- Reaching out Globally for Engaged Service, Learning, and Scholarship
- Contributing to Sustainable Advancement of the Discipline, Profession, and Practice of Nursing
- Cultivating a Dynamic Community of Giving and Learning
- Advancing Health Equity for All

The mission statement of the School of Nursing is:

Pacific Lutheran University School of Nursing is dedicated to…
- Exemplary and responsive undergraduate, graduate, and continuing nursing education;
- Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world;
- Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship;
- Advancing the vision and mission of the university through collaborative partnerships that foster innovation and change.

The vision of the School of Nursing is: "Pacific Lutheran University School of Nursing will be a nationally recognized program of preference and distinction, dedicated to improving health and healthcare for all, enacted through transformational nursing education, committed and responsive leadership, and meaningful scholarship." The philosophy of the SoN embraces the vision and mission of Pacific Lutheran University for thoughtful inquiry, service, leadership, and care and consists of five [elements]: nursing and health, collegiate nursing education, faculty as

compassionate leaders and scholars, students as the future promise of the discipline, and shared values and guiding principles (Appendix I-A.1). The guiding principles, mission, vision, and philosophy are used to guide strategic planning for the School of Nursing and are found in the faculty and student handbooks, as well as on the SoN website (http://www.plu.edu/nursing/about/guiding-principles-vision-and-mission-statements/). A comparison of the PLU university and SoN mission, vision, and values is found in Table I-A.2.

Table I-A.2. PLU Mission, Vision and Values compared to PLU School of Nursing Mission, Vision and Guiding Principles.

	Pacific Lutheran University	**PLU School of Nursing**
Mission	PLU seeks to educate students for lives of thoughtful inquiry, service, leadership and care—for other people, for their communities and for the Earth.	Pacific Lutheran University School of Nursing is dedicated to… - Exemplary and responsive undergraduate, graduate, and continuing nursing education; - Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world; - Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship; - Advancing the vision and mission of the university through collaborative partnerships that foster innovation and change.
Vision	As a university of the first rank, Pacific Lutheran University seeks to maximize its mission for all students as the leading example of the Lutheran tradition of higher education, purposefully integrating the liberal arts, professional studies, and civic engagement.	Pacific Lutheran University School of Nursing will be a nationally recognized program of preference and distinction, dedicated to improving health and healthcare for all, enacted through transformational nursing education, committed and responsive leadership, and meaningful scholarship.
Values/Guiding Principles	• Diversity • Justice • Sustainability • Critical Questioning • Protecting Freedom • Liberating Study • Learning in Community • Honoring Life on Earth • Discerning One's Calling • Serving Wholeness and Health	• Benevolence, Care, and Compassion for All • Nourishing Student and Faculty Success • Celebrating Diversity and Inclusive Excellence • Fostering Whole Person Development • Collaborating Intentionally as Teachers, Leaders, and Scholar-Practitioners • Partnering with Communities for Improved Population Health and Well-Being • Reaching out Globally for Engaged Service, Learning, and Scholarship

		• Contributing to Sustainable Advancement of the Discipline, Profession, and Practice of Nursing • Cultivating a Dynamic Community of Giving and Learning • Advancing Health Equity for All

The above SoN foundational statements and documents were developed collaboratively by the SoN faculty in the 2014-15 academic year. Based on these documents, a SoN strategic plan was developed and is now in the process of being implemented (SoN Strategic Planning Initiatives & Framework, 2015-2020, Appendix 1-A.2).

Program Outcomes Congruence

In the Doctor of Nursing Practice (DNP) program, the nursing faculty endeavor to develop and enhance highest levels of nursing practice knowledge and expertise, cultivation of multiple forms of inquiry, and advanced professional decision making, consistent with national advanced nursing standards and regulations. The eight DNP program outcomes and the curriculum are derived from the university and SoN missions. The American Association of Colleges of Nursing (AACN) *Essentials of Doctoral Education for Advanced Nursing Practice* (*Doctoral Essentials,* 2006) provided the guiding framework for development of the PLU DNP program outcomes. Specialty course work for the Family Nurse Practitioner (FNP) and Psychiatric Mental Health Nurse Practitioner (PMHNP) concentrations was developed using the National Association of Nurse Practitioner Faculties (NONPF) *Nurse Practitioner Core Competencies* (2012) and NONPF *Population-Focused Nurse Practitioner Competencies* (2013). The *Criteria for Evaluation of Nurse Practitioner Programs* (*NTF Criteria,* NONPF, 2012) were used to ensure the curriculum and teaching meet the quality standards for nurse practitioner education. The graduate core courses, required in both the MSN and DNP programs, were developed according to the *Essentials of Master's Education in Nursing* (AACN, 2011). The *Quality and Safety Education for Nurses* (QSEN) graduate level competencies (2012) were incorporated into DNP course development. The DNP specialty curriculum meets the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (LACE, 2009) recommendations for advanced practice nursing education. Copies of these professional documents are located in the onsite resource room (Exhibit I-A.2). The DNP program outcomes are published in the PLU School of Nursing Graduate Student Handbook (flash drive and Exhibit I-A.3), on the School of Nursing website (www.plu.edu/nursing), and on the DNP page within the Graduate Nursing Admission website (www.plu.edu/dnp). The DNP program outcomes are used as the framework for DNP student portfolios. A crosswalk table of PLU DNP program outcomes and AACN *Doctoral Essentials*, NONPF DNP Core Competencies, and QSEN graduate competencies is found in Appendix I-A.3

In the State of Washington, nurse practitioners are called Advanced Registered Nurse Practitioners (ARNP) by state statute. The FNP and PMHNP concentrations were developed according to Washington Administrative Code (WAC) 246-840-455 *Requirements for advanced registered nurse practice educational programs in Washington State*

(http://app.leg.wa.gov/wac/default.aspx?cite=246-840-455). At the time of this writing, the WAC rules for all nursing education programs in the state are undergoing revisions and in final draft form. The PLU DNP FNP and PMHNP curricula meet the requirements of the revised rules. A copy of WAC 246-840-451 is in the onsite resource room, Exhibit I-A.4.

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:

The SoN's mission statement, philosophy, and program outcomes are reviewed at least every five years or when there is a major change in the direction of the university and/or the SoN, revision of professional standards, and/or the community of interest (see PLU SoN Systematic Evaluation Plan, on the flash drive and in the onsite resource room, Exhibit IV.A.1). Review incorporates a process of self-reflection and open discussion that involves the SoN faculty, Dean, and staff. In the 2014-15 academic year the SoN faculty and staff spent the academic year rewriting the mission and philosophy of the SoN, developed new SoN guiding principles, and a SoN statement of philosophy. The process involved every faculty member and the SoN staff, in an iterative process that lead to approval of new guiding principles, mission, vision, and philosophy in May 2015.

The Doctor of Nursing Practice (DNP) program outcomes were initially drafted in 2011 when early planning for the DNP began. In 2013 an ad hoc committee of the curriculum committee (CIC) revised the earlier draft outcomes, presented them for approval to the CIC committee, and to the entire faculty for approval at the School of Nursing Organization (SNO) meeting in September 2013. The DNP program outcomes are scheduled for next review in 2018 or sooner if needed due to revisions in professional nursing standards and guidelines (PNSG). Evidence for the program outcome development and the scheduled plan for revisions are found in SoN minutes and the SoN Systematic Evaluation Plan (SEP) in the onsite resource room.

I-C. Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.

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

Program Response:

PLU defines the faculty role to include teaching, scholarship, service, and advising as an element of service. As an institution focusing predominantly on teaching, excellence in teaching is emphasized over other areas of faculty role (*PLU Faculty Handbook* Article 5 Section 1, pp 22-27). Individual faculty outcomes are defined by the university with criteria for teaching, service, and scholarship outlined for each of the faculty ranks and tenure eligibility (http://www.plu.edu/provost/wp-content/uploads/sites/217/2015/12/faculty-handbook-8th-nov23-2015.pdf). A copy of the PLU Faculty Handbook is located in the Resource Room (Exhibit I-C.1).

The SoN outlines tenure track promotion guidelines in the School of Nursing Faculty Handbook and School of Nursing Orientation Manual. The SoN faculty have adopted a definition of scholarship consistent with the university, which aligns with criteria articulated by Boyer (1990), and is further informed through works by Glassick, Huber, & Maeroff (1997) and the AACN (1999) position statement, *Defining Scholarship for the Discipline of Nursing*.

Aggregate faculty outcome measures were approved by the SoN faculty in March 2015, following discussion in RAD committee in fall 2014 and a January 2015 retreat work-session. Four dimensions were identified, which were adapted from the PLU Faculty Handbook and nursing professional expectations. These include measures for teaching, scholarship, service, and practice. A core set of outcome measures apply to all faculty, with focused measures for tenured/tenure-track faculty and those who teach advanced clinical practice courses. The measures include definitions, targeted performance levels, measurement, and reporting strategies. See Appendix IV-F.1 and Exhibit IV-F.1 in the onsite resource room for the Aggregate Faculty Outcomes document.

Aggregate Faculty Outcomes are included in the draft SoN Faculty Handbook (on flash drive and Exhibit I-C.2) and are a part of the Systematic Evaluation Plan (SEP). Data collected annually from the faculty are aggregated and reviewed as part of the SoN Evaluation Day held each fall.

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:

Faculty and students in the SoN participate actively in program governance by serving on committees and assuming leadership roles. SoN faculty also contribute to the governance of Pacific Lutheran University.

School of Nursing Governance: Faculty and Student Participation

Governance in the SoN is guided by the faculty governance document, *SoN Organization (SNO) Bylaws* (Appendix I-D.1) The bylaws describe the purposes, membership, organization, and roles and responsibilities of SNO. SNO is comprised of a SoN assembly of the whole, an

Executive Council, and four standing committees: the Student Recruitment, Admissions, and Progressions committee (RAP); the Faculty Recruitment, Advancement, and Development committee (RAD); the Curriculum and Instruction committee (CIC, previously Curriculum, Instruction and Evaluation committee [CIE]); and the Program Evaluation Committee (PEC). The Executive Council, which provides coordinating, planning, and leadership functions, consists of the elected SNO and standing committee chairs, the SoN dean, and the associate dean for graduate programs. All SoN faculty are included as members of SNO, with faculty holding 0.5 FTE or greater appointment eligible to vote, expected to serve on SNO committees, and eligible to hold office in the School of Nursing Organization. Faculty holding less than a 0.5 FTE appointment have voice privilege, may vote when present but are not required for quorum, and are eligible to serve on SNO committees. Student membership is included on the RAP and CIC committees. Committee chairs attempt to schedule meetings during time frames when students can attend. Table 1-D.1 presents a three-year history of faculty and student membership on the SNO committees.

Table I-D.1 School of Nursing Governance: Faculty and Student Participation

SNO Committee	2012-13	2013-14	2014-15	2015-16
Executive Council	S. Wood, SNO Chair P. Maloney, RAD L. Guerrero, RAP R. Schaffler, CIE T. Woo, Assoc Dean T. Miller, Dean	S. Swett, SNO Chair P. Maloney, RAD L. Guerrero, RAP S. Wood, CIE T. Woo, Assoc Dean T. Miller, Dean	P. Maloney, SNO Chair D. Zaichkin, RAD L. Guerrero, RAP S. Wood, CIE T. Woo, Assoc Dean S. Smith, Dean	L. Guerrero, SNO Chair D. Zaichkin, RAD C. Pepin, RAP S. Wood, CIE M. Moller, PEC T. Woo, Assoc Dean S. Smith, Dean
Student Recruitment, Admissions, and Progressions committee (RAP)	L. Guerrero, Chair T. Woo (Assoc. Dean) R. Lizzi D. Zaichkin B. Frank C. Pepin Student members: Teresa Johnson Maryse LaRussa	L. Guerrero, Chair D. Zaichkin C. Pepin C. Park C. Wolfer T. Woo, Assoc Dean Student members: Maryse LaRussa Farah Schumacher Monica Enger	L. Guerrero, Chair C. Pepin C. Wolfer J. Erikson J. Guptill J. Huffine T. Woo, Assoc Dean T. Pitt Student members: Farah Schumacher Gina Fioretti Destiny Delgadillo	C. Pepin, Chair J. (Huffine) Elledge, Chair elect C. Park M. Huntington-Frazier T. Woo, Assoc Dean T. Pitt Student members: Gina Fioretti Destiny Delgadillo

Faculty Recruitment, Advancement, and Development committee (RAD)	P. Maloney, Chair T. Miller (Dean) B. Olson S. Shull S. Swett M. Carr S. Wilson (Staff)	P. Maloney, Chair S. Shull M. Carr R. Lizzi J. Roth S. Wilson (Staff)	D. Zaichkin, Chair M. Carr J. Roth R. Lizzi V. Cameron S. Smith, Dean S. Wilson (Staff)	D. Zaichkin, Chair C. Wolfer, Chair elect L. Lassater R. Lizzi R. Mitchell S. Smith, Dean
Curriculum and Instruction committee (CIC	R. Schaffler, Chair T. Miller (Dean) K. Moisio E. Champ-Gibson M. Stewart Student members: Jaimie Pechan (BSN) William Robinson (BSN) Amanda Clark (BSN)	S. Wood, Chair K. Moisio E. Champ-Gibson M. Stewart G. Mahon C. Johnson Student members: Henry Tieu (BSN) Sarah Larson (MSN) Ashley Wright (ELMSN)	S. Wood, Chair G. Mahon K. Bates S. Swett M. Moller Student members: Alana Deady (BSN) Deanna Steifel (MSN) Jacqueline Stevenson (ELMSN)	S. Wood, Chair C. Johnson, Chair-elect G. Mahon B. Chakofsky-Lewy E. Champ-Gibson T. Johnson Student members: Kimberly Belleville (BSN) Deanna Steifel (MSN) Kathy Overly (DNP FNP)
Program Evaluation Committee (PEC)	N/A	N/A	Ad Hoc Committee: S. Smith, Chair T. Woo, Assoc Dean M. Moller D. Zaichkin G. Mahon L. Guerrero	M. Moller, Chair M. Carr, chair elect G. Mahon J. Keith S. Smith, Dean T. Woo, Assoc Dean

In addition to formal governance structures and processes, the dean maintains a number of advisory councils. These include the Undergraduate Student Advisory Council, Graduate Student Advisory Council, SoN Community Advisory Council, and SoN Leadership Council. The undergraduate and graduate student advisory councils are comprised of appointed members who serve as representatives of their class in regularly scheduled meetings with the dean. The chairs of SNO standing committees are included as members of the SoN Community Advisory Council, and students are also periodically invited to attend. A final opportunity for the inclusion of student perspectives occurs through periodic open forums with students of specific programs. The SoN Leadership Council is comprised of the SNO Executive Council plus other SoN professional staff. The Leadership Council provides opportunities for open discussion of

SoN issues and needs without the strict formality of governance considerations and in an advisory capacity with the Dean.

A SoN Faculty Handbook was drafted in summer 2015, expanding on the existing SoN Faculty Orientation Manual, and includes shared commitments and principles, SoN infrastructure and operations, and expectations for faculty. Sections are included for each of the SoN standing committees. A process was outlined by the dean for the development of and changes to SoN policies, including division of responsibilities and actions/approvals needed for various types of SoN/faculty policies (see SoN Faculty Handbook, pp 49-50). A draft version of the SoN Faculty Handbook was released September 2015 and is currently under review and completion by the SNO standing committees. The draft School of Nursing Faculty Handbook is located on the School of Nursing Organization (SNO) Sakai site and the PLU Faculty Handbook is linked from the Provost website.

SoN Participation in University Governance

Nursing faculty also participate in university governance, as outlined in the PLU Faculty Handbook. Table 1-D.2 shows SoN faculty participation in university committees over the past three years. Copies of PLU faculty committee membership rosters from 2012 through 2015-16 are located in the resource room (Exhibit I-D.1).

Table I-D.2. Pacific Lutheran University Governance: SoN Faculty Participation

PLU Committee	2012-13	2013-14	2014-15	2015-16
Admission & Retention of Students				
Campus Life				
Educational Policies	P. Maloney	P. Maloney	P. Maloney	D. Zaichkin
Faculty Affairs				
Global Education	R. Schaffler			
Governance				
Instructional Resources				
Rank and Tenure			S. Wood	

Other PLU committees in which SoN faculty participate include: Budget Advisory committee (D. Zaichkin), Benefits committee (D. Zaichkin), Human Participants Review Board (L. Guerrero), and Safety committee (C. Pepin). Dr. Dana Zaichkin is currently on the ad hoc PLU Provost Search committee.

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 <u>either</u> of the following statements:

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

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

Program Response:

All documents and publications are reviewed at least every two years or when a major change has been made for accuracy and congruency between documents and electronic materials. These include the university Catalog, School of Nursing website, Graduate Admissions website, program brochures, student handbooks, faculty handbook, and course syllabi. Copies of the SoN Graduate Student handbook, DNP Handbook, DNP course syllabi, and a mock-up of a DNP transcript are located in the onsite resource room.

When new curricular or student policies are developed these are presented at SoN Executive Council meetings and the SNO meetings for discussion and vote. They are then placed in the appropriate publications and parties are notified of the changes, usually via email from one of the SoN faculty or student Sakai sites. See example of communications in the onsite resource room (Exhibit I-E.1).

In spring 2015 there were many revisions to the SoN student handbooks including major policy changes such as moving from physical requirements to Essential Qualifications (see Graduate Student Handbook, pp. 52-55). Due to major changes to student policies in the handbooks, the Dean sent an email to all students notifying them of the revisions. All students, including the DNP students, were required to re-sign an affidavit that they had read the handbook (Exhibit I-E.2). The signed affidavit was uploaded to Certified Background as part of each student's clinical onboarding for the semester.

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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).*

At the September 2015 SoN new faculty orientation and September SNO meeting, faculty were given suggested syllabi wording for the major student policy changes that would affect individual course syllabi (Exhibit I-E.3).

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:

Policies

PLU academic policies are located in the PLU Catalog, with policies unique to graduate students located in the Graduate Policies and Standards section of the Catalog. General university policies are located in the University Policies section of the PLU Catalog.

SoN student handbooks and student policies were reviewed and revised during the 2014-2015 academic year, and all related PLU academic policies were reviewed and referred to as appropriate within the policies. Appropriate university personnel were consulted for clarification of university academic policies and procedures, and university council was consulted to assure fair, equitable and legal policy development. One aspect of the student handbook revision was to divide the student handbooks into an undergraduate and a graduate handbook, which was implemented and communicated to students in September 2015. Policies are reviewed on at least an annual basis and revised as necessary to foster program improvement and clarity of information and policies.

Upon approval of the DNP program by the university, the graduate policies and standards in the PLU Catalog were revised to include the DNP program in all policies. Currently there is congruence between all PLU and SoN policies affecting DNP students. Going forward, if a policy is developed within the SoN regarding DNP students, the new policy will be taken to the Graduate Council to submit for inclusion in the graduate policies and standards section of the PLU Catalog.

Publications

Student policies are located in the SoN student handbooks and on the SoN student Sakai sites and the SoN website under the Documents & Forms tab.

DNP program brochures contain information regarding student admission criteria and are developed by Graduate Admissions in partnership with the SoN, and distributed through Graduate Admissions and SoN admission events. Additional DNP program information regarding student admission and progression criteria is available in the university Catalog Doctor of Nursing Practice section, on the SoN website and the DNP admissions website. Copies of these documents are located in the onsite resource room (Exhibit I-F.1).

Course syllabi contain information regarding grading criteria within a course. Electronic copies of syllabi are maintained by the SoN senior administrative assistant in an online database as well as in hardcopy within the SoN program office. These syllabi are available via request to all faculty. Copies of DNP course syllabi are located in the onsite resource room.

Standard I, Program Quality: Mission and Governance
Strengths and Areas for Improvement

Program Strengths

- Strong SoN and University mission congruence.
- Excellent faculty, student, and community of interest participation in program and university governance.
- Given the small number of tenure/tenure-track faculty, the SoN is well represented on university committees.
- Well-developed academic policies.

Areas for Improvement

- There is a need for increased DNP student participation in SoN governance, as currently there is only one student serving on a standing committee.
  - Plan: As enrollments increase with additional cohorts of students, DNP students will be actively solicited for committee membership, Graduate Council, and encouraged to attend student forums.

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 university has an annual budget of approximately $143,281,000 million and an endowment value of $85.6 million as of 5/31/15. Total grants and gifts received in 2014-2015 were $13,503,000 million. For the 2015-2016 academic year, undergraduate tuition is $37,950, and room & board is $10,330, totaling $42,280 for a full-time undergraduate student residing on campus. Graduate tuition varies by program, with the DNP cost per semester credit hour set at $1,100 for the cohort entering in 2015. Graduate student tuition is based on a cohort model: students pay the same tuition rate for the duration of their program. Students in the nursing programs are assessed additional program fees to assist in covering the costs of their education.

SoN Fiscal Resources. The SoN academic budget for personnel and operational expenditures is managed through two unrestricted (PLU-funded) accounts: a general SoN account and a SoN lab account. A third SoN account funds the Center for Continued Nursing Learning (CCNL); CCNL dollars are managed separately from funding for the academic programs and are not included in monies available to support the SoN degree programs. Within the general and lab accounts, undergraduate and graduate program expenditures are integrated. Table II-A.1 shows SoN unrestricted funding for the past three years.

Table II-A.1 SoN Unrestricted Funding, 2012 to Present

Account	2012-13	2013-14	2014-15	2015-16

SoN General Account	$1,933,690	$1,845,336	$2,320,015	$2,573,699
SoN Lab Account	$105,310	$105,289	$40,219	$74,097
CCNL Account	$129,488	$104,855	$90,309	$89,844
SoN Totals	**$2,168,448**	**$2,055,480**	**$2,450,543**	**$2,737,640**

Fiscal resources are allocated to the SoN primarily through a historical budgeting model. Beginning with the 2014-15 academic year (fiscal year 2015), the Provost's office implemented a modified Delaware budget allocations approach, with adjustments made based on number of majors, program enrollments, and using an inherent program cost factor. This model was developed as a first step toward modified responsibility-centered management, which will be implemented campus-wide over the next several years.

In the 2015-16 academic year, the School of Nursing received an overall $100,000 increase in funding. Allocation to personnel versus operational needs is shown in Table II-A.2. While the SoN is in need of additional administration and leadership positions, overall SoN salaries are generally sufficient for successful faculty recruitment and retention. Concerted attention has been devoted to increasing salaries for contingent faculty in order to be competitive with other nursing programs in the region and with industry. New tenure track lines have been allocated with sufficient salary support and practice release to promote successful recruitment. PLU offers a generous benefits package including tuition benefit for dependents, which aids in recruiting and retaining faculty. Efforts are underway to stabilize the faculty through a culture of mentoring, a participative approach to governance, and the implementation of a faculty development plan. Allocations for non-personnel expenditures have not been substantially increased for many years. A SoN budget analysis (available in the resource room, Exhibit II-A.1) is currently underway to determine the level of funding needed to meet reasonable costs of SoN program delivery.

Table 11-A.2. Personnel and Operational Expenditures, 2012 to Present

SoN Account		2012-13	2013-14	2014-15	2015-16
SoN General Acount	Personnel	$1,802,000	$1,715,766	$2,239,429	$2,492,618
	Operations	$131,690	$129,570	$70,586	$81,080
SoN Lab Account	Personnel	$7,410	$7,389	$6,091	$6,177
	Operations	$97,900	$97,900	$34,128	$67,920
CCNL Account	Personnel	$82,128	$57,855	$64,309	$63,844
	Operations	$47,320	$47,000	$26,000	$26,000

| SoN Totals | Personnel | $1,891,538 | $1,781,010 | $2,309,829 | $2,562,640 |
| | Operations | $276,910 | $274,470 | $130,714 | $175,000 |

Several restricted (donor and/or grant-funded) accounts are also available for qualifying expenditures and to assist with program needs.

Given the current status of overall SoN funding, the undergraduate/graduate integrated nature of the SoN general and lab accounts, and the university process for funds allocation, it is difficult to specifically determine costs for DNP program delivery as compared to SoN budget allocations. In general, budget allocations for program operation lag behind salary allocations and would benefit from increased allocation of funds.

Faculty Salaries: The 2015-16 full-time faculty salary equivalents for faculty teaching in the DNP program are shown in Table II-A.3 and compared to 2014-15 AACN salaries for full-time instructional nurse faculty in the Western region, for doctoral-granting programs at religious institutions. For the rank of contingent faculty, AACN comparison data represent instructor salaries at public institutions, as AACN data are not provided for religious institutions in this category.

Table II-A.3 DNP Nursing Faculty Salaries: PLU ranges and Mean as Compared to AACN Salary Data

Faculty Rank	N	PLU SoN Salary Range	PLU SoN Mean	AACN Percentiles	
				50th %ile	75th %ile
Contingent Faculty	10	$43,000-60,000	$55,125	*$65,448	*$72,992
Assistant Professor	2	$73,800-86,000	$79,900	$75,396	$92,040
Associate Professor	3	$70,000-110,000	$94,000	$84,468	$96,013

*Instructor salaries are compared to AACN data at public institutions, as no data are available for instructor rank at doctoral programs in religious institutions/Western region.

For the applicable ranks, PLU mean salaries for faculty teaching in the DNP program are slightly above the 2014-15 AACN 50th percentile at the rank of assistant professor and slightly below the 2014-15 AACN 75th percentile at the rank of associate professor. Contingent faculty salaries are significantly below the 50th AACN percentile. This variability reflects the lower salaries paid to instructors in contingent faculty positions at PLU. The university Board of Regents has prioritized working aggressively to improve faculty salaries across the university. The SoN dean is working with university administration to ensure that adequate resources are available to hire and retain qualified faculty to meet the needs of DNP students.

Physical Resources. The SoN is housed in the second and third floors of Ramstad Hall. Ramstad Hall was built in 1947 and last remodeled in 1986. The nursing skills and simulation labs were remodeled over the time period from 2004 to 2009.

The space allocated to nursing includes an administrative suite, three 20-30 seat shared-use classrooms, and three 40-seat shared-use classrooms. There are 23 faculty offices located on the third floor of Ramstad. A 1,030 square foot, 10-station skills lab; a 330 square foot, a two-station simulation lab; and 510 square foot, nine-station health assessment lab are also located on the third floor. DNP courses are frequently scheduled in Morken and Hauge Halls, as well as in Ramstad. An arrangement has been made with the University Health Center to make use of their clinic and exam rooms for DNP health assessment activities that require greater patient-provider privacy, as the course is taught during the summer when the Health Center has minimal use.

All SoN spaces are in need of significant upgrading, remodeling, and expansion. Building mechanicals are outdated and do not provide sufficient heating and cooling to foster effective learning environments. The audio-visual equipment in the simulation lab is no longer functioning at the level needed for contemporary simulation pedagogy. All classroom furnishings are in need of replacement. Additional restroom, storage space, meeting rooms, and workroom spaces are needed. Larger classrooms and additional faculty offices are also needed. The SoN was awarded funding for an architectural analysis of building remodeling needs, to be completed in the 2015-16 academic year (Exhibit II-A.2). A plan to execute physical plant improvements has not yet been developed.

Equipment/Technology. Computerized teaching stations are present in all Ramstad Hall classrooms. Wireless capability is present in most areas of the building but can be unreliable. The university uses Sakai as its online course management system. Faculty and staff are allocated desktop computers, with new computers allocated to new tenure track faculty at time of hire. Computers are on a four year replacement/rotation schedule. Many SoN faculty and staff computers are in need of upgrade or replacement.

Disposable and reusable lab equipment is ordered on an as-needed basis with a "clean and reuse" management system in place for as much of the lab equipment as possible. Durable capital equipment for the labs (beds, exam tables, mannequins, task trainers, medication administration system, supply carts, etc) is serviceable but rapidly aging. Simulation mannequins, the simulation AV system, and control room are all in need of updates and/or replacement. The SoN budget is not sufficient to manage these expenditures.

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:

Pacific Lutheran University has extensive services available to students housed under the Division of Student Life lead by Vice President for Student Life, Dr. Joanna Royce-Davis.

Departments within Student Life include: the Student Services Center, the Student Health Center, Counseling Center, Campus Ministry, Campus Safety, Career Connections, Ramstad Commons, Disability Support Services, the Diversity Center, and the Women's Center. Academic support services DNP students would utilize are found in Table II.B.1.

Table II.B.1 Academic support services specific to the DNP program

Academic Advising	Upon entrance to the School of Nursing, DNP students are assigned a SoN faculty advisor who is a doctorally-prepared ARNP. Students are expected to confer with their advisor each semester to review their DNP program progress. Advisors are available during posted office hours or by special appointment.
Career Connections	Career Connections is located in Ramstad 112. The Career Connections office offers a variety of services related to career counseling, job search skills, resume writing, and more. Career Connections often posts open ARNP positions.
Disability Support Services	Disability Support Services is located in the University Center, Room 300. The DSS Office provides classroom accommodations to students with documented disabilities.
On-Campus Employment	Student Employment is located in Ramstad 112. Jobs are posted on the Student Employment website, although most DNP students work as RNs at local health facilities.
Library	The Robert A.L. Mortvedt Library serves as the primary physical and electronic library for the PLU community. The library has 260,000 volumes of books, 14,000+ e-books and access to 105 electronic databases, with 23,000 full-text journals. The Mortvedt Library provides library research workshops for students and librarians are available for online chat assistance 24/7. All students and faculty have access to PLU library services, including interlibrary loan program to obtain materials not in the library.
Writing Center	The PLU Writing Center is a resource for all PLU writers and teachers of writing. A student may bring an assignment, an idea, or a draft to the center, located in Library 220, where they consult one-on-one with trained peer writing consultants.
Help Desk	The Help Desk provides support for university-owned technology, the residential network, and basic campus phone services. Included in this support are items such as e-mail, network connections, central systems that provide resources to the PLU community, computer applications, voice mail, software training and lab and classroom technology. Limited assistance with personal mobile devices such as laptops and cell phones is also available.
Financial Aid & Student Services	The Student Services Center is a centralized location that combines the Office of Financial Aid, Registrar's Office, and Student Accounts. Student services focuses on assisting students with their academic process through registration, financial assistance, account financing, and Veteran's assistance.
Military & Veteran's Services	Veteran Services at PLU includes the Director of Military Outreach (DMO) and a Washington State Department of Veterans Affairs and AmeriCorps trained Vet Corps Navigator. The DMO supports military affiliated students so they can focus on their academics by working with and finding resources within community resources and military transition authorities. The Navigator's job is to help connect

	students with supportive opportunities, resources, and people both on and off campus.
Bookstore	The Garfield Book Company at PLU provides online ordering of textbooks, general books, Lute gear and supplies. The store is located on the corner of Garfield Street and Pacific Avenue.
Student Life	Student Life provides opportunities for experiential learning, leadership and service; programs that support students physically, emotionally, ethically and intellectually; and programs that are just for fun.
Counseling Center	The Counseling Center consists of a team of licensed psychologists and mental health counselors whose services are provided at no charge for students who are attending classes. The PLU Counseling Center is located on the third floor of the Loren and MaryAnn Anderson University Center.
Student Health Services	The Health Center offers health care to PLU students (regardless of insurance), including illness and injury care and physicals. Many services are offered at no cost. The university does not provide medical insurance for graduate students, and DNP students are required to provide their own insurance.
Fitness Services	Fitness facilities, such as the pool, Names Fitness Center, Olson and Memorial gyms, outdoor tennis courts and track are available for DNP student use and are administered by the Department of Athletics.
Wang Center for Global Education	The Wang Center for Global Education coordinates university study-away programs and provides support to the university's internationally-focused academic programs.
Campus Ministry	Campus Ministry provides opportunities and a safe place for the PLU community to explore issues of faith and spirituality through campus activities and individual counseling.
Campus Safety	The Campus Safety department is privately run by the University, utilizing professional staff as well as 60-70 student employees. The purpose of the Campus Safety office is to provide an effective operating force of trained personnel to protect the university and its community from fire, theft, intrusion and other unlawful acts that disturb the peace or which place life and property in jeopardy. The Director of Campus Safety, Greg Premo, is also a Sergeant in the Pierce County Sheriff's Department.
Diversity Center / Women's Center	The goal of the PLU Diversity Center is to be an inclusive and inviting space for students to congregate and enjoy community. The Diversity Center has weekly and monthly activities that provide unique opportunities to learn about and socialize with other cultures. LGBT resources are found at the Diversity Center. PLU has developed a Bios Incident Response Team to address acts of bias, with information on how to report an incidence of bias found at the Diversity Center website. Likewise, the Women's Center promotes gender equity by providing resources and programs that empower women and men to work for justice and social change. Campus resources for transgender students are found at the Women's Center.
Title IX Resources	Students of the School of Nursing are encouraged to utilize the university's Title IX resources as set out in the university's Title IX Policy and the Sexual Misconduct

	Policy if presented with a situation where they may have experienced discrimination on the basis of gender.

A listing of student support services is provided in the SoN Graduate Student Handbook, and on university websites. A directory of many of these support services is listed on Sakai's Student Support Pathfinder.

School of Nursing Student Organizations

Delta Iota Chi is PLU's chapter of the National Student Nurses Association. The mission of Delta Iota Chi is "to promote and encourage leadership through networking, community service, and advocacy." Nursing students are involved with multiple service projects including food baskets at Thanksgiving, blood drives, the NAMI walk, Relay for Life, and volunteering at the American Heart Association Heart Ball and Auction. All PLU nursing students are invited to join Delta Iota Chi including the graduate students.

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

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

Program Response:

The Dean of the SoN serves as chief nurse administrator and is vested with authority to accomplish the SoN mission, goals, and expected outcomes consistent with that of other PLU academic deans. The Dean is responsible for overall SoN leadership in the areas of SoN vision and mission, planning, budget, personnel, curriculum, program array, SoN policies, information management, regulatory needs, constituent relations, advancement, and evaluation. The Dean provides leadership for the SoN missions of teaching, research, service, and practice. (See the SoN Faculty Handbook for SoN Dean Position Description, flash drive and Exhibit II-C.3).

Dr. Sheila K. Smith, PhD, RN, ARNP-BC, has served in this position since August, 2014. She holds the PhD in Nursing from the University of Minnesota, the MSN with Adult CNS preparation, and post-Master's Adult Nurse Practitioner preparation from the University of

Wisconsin-Eau Claire. In 2005, Dr. Smith was granted a fellowship in the AACN/Fuld Leadership for Academic Nursing program, and from 2008-2012 served as a fellow in the Higher Learning Commission Assessment Academy. Prior to her appointment as dean at the PLU SoN, Dr. Smith served for two years as Associate Dean for Academic Programs at East Tennessee State University, College of Nursing; and for 16 years at the University of Wisconsin-Eau Claire School of Nursing as Adult Health Nursing Department Chair, Assistant Dean for Pre-licensure Programs, Director of Evaluation, and as Interim Chair for the department of Environmental Public Health. Dr. Smith has over 25 years of experience in academic nursing and 19 years of experience in academic nursing administration. She has participated in developing, providing leadership for, and teaching in the DNP programs at three universities. Please see Appendix C-II.1 for Dr. Smith's CV.

Since her tenure as PLU SoN Dean, Dr. Smith has worked collaboratively with the faculty to establish transparency in communications, update the foundational documents of the SoN, and develop a SoN strategic plan. Together with the SoN faculty the SoN Systematic Evaluation Plan has been updated, advisory councils have been convened, student and faculty policies updated, and governance structure revised to include the Program Evaluation Committee. Additionally, Dr. Smith has developed strategies for addressing the SoN's curricular, budgetary, physical plant, staffing, administrative leadership, and faculty development needs. Dr. Smith represents nursing locally, regionally, nationally, and internationally, and develops relationships with local and global communities, including healthcare partners and other constituents.

Dr. Smith reports to the PLU Provost and Sr. Vice President for Academic Affairs, Dr. Steven Starkovich. The Associate Dean for Graduate Programs, CCNL Director, all SoN professional and support staff, and all SoN faculty report to the Dean. Her full time, twelve month administrative appointment allows Dr. Smith to devote her full efforts to the responsibilities of providing leadership for the SoN. Dr. Smith collaborates closely with the university Provost, other deans and directors, the Associate Provost for Graduate Programs and Continuing Education, and PLU Vice Presidents for Finance and Administration, Advancement, Student Life, and Marketing and Communications. The SoN Dean is periodically evaluated by the SoN faculty and Provost in accord with the PLU faculty handbook. A faculty survey conducted in September 2015 demonstrates overall faculty satisfaction with SoN leadership and direction. A copy of these survey results is available in the onsite resource room (Exhibit I-C.4).

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 SoN is currently allocated 24 faculty FTE for teaching and an additional 4.1 FTE for SoN administration. Four full time staff members support the SoN. The 24 faculty FTE are comprised of 13 full time and 28 part time faculty. Of our 41 faculty, three (7.3%) are tenured and three (7.3%) are tenure-track; 13 (32%) are doctorally-prepared and an additional eight (20%) are in doctoral study. This compares with an overall 49% tenured/tenure track faculty at PLU.

Position allocation is controlled through the Provost's office, President's Council, and Board of Regents. Requests for new benefitted contingent, tenure track, and administrative faculty lines are required a year in advance of the need for the position and are subject to approval.

Currently 2.98 faculty FTE are devoted to the DNP program. With approval of the FNP DNP, three new tenure-track faculty FTE were granted to the SoN. Of these, a search is underway for two of the tenure-track faculty positions and release of the third position will be requested in 2016-17. With approval of the PMHNP DNP, an additional 3.88 new tenure-track faculty FTE have been granted. Release of the first two of these positions will be requested in 2016-17 and the next two in 2017-18. Calculations for the number of positions needed for the DNP program were based on didactic courses capped at 20 students per section, clinical sections maintained at 6-7 students, DNP capstone supervision at six students per weighted teaching unit (WTU), and including coordinator release time of 0.25 FTE for each of the two DNP concentrations.

The PLU full time teaching load is 24 credits per academic year. Summer teaching is contracted separately with 8 credits regarded as full time for summer. Workload guidelines are adjusted annually based on curriculum needs and resources allocated to the SoN. Scholarship, academic advising, committee assignments, and other activities are also included in the scope of a faculty member's basic responsibility in accord with university policy and type of position. Academic advising and SoN service contributions, including membership on a SoN committee, is expected for faculty members with $\geq$ 50% FTE position. Faculty contracted at 50% FTE or greater are eligible for benefits.

SoN Workload guidelines were revised in spring 2014 and are calculated for 2015-16 as shown in Table II-D.1. In courses taught by more than one faculty member, the WTUs are split proportionately, based on the percentage of instruction provided. Course coordinators receive an additional 0.5 WTU, depending on available resources and the complexity of the coordinating

activities. The FNP Coordinator currently receives a 1 credit release for FNP coordinating responsibilities. While not enough credit for this work, 1 credit was all that could be managed given 2015-16 SoN allocated resources. With new resources requested for the PMHNP DNP concentration, coordination for both the FNP and PMHNP tracks will be increased to a three credit release per semester. Full workload guidelines and SoN course staffing/FTE charts will be available in the resource room (Exhibit II-D.1).

Table II-D.1 2015-16 Faculty Workload Calculations

Didactic Course Instruction
  1 course credit hour = 1 WTU
  1 course credit seminar = 2 contact hours = 1.5 WTU

Clinical Instruction Undergraduate
  Direct-Supervised Clinical Instruction:
  Section size = 10 students maximum. 1 Clinical Credit = 4 Contact Hours = 2.25 WTUs

  Lab-Based Clinical Instruction:
  Section size = 10-15 students. 1 Lab Credit = 1.5 Contact Hours = 1.0-1.5 WTUs

  Precepted Clinical:
  Section size = 10 students maximum. 1 Clinical Credit = .60 WTU (.06 WTU/student).
     Thus, N499 = 5 clinical credits = .3 WTU/student or the proportionate amount thereof, based on number of students supervised. More than one clinical section may be assigned provided student supervision can be limited to no more than 10 students at any given time.

Clinical Instruction Graduate
  Direct-Supervised and Lab-Based Instruction:
  Section size = 6 students maximum. 1 Clinical Credit = 4 Contact Hours = 2.25 WTUs

  Precepted Clinical:
     NP Practicum, Section size = 6 students maximum. 1 Clinical Credit = 2 WTUs (0.3 WTU/student) or the proportionate amount thereof, based on number of students supervised.
     COM/CNL Practicum, Section size = 10-12 students. 1 Clinical Credit = 2 WTUs (.17-.20 WTU/ student) or the proportionate amount thereof, based on number of students supervised.
  More than one clinical section may be assigned provided student supervision can be limited to the numbers indicated above at any given time.

DNP Scholarly Project workload
  1 WTU per course credit, maximum 6 students per section

All of the lead faculty teaching in the DNP program are doctorally-prepared, or in the case of NURS 531, a PhD candidate. Some master's-prepared faculty co-teach in courses, or supervise clinical in the MSN core and FNP clinical courses (N531 Care and Outcomes Management I; N540 Chronic Illness/Disease Management; N584 & 585, FNP I & II). Two of these individuals are currently enrolled in doctoral study. All faculty teaching in the FNP clinical management courses and in advanced health assessment are nationally certified as nurse practitioners. The FNP coordinator is doctorally-prepared and nationally certified as a Family Nurse Practitioner. The PMHNP coordinator, already on faculty, is doctorally-prepared and nationally certified as PMH Clinical Nurse Specialist with prescriptive privileges. The DNP

program director and Associate Dean for Graduate Programs is doctorally-prepared and nationally certified as a Pediatric Nurse Practitioner. All faculty demonstrate expertise appropriate to their classroom and clinical teaching responsibilities. See Appendix II-D.1 for a table of faculty expertise and course assignments. Current faculty CVs are available for review in the onsite resource room.

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

Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are:
- *clearly defined;*
- *congruent with the mission, goals, and expected student outcomes; and*
- *congruent with relevant professional nursing standards and guidelines.*

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

Program Response:

Preceptors are utilized in PLU graduate clinical courses to provide practice expertise and supervision to the DNP students in the masters core courses (NURS 531 and 540), the specialty core courses, and the DNP scholarly project courses. Preceptors are chosen for their practice expertise and their practice setting, depending on the requirements of the course.

Preceptor selection criteria are clearly outlined on page 10 in the PLU SoN Preceptor Manual (on flash drive and in resource room, Exhibit II-E.1). Selection criteria include:

- Expert in area of practice
- Minimum of two years of clinical practice experience
- Preceptors may be ARNPs, physician assistants, or physicians with clinical practice expertise and willingness to be a preceptor
- Preceptors must be currently licensed to practice and certified in their specialty area

Preceptor roles are defined in the Preceptor Manual as well as strategies for working with students. The primary role of the preceptor is one of clinical instructor, coach, supervisor and evaluator. Specific preceptor role responsibilities are found in the Preceptor Manual (page 9) and include:

- Negotiate dates and times for student clinical experiences and notifies the student if they are unable to be present. If preceptor is unable to be present for an arranged clinical day they may arrange for a qualified substitute or reschedule with the student.
- Provide orientation to the clinical site and health record the student's first week.
- Orient student to policies, operational procedures and protocols specific to the clinical site.

- Review objectives for clinical experience and negotiates with the student how they will meet the objectives.
- Be available to the student at all times the student is seeing patients.
- Select with the student patients appropriate to meet clinical objectives for the day and semester.
- Intervene where appropriate to manage situations beyond the student's ability.
- Evaluate student's care while providing immediate feedback and cosigning all charts.
- Evaluate the student verbally and in writing.
- Contact faculty if there are problems with student.

Lead course faculty are responsible for securing preceptors and clinical sites, with the assistance of other course faculty, the SoN clinical coordinator, and the Associate Dean for Graduate Nursing Programs. Lead faculty are responsible for ensuring preceptor practice expertise and appropriate student-preceptor match when placing students.

All preceptors are asked to submit a current biosketch and a resume or vita to the SoN. An agreement to serve as a preceptor is sent out to preceptors and a copy maintained in the student file. Current licensure verification is conducted via the Washington State Department of Health Provider Credential Search website and a paper copy of licensure verification is maintained with the preceptor file.   Preceptors are recorded in an electronic database and a paper file is maintained in the SoN office. Preceptor files are available for review in the SoN office.

It is the reasonability of the lead faculty to orient preceptors to the expectations of the course. This may be done via email, conference call, or in person, depending on the course or the preceptor. During orientation, on the syllabus for the course and in the preceptor manual, the preceptor is given contact information for the course faculty if there are questions or issues with students. Faculty are encouraged to contact the preceptors in person or via email by the middle of the semester to check in with the preceptor, remind preceptors about communicating any student issues, and to guide the preceptor in evaluating the students' performance at midterm. Course faculty contact the preceptor again at the end of the semester via email, phone, or in person to gain insight as to how the student performed and answer questions regarding filling out clinical evaluation forms. All students have at least one site visit by the course faculty, which offers a time for the faculty and preceptor to discuss student progress and address issues. Examples of preceptor orientation emails and communication throughout the semester are found in the onsite resource room (Exhibit II-E.2).

Preceptors are asked to complete the clinical evaluation tool for the course. Instructions for evaluating students and filling out the evaluation tool are found in the preceptor manual. The data from the evaluation tool is used for ongoing assessment of the student and has influence on the final grade for the course. The course faculty has the final say in the course grade for all students in the PLU DNP program.

Evaluation of preceptors is the responsibility of the lead faculty for the course. Evaluation occurs during site visits and at the end of the semester. Faculty are expected to give preceptors

feedback on their performance, as well as mentor preceptors on how to improve their teaching. If there are concerns regarding a preceptor and a recommendation the preceptor not be used again, a note is placed in their file and they are flagged in the electronic database.

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:

Teaching

Consistent with the PLU mission statement, the university is primarily a teaching institution that recognizes the importance of scholarship and service as essential to achieving the mission and individual program goals. Faculty roles and responsibilities are addressed in university's new faculty orientation, in the PLU Faculty Handbook, and during rank and tenure workshops each academic year. The SoN's Faculty Recruitment, Achievement and Development (RAD) committee is responsible for orienting new nursing faculty to ensure they have clear understanding of nursing faculty role expectations and that they are informed of the available resources for professional development (see Exhibit II-F-1: Faculty Orientation Manual).

PLU has an extensive university orientation for all new faculty, and offers an ongoing faculty development series including technology workshops (http://www.plu.edu/provost/faculty-development/faculty-opportunities/). A copy of the fall 2015 faculty development workshops is found in the onsite resource room (Exhibit II-F.2), demonstrating the breadth of faculty development support available.

PLU's Associate Provost for Curriculum, Dr. Jan Lewis, is responsible for university faculty development and assists faculty with improving their teaching through programs such as the Small Group Instructional Diagnostics (SGID) program.   Any faculty member wishing to improve his or her teaching in a given course is advised to schedule an SGID at midterm. A faculty member who has been trained as an SGID consultant will meet with the faculty member, review course materials, meet with the class, draft an instructional diagnostics report, and have a final meeting with the faculty member to share observations and recommendations. The goals of SGID are to further student learning; to assure anonymous, confidential, timely

exchange between teachers and students on their mutual perceptions of course-in-progress; and to support teaching as a communicative art.

PLU 2020 challenged the university to explore new instructional strategies and support the use of technology in teaching. When the decision was made to begin offering online or hybrid courses, the university developed training for faculty to redesign or develop courses, which included a stipend. PLU Teaching Online (PLUTO) training is an opportunity for faculty to examine new technologies and innovations. PLUTO Institutes for Blended Learning and Online Learning provide a supportive environment for faculty to thoughtfully design online learning components while maintaining the University's commitment to residential education.

An Instructional Designer, Dana Bodewes, is available to assist faculty with developing new courses or redesigning an existing course, integrating appropriate technology and learning tools.

Many SoN faculty are relatively new to teaching. The SoN has low tenure density and there are few doctorally-prepared SoN faculty in comparison to the university as a whole. The tenure/tenure-track density should improve with successfully filling the four tenure-track positions for which faculty are currently being recruited, and with eight contingent faculty currently in doctoral programs completing their degrees.

Scholarship

SoN faculty spend most of their time in the role of teacher and advisor, followed by committee work, and maintaining clinical competence. Faculty members are recognized for engaging in active scholarship through conduct of research and writing for publication on clinical, educational, and theoretical topics. Two faculty have authored major textbooks in the discipline. Faculty members may fulfill the mission of scholarly work by project development and implementation, and by serving on editorial boards. Presently, five nursing faculty serve on professional editorial and/or advisory boards, and many of the nursing faculty members have made poster and/or podium presentations at regional and national conferences in the past three years. These activities are detailed in faculty vitae (in onsite resource room) and in Table IV-F.3 (Standard IV).

There is recognition of the need to improve student/faculty collaborative scholarship. Currently the MSN students conduct a small quality improvement project in collaboration with the faculty and it is expected that once the DNP students begin working on their scholarly projects the SoN will strengthen its culture of scholarship. To strengthen the SoN culture of scholarship, a proposal has been submitted to a prospective donor to begin a SoN Speaker Series and to develop an annual SoN Research Day in conjunction with Sigma Theta Tau chapter induction. The speaker series is anticipated to occur monthly, be open to the students, public and our clinical partners, and will provide a venue for faculty and invited speakers to share their scholarship and expertise.

The scholarship of the tenure-track and tenured faculty has been minimally adequate but is projected to improve once eight SoN faculty members complete their doctoral studies, and when planned tenure track positions are filled with doctorally-prepared faculty.

Service

Congruent with the university mission, goals, and philosophy, faculty provide service within the SoN, to the university, to the nursing profession, and to the community. Examples of qualifying professional service are articulated in the SoN Rank and Promotion Guidelines in the SoN Faculty Handbook.

All SoN faculty at 0.5 FTE or greater are expected to serve on a SoN committee (see committee rosters for 2012-2013 through 2015-2016 Table I-D.1).   The SoN is well represented at all levels of university service, but remains challenged by its limited number of tenured or tenure-track nursing faculty available to serve on university committees (Table I-D.2).

Nursing faculty participate in professional nursing organizations including Sigma Theta Tau International Honor Society in Nursing, Washington State Nurses' Association/American Nurses Association, Washington League for Nursing, and professional specialty organizations such as American Association of Nurse Practitioners (AANP), National Association of Pediatric Nurse Practitioners (NAPNAP), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), Western Washington National Association of Hispanic Nurses, ARNPs United of Washington, National Association of Nurse Practitioner Faculties (NONPF), American Psychiatric Nurses Association, and others. Faculty often hold leadership positions in these organizations, with faculty currently holding board or committee positions in a number of professional organizations including Western Washington National Association of Hispanic Nurses, NONPF 2016 conference committee, Collegiate Nurse Educators of Washington (CNEWS), Commission on Collegiate Nursing Education (CCNE), American Psychiatric Nurses Association, Association of Advanced Practice Psychiatric Nurses-Washington State (APNA-WA), Clinical Placement Consortium #1, and NW National Gerontological Nursing Association.

Nursing faculty provide expert consultation at the local, national, and international levels. SoN faculty have served as experts for the following national organizations in the past year: Centers for Disease Control/Pew Charitable Trust Outpatient Antibiotic Prescribing: Setting a National Goal for Inappropriate Use committee, Pediatric Nurse Certification Board Pediatric Pharmacology Self-Assessment Committee, Commission on Collegiate Nursing Education (CCNE) Accreditation Review Committee, and the American Academy of Nursing Psychiatric-Mental Health Expert Panel. Faculty lend their expertise internationally to Canadian Association of Schools of Nursing, CASN Accreditation Standards Review Project, and College of Registered Nurses of British Columbia (OSCE Examiner and PNP Quality Assurance practice reviewer). A full listing of faculty service activities is found in the onsite resource room (Exhibit II-F.3).

Practice

Faculty practice supports the educational mission of the SoN. Faculty who teach in the DNP program demonstrate expertise in their discipline via scholarship and practice expertise. Practice is an expectation of 100% faculty who hold national certification as an ARNP. Faculty who require practice hours to maintain their national certification are given one day per week of no teaching or committee responsibilities in order to fulfill their practice requirement. Faculty are allowed to keep 100% of the salary earned in their practice time. There is a plan to provide workload release for practice beginning fall 2016. Currently all faculty teach 24 credits per academic year.

**Standard II, Program Quality: Institutional Commitment and Resources
Strengths and Areas for Improvement**

Program Strengths

- Academic support services are well developed and responsive to the needs of graduate students.
- Graduate faculty expertise.
- Strong SoN leadership team.
- Excellent core DNP faculty and ARNP faculty with advanced practice expertise.
- Practice release time for ARNP faculty.

Areas for Improvement

- Fiscal resources are in need of improvement, particularly relating to allocations for program operations.
  - o Plan: The Dean has conducted an analysis of operational costs which is being shared with the Provost and Senior VP for Academic Affairs.
- The physical facilities, equipment, and technology in Ramstad Hall are all in need of significant upgrades, expansion and improvement.
  - o Plan: In the 2015-2016 academic year funds have been allocated for an architectural review of the 2nd and 3rd floors of Ramstad to determine the feasibility and costs of a remodel.
- SoN tenure density is less than optimal.
  - o Plan: There are currently four tenure-track searches being conducted.
  - o Plan: One more tenure line for the DNP FNP program will be released next year.
  - o Plan: An additional two tenure-tenure track positions have been allocated for the PMHNP concentration and should be released for a search after the Regents

approve the program in February 2016, with two more scheduled for release the 2016-2017 academic year.

- o Plan: Tenure track faculty need increased university support and mentorship to conduct scholarly activities.
- Workload recognition for scholarship, service, and practice is lacking.
  - o Plan: Workload release for practice will be 3 credits per year for ARNP faculty who require practice for national certification beginning fall 2016.

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 curricula and program outcomes for the Doctor of Nursing Practice (DNP) nursing programs are congruent with the Pacific Lutheran University and SoN missions, and were developed from the AACN *Doctoral Essentials.* The PLU DNP program outcomes are as follows:

1. Integrate and actively use science-based theories and concepts in advanced nursing practice.

2. Develop and/or evaluate effective strategies for improvement in practice including risk assessment and quality care delivery approaches that meet current and future needs of patient populations.

3. Integrate and apply current research knowledge to solve complex practice situations while identifying strategies to continuously incorporate and communicate new knowledge.

4. Use information systems/technology to support and improve patient care and healthcare systems.

5. Assume leadership to design, implement, and advocate for health care policy that addresses issues of access, resource management, and equity in health care.

6. Effectively collaborate as a member and/or leader of an interprofessional or a multidisciplinary team to improve health outcomes.

7. Evaluate care delivery models and/or concepts to provide health promotion and risk reduction/illness prevention strategies.

8. Assume the role and distinct skills of the Doctor of Nursing Practice in an area of specialized nursing practice.

The Doctor of Nursing Practice (DNP) curriculum was developed in 2013 to meet the PLU DNP program outcomes. The Family Nurse Practitioner core courses were redesigned during DNP curriculum development. In 2014, the Psychiatric Mental Health Nurse Practitioner (PMHNP) DNP concentration was developed and approved by the SoN, but put on hold until Fall of 2015 due to university budget issues. The PMHNP concentration was approved by the PLU Faculty Senate in November 2015. We anticipate enrolling a small group of students in summer 2016, after receiving BOR and Washington Nursing Commission approvals.

DNP students are introduced to the DNP program outcomes at new student orientation. In the second semester of their program, BSN to DNP students develop the framework for their portfolio in NURS 523 Advanced Roles. Students are guided in how to develop an electronic portfolio with a page for each program outcome. Key assignments from each course are identified and linked to program outcomes. A table of key assignments, linked to courses and program outcomes, may be found in the onsite resource room (Exhibit III-A.1). DNP students are encouraged to upload key assignments into their electronic portfolio as they complete them and not wait until the end of their program. Links to DNP student electronic portfolios will be provided for the on-site evaluation team.

In the developing the DNP curriculum, the course descriptions and objectives were carefully linked to program outcomes to ensure that students meet all of the AACN *Doctoral Essentials* and NONFP specialty competencies. A crosswalk table of course objectives linked to program outcomes is available in the onsite resource room (Exhibit III-A.2).

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:

The Doctor of Nursing Practice curriculum was developed according to guidelines set out by the American Association of Colleges of Nursing (AACN) and the National Organization of Nurse Practitioner Faculties (NONPF). The AACN *The Essentials of Doctoral Education for Advanced Nursing Practice* (2006) set competencies that all DNP prepared graduates must achieve, and the DNP core courses were designed to meet the *Doctoral Essentials* (Table III-B.1). The *Quality and Safety Education for Nurses* (QSEN) graduate level competencies (2012) were incorporated into DNP course development. See resource room Exhibit III-B.1 for a crosswalk table of the AACN DNP Essentials, QSEN competencies, and the PLU DNP course objectives.

Table III-B.1 AACN DNP Essentials Compared to PLU DNP Program Outcomes

AACN *Doctoral Essentials*	PLU DNP Program Outcomes
I. Scientific Underpinnings for Practice	1. Integrate and actively use science-based theories and concepts in advanced nursing practice.
II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking	2. Develop and/or evaluate effective strategies for improvement in practice including risk assessment and quality care delivery approaches that meet current and future needs of patient populations.
III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice	3. Integrate and apply current research knowledge to solve complex practice situations while identifying strategies to continuously incorporate and communicate new knowledge.

IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care	4. Use information systems/technology to support and improve patient care and healthcare systems.
V. Health Care Policy for Advocacy in Health Care	5. Assume leadership to design, implement, and advocate for health care policy that addresses issues of access, resource management, and equity in health care.
VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes	6. Effectively collaborate as a member and/or leader of an interprofessional or a multidisciplinary team to improve health outcomes.
VII. Clinical Prevention and Population Health for Improving the Nation's Health	7. Evaluate care delivery models and/or concepts to provide health promotion and risk reduction/illness prevention strategies.
VIII. Advanced Nursing Practice	8. Assume the role and distinct skills of the Doctor of Nursing Practice in an area of specialized nursing practice.

The NONPF *Nurse Practitioner Core Competencies* (2012) and NONPF Specialty Competencies (2013) were used to guide Family Nurse Practitioner (FNP) course revisions and development of the Psychiatric Mental Health Nurse Practitioner (PMHNP) concentration. The FNP core courses were revised and expanded during the development of the DNP curriculum to include additional chronic illness and mental health content to meet the 2013 NONPF FNP specialty competencies. Crosswalk tables of PLU DNP core courses and specialty courses meeting NONPF core and specialty competencies and copies of the AACN and NONPF standards and guidelines are found in the resource room (Exhibit III-B.2).

There are two post-master's DNP options available for those who already have a Master of Science in Nursing (MSN). Advanced practice nurses who have an MSN and would like to earn the DNP can apply for the *Post-Master's ARNP* track which consists of a minimum of 29 credits. Nurses with a MSN who would like to become a DNP prepared FNP or PMHNP can apply to the Post Master's – non-ARNP seeking FNP/DNP or PMHNP DNP track. A gap analysis is conducted with each post-master's student to determine what additional coursework they will need to meet the AACN *Doctoral Essentials* and the 1,000 post-BSN clinical hour requirement. Curriculum grids for the DNP concentrations and post-master's DNP programs are found in Appendix III-B.1. A copy of the gap analysis form is found in the onsite resource room (Exhibit III-B.3).

The *Criteria for Evaluation of Nurse Practitioner Programs* (*NTF Criteria*, 2012) were used in developing both the FNP and PMHP DNP programs. A copy of the NTF criteria for the DNP programs is included on the flash drive and is available in the resource room, Exhibit III-B.3.

III-C. The curriculum is logically structured to achieve expected student outcomes.
- **Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities.**
- **Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge.**

- DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.
- Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.

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

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

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

Program Response:

The DNP curriculum builds on the SoN's successful MSN curriculum, adding DNP core courses, DNP scholarly project courses, and revising the FNP core coursework to include updated FNP specialty content. DNP students take eight graduate core courses (22 credits) in the first year of their program, as these courses cover core content required of both MSN and DNP-prepared nurses. The DNP core courses consist of six courses (16 credits) to meet the AACN DNP competencies. The DNP scholarly project courses consist of 5 courses (13 credits) spread out over a calendar year for the student to complete their scholarly project. The FNP core consists of eight courses (28 credits) that meet all the requirements for national certification as a Family Nurse Practitioner. The PMHNP core consists of seven courses (39 credits) that meet all the requirements for national certification as a Psychiatric Mental Health Nurse Practitioner.

For students who already have a master's degree in nursing, as a component of admission to the PLU DNP program a gap analysis is conducted to determine what master's level coursework may be credited toward the PLU DNP degree. A process of reviewing transcripts and course syllabi for transferable graduate-level courses is used to determine what additional coursework the post-masters student needs to take during the DNP program. Post-master's students may also develop a portfolio of evidence to demonstrate they have met master's level competencies through work or other professional experience (see Evaluation of Prior Learning Policy in the onsite resource room, Exhibit III-C.2). PLU policy is that DNP students must take a minimum of 30 credits of graduate nursing coursework at PLU in order to earn the DNP degree (http://www.plu.edu/catalog-2015-2016/graduate-program/policies/)

The courses in the DNP program progress from core content at the master's level, to advanced practice specialization, to advanced level analysis and synthesis courses. Completion of core research courses is required before moving into the DNP project courses. Clinical specialty courses require successful completion to move onto the next course in the sequence. Emphasis on translational research, systems-level quality improvement, and practice leadership are emphasized throughout the program.

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:

One of the primary values of Pacific Lutheran University is teaching excellence, hence the mission of the SoN is centered on exemplary student learning. In the DNP program this is evidenced by approaches appropriate for adult learners at advanced levels of accomplishment.

Classroom Teaching-Learning Environment

SoN faculty create an open learning environment where students are engaged in their learning and free to ask questions, state opinions, or debate in a safe setting. Strategies to achieve student participation include direct question-and-answer methods, discussion forums in the classroom or online, small group activities, student presentations, seminar, and clinical practica. While most courses are typically didactic content delivered in a classroom, a few courses in the graduate curriculum are delivered via hybrid format (See Table III-D.1). Most faculty who teach in a hybrid format have attended the PLU Teaching Online (PLUTO) Institute which provides training and support to thoughtfully design and implement online learning components (http://www.plu.edu/pluto/).

Table III-D-1. PLU Graduate Nursing courses delivered via hybrid of in-class didactic and web-based learning strategies.

Course Number and Name	Percentage of course that is web-based	Examples of web-based activities
NURS 524 Advanced Health Promotion	90%	Online modules, discussions
NURS 531 COM I	60%	Online modules, discussions
NURS 582 Advanced Health Assessment	25%	Videos of physical exams, ShadowHealth Graduate Health Assessment modules
NURS 584 FNP I	25%	Voice over PowerPoints, ShadowHealth and access to other web materials

NURS 585 FNP II	25%	Voice over PowerPoints, ShadowHealth and access to other web materials
NURS 623 Information Systems and Patient Care Technology	50%	Online discussion forum (Google Groups), videos, patient room 2020, EMR 2.0, web-based medical websites for some assignments
NURS 625 Epidemiology and Biostatistics	10-25%	One online module.
NURS 630 Analytical Methods	15 to 85% depending on faculty	Use of Google hangouts for class meetings, student facilitated online discussion sessions

Technology to Support Teaching

All classrooms are equipped with "smart" technology (computer, DVD, document camera) and wireless access. The university learning platform is Sakai. Sakai allows the instructor to tailor course materials for computer access and set up assignments to be submitted electronically. Sakai includes a gradebook, houses a discussion board and email message center, and has other features for teaching and learning. Syllabi and course materials are posted to the course Sakai site. The university provides support for faculty to use Sakai at its fullest potential, including a "Faculty Support Pathfinder" website for faculty which provides assistance with Sakai (Exhibit III-D.1). The university also utilizes and provides faculty with instruction on Google Apps for Education.

At this time the DNP NP concentrations are not using simulation. Simulations are being developed for the PMHNP program, including comprehensive mental status exam, substance abuse assessment, suicide assessment and intervention, and management of acute delusions and hallucinations.

Clinical Learning Environment

Clinical education is integral to the PLU DNP curriculum. Students have clinical experiences in all but the first two semesters of the DNP program. Clinical sites are chosen to meet the course objectives and are within 50 miles of the PLU campus. A wide variety of clinical sites are utilized, including community-based sites such as senior living communities (Senior Housing Assistance Group [SHAG] housing) where students work with local fire departments to address complex needs of the community. Senior centers and schools are also used to teach community-based health assessment, client health management, and population-based risk reduction. A variety of private and health system clinical sites are used for developing NP primary care competencies. Clinical sites for DNP scholarly projects will be individually arranged and congruent with the student's project goals and needs. DNP project sites will include Madigan Army Medical Center which has a strong nursing research department to support the DNP student, and Providence Olympia Medical Group which has a DNP-prepared primary care co-section chief willing to mentor a DNP student. Preceptors are chosen for their clinical expertise and willingness to share in the education of DNP students.

A database of preceptors is maintained in the SoN program office and updated each semester. Each site a graduate student is placed with signs a clinical contract with the School of Nursing. Clinical contracts are valid for a two year period and the SoN clinical coordinator contacts both the faculty and agency when contracts are due for renewal. A copy of a standard clinical contract is available in the onsite resource room (Exhibit III-D.2).

Securing clinical sites for graduate students is time consuming and challenging at times. There is competition for clinical sites from Seattle-area and out-of-state online graduate programs. Faculty have built relationships with clinical agencies and preceptors to continue to be able to place students locally, thus the number and array of clinical sites are adequate to meet the learning needs of DNP students.

III-E. The curriculum includes planned clinical practice experiences that:
- **enable students to integrate new knowledge and demonstrate attainment of program outcomes; and**
- **are evaluated by faculty.**

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

Program Response:

The PLU DNP program meets the AACN *Doctoral Essentials* requirement that the curriculum includes 1000 hours of post-baccalaureate clinical hours. The DNP FNP concentration includes 1080 hours of clinical practicum and the DNP PMHNP program includes 1230 clinical hours. Table III-E.1 presents the distribution of clinical hours in the DNP program.

Table III-E.1 Distribution of clinical practicum hours in the DNP curriculum

	FNP concentration	PMHNP concentration
Masters level courses	150 hours	150 hours
Specialty courses	630 hours	780 hours
DNP Scholarly Project courses	300 hours	300 hours

In the first year of the curriculum DNP students take the master's level NURS 540 Chronic Illness (30 clinical hours) and NURS 531 Care and Outcomes Management I (120 clinical hours). In these courses students are individually placed in a variety of settings based on area of interest. Clinical sites include Northwest Integrated Health (a site that combines primary care, mental health and addictions treatment), the Tacoma and Central Pierce Fire Departments, Swedish Health Systems, Providence Health System, and other acute and community sites.

Students are evaluated by their preceptor and faculty. The clinical evaluation tools for NURS 540 Chronic Illness and NURS 531 Care and Outcomes I are located in the onsite resource room (Exhibit III-E.1).

When enrolled in the specialty courses FNP students are generally placed in primary care settings for their clinical rotations, with some clinical hours in specialty clinics to gain specific skills. Primary care settings include a variety of urban and rural clinical sites, small private clinics, and larger clinics which are part of a local health system. All students have at least one or two placements in settings with rural or underserved populations. The goal is to give students a variety of primary care settings, with a variety of patient populations to gain the competencies expected of a novice FNP. A list of clinical sites used in the FNP program is located in the onsite resource room (Exhibit III-E.2). Students are evaluated on their clinical performance each semester using a standardized evaluation tool tailored to the objectives of the course. Copies of the clinical evaluation tools for NURS 582 Advanced Health Assessment, NURS 584 FNP I, NURS 585 FNP II, NURS 562 Primary Care Management of Women and Children, and NURS 594 FNP Capstone are located in the onsite resource room (Exhibit III-E.3).

The PMHNP students will be placed in a variety of mental health settings. The lead faculty has already begun discussions to secure clinical sites for the students. Clinical sites will include private and public mental health clinics, acute inpatient mental health facilities, and chronic/long-term mental health facilities. There is great interest and local support for the PMHNP program. Plans are in place for local expansion of behavioral health to include a new child/adolescent inpatient unit at Tacoma General Hospital, expansion of geriatric psychiatric beds at MultiCare Auburn Medical Center, and a new 120 bed psychiatric hospital planned to be built approximately 10 miles from PLU. PMHNP students will have clinical experiences with patients across the lifespan and will gain experience with individual, group, and family therapy via their clinical experiences. The Marriage and Family Therapy (MFT) program at PLU opened a state-of-the-art clinic which contains rooms with video/audio recording and one-way mirrors. The SoN is collaborating with MFT to utilize the clinic for our PMHNP students learning needs as appropriate. Students will be evaluated on their clinical performance each semester using a standardized evaluation tool tailored to the objectives of the course. Clinical evaluation tools for NURS 653 PMHNP I, NURS 654 PMHNP II, NURS 655 PMHNP III, NURS 656 PMHNP IV and NURS PMHNP 657 Capstone are located in the onsite resource room (Exhibit III-E.4).

NP student clinical experiences are tracked via the Typhon® tracking system designed for nurse practitioner programs to collect information related to numbers and types of patients seen in clinical settings as well as a log of student hours. Students enter demographic data, clinical information, diagnoses, procedure codes, medications, and clinical information to complete a picture of the patient encounter. This tool is also helpful for students learning to work with ICD-10 and CPT codes. Faculty can access student entries and use this data to ensure students are seeing patients across the lifespan and of varying complexity as they progress through the clinical courses.   An example of the data collected via Typhon® is located in the onsite resource room (Exhibit III-E.5).

Students in the DNP scholarly project clinical courses will be evaluated by faculty based on their progress toward meeting goals for the project set forth each semester in the course objectives.

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:

Curricula for the DNP FNP and PMHNP concentrations are current and based on the NONFP 2013 *Population-Focused Nurse Practitioner Competencies.* The FNP curriculum was revised when transitioning to the DNP to incorporate more chronic illness and mental health content, to meet the needs of the graduating FNP who is expected to care for a complex patient population.

The PLU graduate nursing courses are designed for adult learners and students who work part-time. Classes are usually held one evening (Thursday evening) and one full day per week (Fridays) to allow students to schedule their clinical time and work schedule around class times. With program growth it is anticipated that this scheduling will need to be expanded. Classes are usually taught in a single 3- to 4-hour time block per week and classes are held year-round so students can complete the program in a timely fashion. Part-time curriculum plans are available for both the FNP and PMHNP programs, as well as the post-mater's options for students who are already ARNPs seeking the DNP. As noted in Table III-D.1, faculty incorporate hybrid learning into many the DNP courses to meet the learning needs of adult learners.

In planning the second concentration for the DNP program, the needs of the local community were taken into account.   There is a significant shortage of mental health providers in the South Puget Sound area, with all of Kitsap and Mason counties, and parts of Pierce and Thurston counties designated Health Professional Shortage Areas (HPSAs) for mental health (Health Resources and Service Administration, 2015). The state of Washington has 112 mental health HPSAs, with an estimated 40.42% of the need being met for mental health care (Kaiser Family Foundation, 2014). Prior to initiating the PMHNP concentration, a variety of communities of interest in the South Sound area and the extended south-central/southwest areas of WA State were introduced to the potential for development of the program. PLU has received support from across the area for the new concentration. Please see the Substantive Change Report to the WA NCQAC, flash drive and in the onsite resource room, Exhibit III-F.1, for additional information.

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:

Student assessment and evaluation are integral to the learning process and to maintaining the integrity and quality of the nursing program. The School of Nursing has a grading scale used consistently in all nursing courses. The grading scale is published in the PLU SoN Graduate Student Handbook (page 63) which is available to students on the SoN website (Documents and Forms page, http://www.plu.edu/nursing/documents/) and is sent to students via Sakai when updates occur. Earning less than a C (2.0 on a 4.0 scale) is considered failing in the nursing program. In addition, per PLU Graduate Programs policy and published in the catalog, graduate-level credit will not be given for any class in which the grade earned is lower than a C (2.00) (http://www.plu.edu/catalog-2015-2016/graduate-program/policies/).

PLU and the SoN have published Standards of Work for all graduate students. Graduate students are expected to maintain a cumulative grade point average of 3.00 on a scale of 4.0. Students who fail to maintain a 3.0 GPA are placed on academic probation. If in a subsequent term the student earns a cumulative grade point average of at least 3.00, academic probation status will be removed. A graduate student on probation who fails to attain a cumulative grade point average of 3.00 in the next term of enrollment may be dismissed from the program. A graduate student cannot earn a Doctor of Nursing Practice degree with less than a 3.00 cumulative grade point average in all graduate-level work (http://www.plu.edu/catalog-2015-2016/graduate-program/policies/).

Each faculty member responsible for a didactic course determines course policies to include weighting and grading of assignments. Student performance can be evaluated by formal papers, exams, quizzes, posters, presentations, portfolio completion, or various other assignments that demonstrate student knowledge and performance. Grading rubrics are generally part of the syllabus and/or posted on Sakai in the course website. Rubrics give information on how student work will be graded and assist faculty in applying uniform standards to student achievement. Examples of grading rubrics used in the DNP curriculum are found in the onsite resource room (Exhibit III-G.1).

Clinical practica are graded as pass/fail using a standardized evaluation tool. The graduate core clinical courses, NURS 540 Illness and Disease Management, and NURS 531 Care and Outcomes Manager, practicum evaluation tools were revised in 2013 to reflect updated course objectives. The DNP FNP clinical evaluation tools were revised and new tools developed for new courses in summer and fall 2015. The tools were revised by an ad hoc committee of NP faculty and presented to the CIC committee for approval. The clinical evaluation tools for the PMHNP specialty courses are currently under development and will be presented to CIC for approval. In clinical courses, faculty members collaborate with preceptors and make site visits

to determine clinical competence and development of skills needed to achieve course and program outcomes as well as the likelihood of being successful when taking the respective certification exams after graduation. Copies of the graduate clinical evaluation tools are located in the onsite resource room.

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:

Each faculty member is evaluated by students at the end of the semester. The faculty member receives copies of the evaluation forms rating the instructor, course design, and overall course satisfaction. See an example of a course evaluation form in the onsite resource room (Exhibit III-H.1).

Annual course summaries are completed for each course at the end of the academic year. The course summaries are submitted annually to the Curriculum and Instruction Committee (CIC) for review. DNP courses will undergo a more comprehensive, formal review by the CIC on a rotating basis as part of the Quality Cycle for Course and Curriculum Review (QCCCR). The DNP curriculum will undergo a full curriculum review in 2018. Course summaries for the DNP courses are available in the onsite resource room (Exhibit III-H.2).

The Graduate Student Advisory Council meets each semester with the Dean and Associate Dean for Graduate Nursing Programs and provides feedback on the graduate program, which is incorporated into evaluation of courses and curriculum. In addition, a DNP open forum is held at least annually and as needed, for any DNP students to share needs or concerns. The Graduate Student Advisory Council membership roster, minutes of the Graduate Student Advisory Council meetings, and summaries of DNP open forums are available in the onsite resource room (Exhibit IV-E.1).

**Standard III, Program Quality: Curriculum and Teaching-Learning Practices
Strengths and Areas for Improvement**

Program Strengths
- The DNP curriculum is current, robust, and relevant to needs of students and the region
- Faculty employ a variety of up-to-date pedagogical strategies in their teaching

Areas for Improvement

- Class scheduling needs to be examined, especially with growth in programs and enrollments

    o Plan: Enhance faculty skills with online/hybrid course delivery (i.e. PLUTO training) and support course development with flexible delivery options
    o Plan: Revise course scheduling to accommodate growth in graduate programs

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:

An ad hoc Program Evaluation Committee was formed in spring 2015 with the goal of addressing SoN evaluation needs. The Ad Hoc committee drafted a SoN Systematic Evaluation Plan (SEP) which was approved by SNO in May 2015. The SEP includes data to be collected, timelines for collection, expected outcomes, responsibilities, and where the outcomes are documented. An overall evaluation timeline was also developed. Copies of the SEP and SoN Evaluation Timeline are located on the flash drive and in the onsite resource room, Exhibit IV-A.1.

A formal Program Evaluation Committee (PEC) was formed in May 2015, with a bylaws change to include the new committee. The purpose of the PEC is to facilitate the development, maintenance, and implementation of the SoN evaluation/assessment activities and processes, through both qualitative and quantitative data collection, analyses, and identification of next steps. Evaluation processes include an annual SoN Evaluation Day and development of a Program Improvement Plan (PIP). Evidence for the fall 2015 SoN Evaluation Day(s) is available in the onsite resource room, Exhibit IV-A.2.

Based on required and established outcomes for the DNP program, the following evaluation mechanisms for the DNP program have been established and will be systematically collected and analyzed:

1. Data from DNP student open forums
2. Graduate Student Advisory Council (MSN & DNP students) meetings
3. DNP exit interviews
4. DNP end of program surveys
5. Key assignments linked to program outcomes
6. DNP portfolios
7. Graduation/completion rates
8. Certification pass rates for FNP and PMHNP

9. Employer satisfaction surveys
10. Alumni satisfaction surveys

Of the above measures, DNP student open forums and the Graduate Student Advisory Council have been implemented. All currently enrolled DNP students have started their portfolios (links to student electronic portfolios will be provided). As the DNP courses are implemented, key assignments linked to program outcomes are being identified. These are noted in course syllabi and will be uploaded to students' portfolios throughout the program. Examples of completed key assignments are available in the resource room (Exhibit III-A.1).

The end-of-program measures including exit interviews, an end-of-program survey, graduation/completion rates, certification pass rates, and employer and alumni surveys will be implemented with the first graduating class. The end-of- program, employer, and alumni survey instruments are available in the resource room (Exhibit IV-A.3).

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:

Not applicable. The DNP program anticipates its first graduates in May 2017.

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:

Not applicable. The DNP program anticipates its first graduates in May 2017.

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:

Not applicable. The DNP program anticipates its first graduates in May 2017.

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:

The SoN defines DNP program outcomes other than IV-B, IV-C, IV-D, and IV-F to include the following:

1. DNP exit interviews
2. DNP end-of-program survey
3. Key assignments linked to program outcomes
4. DNP portfolios
5. Employer satisfaction surveys
6. Alumni satisfaction surveys

Expected levels of achievement for each of the above are identified in the SEP. Data on these measures is not yet available. Key assignments are beginning to be collected. Of those currently available, outcomes indicate accomplishment of course objectives. Analysis for demonstration of program outcome accomplishment will occur as students progress through the program.

Some formative data has been collected from DNP open forums, Graduate Student Advisory Council meetings, and course evaluations. The data indicate students are on track to meet the program outcomes and express satisfaction with the program. Minutes of the forums and advisory councils are available in the onsite resource room (Exhibit IV-E.1).

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:

The SoN faculty have set goals for aggregate faculty outcomes in teaching, scholarship, service, and practice. As the aggregate faculty outcomes were first defined in spring 2015, analysis at the aggregate level is currently available for 2014-2015 only. See Appendix IV-F.1 for full document outlining the individual and aggregate faculty outcomes for 2014-2015 (also onsite resource room Exhibit IV-F.1).

The four dimensions of teaching, scholarship, service, and practice defined a total of nine aggregate faculty outcomes (AFOs). Of the nine, six were met in 2014-2015 and three were not met.

Teaching

For the dimension of teaching, the goal is that 75% of all student evaluations of teaching demonstrate agree/strongly agree on overall teaching effectiveness, as defined by student responses to an item on the PLU Uniform Teaching Evaluation form: "Overall, instructor was very effective." Table IV-F.1 provides aggregate data on overall teaching effectiveness in 2014-2015, showing this component of aggregate faculty outcomes was met for 2014-2015.

Table IV-F.1. Teaching Evaluations/Overall Teaching Effectiveness: "Overall, instructor was very effective"

	*n = Strongly Agree	n = Agree	n = Neither Agree or Disagree	n = Disagree	n = Strongly Disagree	% Agree/ Strongly Agree	Expected Aggregate Faculty Outcome Met?
Summer 2014 N = 183	n = 95 52%	n = 48.5 27%	n = 26.5 14%	n = 11 6%	n = 2 1%	n = 143 78%	**Met**
Fall 2014 N = 1173	n = 705 60%	n = 290 25%	n = 89 8%	n = 63 5%	n = 26 2%	n = 995 85%	**Met**
J-term 2015 N = 97	n = 52 54%	n = 22.5 23%	n = 11.5 12%	n = 7 7%	n = 4 4%	n = 74.5 77%	**Met**
Spring 2015 N = 1017	n = 636.5 63%	n = 235 23%	n = 80 8%	n = 43.5 4%	n = 22 2%	n = 315 86%	**Met**

2014-15 Totals N = 2470	n = 1488.5 60%	n = 596 24%	n = 207 8%	n = 124.5 5%	n = 54 2%	**n = 2084.5 84%**	**MET**

*n values obtained from semester summaries, Student Evaluations of Teaching

The two AFOs related to teaching are met. The goal "75% of all student evaluations of teaching will demonstrate agree/strongly agree on overall teaching effectiveness," was met at 84%. The goal that "90% of continuing faculty with $\geq$0.5 FTE appointment will complete and submit an annual teaching self-assessment with identification of areas for development or and/or improvement," was met at 90%.

Service

All faculty who are appointed at 0.5 FTE or above are expected to serve on a SoN committee with a goal of 90% of faculty serving on a SoN committee. This goal was met in the 2014-2015 academic year. Professional faculty service contributions include university committee or project work, professional organization contributions, and community contributions. Professional service contributions are found in Table IV-F.2.

Table IV-F.2 Faculty Professional Service Contributions (past 3 years)

Faculty Member	Professional Service Contributions
Maureen Barta	• Director of Certified Nursing Assistant program, Care Plus Home Health & Training • Key Peninsula Free Clinic • Friends of the Children of Haiti, Medical Mission
Bria Chakofsky-Lewy	• "Culture and Care," presentation to Hope Central Clinic, 3/23/14 • Diabetes and Culture, presentation to Harborview nurses, 4/24/14 • Culture and Palliative Care: Issues and Tools, presentation at Harborview Palliative Care rounds, 5/13/14 • Caring for Limited English Speaking Patients and Families, Presentation to Washington Home Care Association, 4/15/15 • Best Practices in working with Interpreters, presentation at UW CNE, 4/23/15
Andrea Corona	• Washington State Delegate (substitute), American Society of Health System Pharmacists, Summer Meeting June 2015 • Continuing Education Committee, Washington State Pharmacy Association • Pharmacologic Update for Nurses, Pacific Lutheran University, Tacoma, WA, May 2015 • Presentation, Chronic Disease State Management, Pacific Lutheran University, Tacoma, WA, January 2014, January 2015 • Chronic Disease State Management: Nuggets of Knowledge, Washington State Pharmacy Association Annual Meeting, Cle Elum, WA November 2014 • OSCEs for "Newbies", Society of Teachers of Family Medicine, Orlando, FL April 2014
Jodi Erickson	• Counselor, Sigma Theta Tau International • President Altrusa International Foundation, Puyallup Valley Chapter
Cheryl Graf	• SANE Statewide Training • Adult and pediatric expert case review for abuse and sexual assault/DV • Northwest Harborview peer review • Precepting FNP students

Julie Huffine Elledge	• Counselor, Sigma Theta Tau International
Rhonda Lizzi	• Advisory Board, 7th Day Adventist Community Services
Gary Mahon	• K. Moisio's PhD dissertation Committee, Rush University • Career mentor, Healthcare information systems • Madigan Research Day, coordinated PLU MSN student participation
Patsy Maloney	• ELNEC Trainer and GNEC Trainer—A member of the End-of-Life Nursing Educational Consortium and a trainer and member of the Geratric Nurse Educational Consortium • Reviewer for MEDSURG Nursing: The Journal of Adult Health • Sentinel Reader for McMaster online Rating of Evidence • STTI Psi at-large chapter, coordinated student posters for Induction
Terry Miller	• MultiCare Health System, Quality Committee of the Board of Directors • Franke Tobey Jones, Board of Directors; Board Representative to Continuous Quality Improvement Committee • Responsive Care Coordination Program (RCCP) Advisory Board • Olympic College Nursing Advisory Committee
Mary Moller	• Manuscript Review: Qualitative Health Research; Journal of Midwifery and Women's Health; Journal of the American Psychiatric Nurses Association; Archives of Psychiatric Nursing • Visiting Professor: NYU College of Nursing-Psychopharmacology of Antipsychotic Medications. March, 2015. • Psychiatric Expert Panel of the American Academy of Nursing; Sexual Harassment in Colleges and Institutions Policy Dialogue task force • American Psychiatric Nurses Association Suicide Competency Training: Pilot group developing protocols/training for nationwide training • Member of American Healthcare Professionals and Friends for Medicine in Israel (APF) - Emergency Medical Volunteer (EMV)
Barb Olson	• Faculty liaison member on the PLU Nursing Alumni Board. • Refresh! Review! Renew!, Behavioral Health & Faith Community Nursing Conference, Presenter, May 2015 • Laughter Yoga Program, Silverdale Lutheran Church Women's Retreat, May 2015
Christina Pepin	• Faculty Advisor, Delta Iota Chi • Coordinator, Washington Business Week Healthcare Week visit to the School of Nursing August, 2014 • Coordinator, Multicare Nurse camp visit to the School of Nursing July 2014 • Facilitated Department of Health Advanced Disaster Life Support course on PLU campus and organized student volunteers June 28 & 29, 2014
Sheila Smith	• Commission on Collegiate Nursing Education (CCNE), On-Site Evaluator and Team Leader • CCNE, Accreditation Review Committee • Manuscript Review: Journal of Professional Nursing
Sally Watkins	• WA NCQAC, ProTem member
Jessie Wheeler	• Alpha-1 antitrypsin deficiency: Effects on liver and lung function. Tacoma Community College Respiratory Fair • Out of the Darkness walk, Olympia, WA • Mental health and substance abuse training, Providence St Peter Hospital, Olympia, WA
Cynthia Wolfer	• Parish Nurse
Teri Woo	• Expert Panel Member (the only nurse or NP on the panel) *Eunice Kennedy Shriver* National Institute for Child Health and Human Development, Best Pharmaceuticals for Children Act Working Group

	• Member, Centers for Disease Control/Pew Charitable Trust, Outpatient Antibiotic Prescribing: Setting a National Goal for Inappropriate Use
	• Pediatric Nurse Practice Quality Assurance Practice Reviewer, College of Registered Nurses of British Columbia
	• OSCE Examiner, College of Registered Nurses of British Columbia
	• Co-editor of Pharmacology column in the *Journal of Pediatric Health Care*
	• Member, Pediatric Nurse Certification Board, Pediatric Pharmacology Assessment committee
	• 2013-2015 Western Institute of Nursing
	   o Local Program Committee 2012, 2014
	   o Silent Auction Committee 2012, 2013, 2014, 2015, 2016
	• 2013-2015 OHSU School of Nursing Alumni Association
	   o Currently serving on OHSU SON Alumni Advisory Committee (2012-present)

Sylvia Wood	• Editorial Advisory Board for *Fit Pregnancy*
Dana Zaichkin	• American Association of Colleges of Nursing (AACN), Instructional Leadership Network, Steering Committee and Program Committee co-chair

For the two AFOs related to service, one was met and one was not. The goal that "90% of faculty with > 0.5 FTE appointment serve on at least one School of Nursing committee," is met at 90%. The goals that "90% of all faculty demonstrate at least one professional service commitment annually," was not met, with the aggregate faculty outcome of 75% of faculty demonstrating professional service.

Scholarship

The SoN has a goal that 80% of tenured and tenure-track faculty will demonstrate a product of scholarship annually. Scholarship may include products reflecting the scholarship of discovery, integration, application and/or teaching. Tenured/tenure-track faculty scholarship is shown in Table IV-F.3.

Table IV-F.3 Tenure/tenure-track scholarship.

Faculty Member	Scholarship Contributions
Lorena Guerrero	• Integrating Community Based Health Promotion Education and Screening Awareness in FNP Education.. American Association of Nurse Practitioners Annual Conference, Poster Presentation. June, 2014 • Taking it to the Streets: Integrating Health Outreach Education Activities to Teach Health Promotion and Preventive Screening in FNP Education. National Organization of Nurse Practitioner Faculties, Poster Presentation April, 2015.
Patsy Maloney	• NPD Scope and Standards: Your Input is Needed." (2015) by Harper, M and Maloney, P. ANPD Trendlines 26(3). • Nursing Professional Development Scope and Standards (2016). To be published by Association for Nursing Professional. • Professional Use of Social Media. Association of Nursing Professional Development, Webinar, June 19, 2014. • Preceptor Selection and Socialization. (2015). To be presented as narrated slides by ANPD, July 2015.
Terry Miller	• Panel presentation, Partners Investing in Nursing's Future, Leadership and Legacy Conference, Phoenix, Arizona, Nov 2104

Mary Moller	- Moller, M.D. (2014) Incorporating prayer into psychiatric care. *Narrative Inquiry in Bioethics, 4*, 3, 206-208. - Fleischhacker,W., Arango, L., Arteel, P., Barnes, T., Carpenter, W., Duckworth, K., Galderisi, S., Halpern, L., Knapp, M., Marder, S., Moller, M., Sartorius, N., Woodruff, P. (2014). Schizophrenia: Time to commit to policy change. *Schizophrenia Bulletin, 40*: S165-S194. - Potter, M. L. & Moller, M.D. (2015). Framework of psychiatric nursing. In Potter, M.L. & Moller, M.D. (Eds). Psychiatric-mental health nursing: From suffering to hope (1-23). Boston: Pearson. - Genung, V. & Moller, M.D. (2015). Psychopharmacology. In Potter, M.L. & Moller, M.D. (Eds). Psychiatric-mental health nursing: From suffering to hope (518-535). Boston: Pearson. - Moller, M.D. (2014). Reimbursement and documentation. In Wheeler, K. (Ed). Psychotherapy for advanced practice psychiatric nurses (2nd Ed.) (661-692). New York: Springer Publishing Company. - Potter, M. L., & Moller, M.D. (2015). *Psychiatric mental health nursing: From suffering to hope.* 1st Ed. Upper Saddle River, New Jersey: Pearson. - Moller, M.D. (2015, May-plenary). *All SSRIs Are Not Created Equal.* Association of Advanced Practice Psychiatric Nurses annual conference, Seattle, WA - Moller, M.D. (2015, May-Keynote). Every *Nurse is a Mental Health Nurse: You Just Didn't Know It!* Australian Primary Health Care Nurses Association annual conference, Gold Coast, Queensland, Australia. - Moller, M.D. (2015, May-concurrent session). *Wellness: It's More Than a State of Mind.* Australian Primary Health Care Nurses Association annual conference, Gold Coast, Queensland, Australia. - Moller, M.D. (2015, May). *Chronic disease and the social determinants of health.* Health policy roundtable Australian Department Health. Canberra, Australian Capital Territory, Australia. - Moller, M.D. & Marcus, P. (2015, April-all-day preconference). *Rethinking Challenging Patient Behaviors: Walking a Mile in Their Shoes.* Contemporary Forums, Chicago, IL - Moller, M.D. (2015, April-plenary session). *Understanding Schizophrenia: Putting the Fizz in Neurophysiology and Treatment.* Contemporary Forums, Chicago, IL. - Moller, M.D., Hamilton, J.M., Leahy, L.G., Singh, T.L. (2015, April-concurrent session). *Entrepreneurship: Been There, Done That, Now It's Your Turn! Ask the Experts Panel* - Moller, M.D. (2015, April-concurrent session*). Cents and Sensibility: Financials, contracts, billing, coding, empanelment, collections*. Contemporary Forums, Chicago, IL. - Moller, M.D. (2015, March). *Is it Mental Health or Mental Illness…and What's the Difference Anyway?* Behavioral Health Education Consortium of Nebraska (BHECON) 2015 Nursing Webinar Series. http://www.unmc.edu/bhecn/education/nurse-training.html - Moller, M.D., Knight, C., Pessagno, R. (2014, October). *Teaching psychotherapy to graduate students.* American Psychiatric Nurses Association Annual Conference, Indianapolis, IN. - Moller, M.D. (2014, November). *The MAPP Recovery Model: Milestones of Adjustment Post-Psychosis Research.* Ass'n of Advanced Practice Psychiatric Nurses Annual Conference. Tacoma, WA, - Moller, M.D. (2014, September). *The MAPP Recovery Model: Milestones of Adjustment Post-Psychosis Research.* United States Psychiatric-Mental Health Congress, Orlando, FL.

	• Moller, M.D. (2014, October). *DSM-5 Update-Psychosis.* American Psychiatric Nurses Association Annual Conference, Indianapolis, IN. • Moller, M.D. & Johnson, L. (2014, October). *The therapeutic relationship alliance.* American Psychiatric Nurses Association Annual Conference, Indianapolis, IN. • Moller, M.D. (2014, June). The brain-behavior connection to rehabilitation: Understanding symptoms and treatment from a biological perspective. Black Hills Works, Rapid City, SD.
Sheila Smith	• Smith, S. K., and Turell, S. M. (2015). Perceptions of Healthcare Experiences: Relational and Communicative Competencies to Improve Care for LGBT People. Accepted for publication, Journal of Social Issues, Special edition, LGBT health. • Crouch, M. A., Davenport, M. J., McGowen, R., Pack, R., Smith, S.K. Formative Experiences of an Inter-Professional Education Program. American Association of Colleges of Pharmacy annual meeting, poster presentation, July, 2014. • Affordable Care Act. University House, Pacific Lutheran University, October 22, 2014. • Appreciative Inquiry. SoN faculty, Pacific Lutheran University, November 2014. • CCNE Accreditation Standards. SoN Faculty Retreat, Pacific Lutheran University, January 2015. • Building Capacity for the IP Management of MCC: The Role of IP Student Clinics. Southeast Interprofessional Education Conference, East Tennessee State University. Paper presentation, June 11, 2015. • Professional Standards, Guidelines, and other Resources for Accreditation; Planning and Leading Effective Interviews. Panel presentations. CCNE Evaluator Re-training Program, Commission on Collegiate Nursing Education. Atlanta, GA, June 17-18, 2105.

For the AFOs relating to scholarship one was met and one was not. The goal "90% of all Registered Nurse faculty will demonstrate annual nursing professional development that is relevant to their faculty role and consistent with the Washington State NCQAC requirements for continued competency" is met at 100%. The goal that "80% of tenured/tenure-track faculty will demonstrate a product of scholarship" was not met, with 71% of tenure/tenure-track faculty demonstrating a product of scholarship.

Practice

The SoN has set goals for faculty practice and national specialty certification. The goal for faculty practice is that 95% of all licensed nursing faculty maintain practice requirements for licensure consistent with Washington State NCQAC continuing competency requirements. The goal for national specialty certification is that 70% of registered nurse faculty are certified. Faculty practice expertise, specialty certification, and practice contributions are shown in Table IV-F.4.

Table IV-F.4 Faculty practice expertise, specialty certification and clinical practice.

Faculty Member	Practice Expertise	National Specialty Certification	Clinical Practice/Agency
Maureen Barta	Home Health, Community Health	FNP, CCRN	Care Plus Home Health

Katie Bates	Medical Surgical Nursing	CNL	Good Samaritan Hospital Critical Care 2012-2014; GSH Observation Unit/Cardiac Unit 2014- Feb 2015
Mary Ann Carr	Med-surg nursing	CNS	
Erla Champ-Gibson	Med-surg nursing, home health, home hospice care, school nursing		Auburn School District
Julie Elledge	Public Health	PHCNS	Nurse on Call with Trinity Lutheran Childcare and Preschool (Fall 2015-present)
Jodi Erickson	Medical Surgical nursing/ICU	CNL	MultiCare Good Samaritan Hospital, Puyallup, WA, Nurse Manager
Cheryl Graf	Family Nurse Practitioner, Emergency/Urgent Care (ED/UC), Sexual Assault and Forensic Nursing	FNP	CHI Franciscan Medical Group: Prompt Care, St. Anthony's ED, TeamHealth; Harborview Sexual Assulat and Traumatic Service (HCTSAT)
Lorena Guerrero	Family and adult health, cultural practice, health promotion	FNP	Puyallup Health & Wellness
Melinda H-Frazier	Community-based Nursing		Parkland Community Change
Chenda Johnson	Medical Surgical nursing/ICU	CCRN	Previous with Multicare Tacoma General ICU (2006-2010) and Franciscan Health System (2010-2014)
Lisa Johnson	Geriatrics	CNS	
Jack Keith	Psychiatric Nursing		Metropolitan Development Council Evaluation & Treatment Facility (Fall 2014-present)
Cara Koch	Community Health, Public Health, Medical-Surgical, Telemetry, Oncology, Chronic Disease Prevention Program Development and Implementation		Integrated Medical Systems On-Call Nursing 2013-current, MultiCare Center for Healthy Living Nurse Program Coordinator 2013-2015, Staff Nurse at Tacoma General Hospital 2012-2014
Rhonda Lizzi	Neonatal ICU/ obstetrical nursing		Valley Medical Center, NICU 2006-current
Gary Mahon	Informatics, data analysis, research methods, leadership		Self-employed consultant with clients that include Multicare, Franciscan, WA State DSHS and DOH
Patsy Maloney		CEN, NEA-BC, CNPD	

Christie McMahill	Maternal Newborn Nursing	CMNN	St Joseph NICU
Terry Miller	Community Partnerships, Undergraduate Curriculum, Grounded Theory Method (Strauss & Corbin), Strategic Management & Quality Assurance		
Mary Moller	Advanced Practice Psychiatric-Mental Halth Nursing; psychopharmacology, psychopathology	PMHCNS-BC, CPRP	Northwest Integrated Health, Tacoma, WA, Director of Psychiatric Services; Telemental Health
Carrie Park	Pediatric nursing		
Sheila Smith	Nursing educational leadership, Program evaluation/ accreditation, Adult health, Women's health, Community-based nursing, Social determinants of health, health disparities, Nursing theory	ANP-BC	Neighborhood Clinic; Rainier Internal Medicine
Jessie Wheeler	Adult psych/mental health; chemical dependency	PMHCNS-BC	Educator: Providence St. Peter Hospital
Cynthia Wolfer	Medical-surgical nursing, Faith Community Nursing		Registered Nurse through Maxim Staffing Solutions
Teri Woo	Pediatrics, pharmacology, nurse practitioner prescribing	CPNP-PC, CNL	Woodcreek Healthcare, Puyallup, WA (starting Jan 2016) Prior at Kaiser Permanente 1999-2015
Sylvia Wood	Nurse-midwifery, obstetrical nursing	CNM	Franciscan Medical Group/Pearl Place, Nurse-Midwifery Service 2010-Present
Dana Zaichkin	Adult med-surg, community health		

Of the AFOs related to practice, two were met and one was not. The goal that "95% of all licensed nursing faculty maintain practice requirements for licensure consistent with Washington State NCQAC continuing competency requirements," was met at 100%. The goal that "70% of Registered Nurse faculty will hold national specialty certification," was not met, with a 48% aggregate faculty outcome. The goal that "100% of faculty required to maintain national certification for their teaching demonstrate participation in clinical practice consistent with certification requirements," was met at 100%.

Aggregate faculty accomplishments for scholarship, service, and practice are shown in Table IV-F.5.

Table IV-F.5 Aggregate faculty outcomes for scholarship, service, and practice.

Dimension	AFO Goal	Number of Faculty	Faculty meeting goal	% meeting outcome	AFO Met?
Nursing Professional Development	90% of all RN faculty	N = 24	N = 24	100%	**Yes**
Product of Scholarship	80% of tenured/tenure-track faculty	tenured/tenure-track faculty N = 7	N = 5	71%	**No**
Serving on a SoN Committee	90% of faculty with ≥0.5 FTE appointment	Faculty with ≥ .5 FTE Appointment N= 20	N = 18	90%	**Yes**
Professional Service Commitment	90% of all faculty	N = 28	N = 20	71%	**No**
Practice Activities consistent with NCQAC Requirements	95% of all licensed nursing faculty	N = 31	N = 31	100%	**Yes**
Faculty with National Specialty Certification	70% of RN faculty	N = 31	N = 15	48%	**No**
Practice Consistent with National Certification Requirements	100% of APRN faculty with national certification	N= 6	N= 6	100%	**Yes**

Faculty discussion regarding the AFOs has focused on the importance of maintaining the excellence of "met" outcomes going forward. Increased support for scholarship, service, and national specialty certification is needed. The aggregate faculty outcomes will be revisited during the School of Nursing J-term retreat in January 2016. Faculty will discuss revision of some of the expected aggregate outcomes for meaningfulness and realistic expected levels of achievement. In addition, improvements in data collection are needed.

The university is moving to an electronic process of collecting individual faculty data on an annual basis. The individual faculty data collected may provide the SoN with an improved mechanism for collecting aggregate faculty data. The goal for implementation of electronic faculty reporting is 2016.

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 SoN definition of formal complaints and processes for addressing grievances are defined in the Graduate Student Handbook and are consistent with the university process and definitions. Any complaint not resolved internally in the SoN may be submitted to the University Dispute Resolution Committee (http://www.plu.edu/udrc/). To date no formal complaints have been received from DNP students.

The SoN has a clear grade dispute policy within the Graduate Student Handbook, page 68-71 (http://www.plu.edu/nursing/wp-content/uploads/sites/96/2015/12/plu-son-graduate-student-handbook-11.18.2015.pdf)

The SoN uses a petition process for students wishing to request permission to retake a failed course, take a leave of absence from the program, or alter their progression in the program for another reason. The petition process is also used to remain in good standing with the SoN after a breach of professional conduct, upon receiving three minor Notices of Deficiency, or receiving one major Notice of Deficiency. This petition process is defined in the Student Handbook, page 76-77 (http://www.plu.edu/nursing/wp-content/uploads/sites/96/2015/12/plu-son-graduate-student-handbook-11.18.2015.pdf)

We ask students to complete and submit a petition letter when completing their petitions to the RAP committee (a sample is located in the onsite resource room, Exhibit IV-G.1). The student must work with their faculty advisor as they complete this form. The RAP committee maintains a record of petitions via a Petition Tracking Spreadsheet, which the Advising, Admissions, and Student Support Coordinator stores in the SoN shared drive in Netstor.

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:

Currently only formative data is available for DNP program evaluation and improvement. The data includes student and faculty course evaluations, DNP student open forums, and Graduate Student Advisory Council data. An example of an improvement made to date includes course scheduling to allow a common break time, to allow all DNP students to have a shared meeting

time. A separate open forum was scheduled for DNP students to address any needs or concerns specific to their program. In the DNP forum, students suggested holding the first DNP forum very soon into the program to provide anticipatory information and socialization to the program. They also suggested linking second year students with incoming first year students for peer mentoring. These recommendations will be implemented with the second DNP cohort, which will enter the program in summer 2016. Other improvements will be made as course data is evaluated and as issues arise.

Relative to overall School of Nursing evaluation processes, the DNP program data will be included in SoN evaluation days and in the SoN Program Improvement Plan (PIP). Results of the PIP will inform ongoing updates and revisions.

**Standard IV, Program Effectiveness: Assessment and Achievement of Program Outcomes
Strengths and Areas for Improvement**

Program Strengths
- Well-developed Systematic Evaluation Plan with implementation mechanisms

Areas for Improvement

- Improved faculty experience with program evaluation process
  - Plan: Will evolve over time as faculty gain experience with evaluation

- Collection and analysis of DNP summative data as the program produces graduates.
  - Plan: There is an evaluation plan in place, which needs to be implemented as students graduate.

- Faculty aggregate outcomes (AFOs) require refinement
  - Plan: AFOs will be addressed during 2016 J-term faculty retreat

- Improve performance in faculty scholarship, professional service, and specialty certification
  - Plan: Improve university resources and attention to the development of a culture of scholarship.
  - Plan: There is a proposal to a prospective donor to sponsor a faculty speaker series and faculty/student research, to improve the SoN culture of scholarship