

**CCNE Worksheet to Demonstrate Compliance with the
Criteria for Evaluation of Nurse Practitioner Programs
(National Task Force on Quality Nurse Practitioner Education, 2012)**

This worksheet is provided to assist programs in demonstrating compliance with the Commission on Collegiate Nursing Education's (CCNE) *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (amended 2013). Key Element III-B of the CCNE *Standards* requires that all nurse practitioner programs demonstrate incorporation of the *Criteria for Evaluation of Nurse Practitioner Programs* [National Task Force on Quality Nurse Practitioner Education (NTF), 2012].

This worksheet can be used in multiple ways. Nurse practitioner programs may wish to use this as an internal tool to assist in ascertaining compliance with the NTF *Criteria*. It can be included as a supplemental document to a CCNE self-study. Or a program may include this worksheet in its resource room during an on-site evaluation. Please note that simply providing this worksheet does not, in itself, satisfy the need to demonstrate compliance with the NTF *Criteria* as part of a CCNE accreditation review. The program(s) should be prepared to offer substantiating evidence as well.

To view the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012), please visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf>

Name of Institution: Pacific Lutheran University, School of Nursing, DNP Program.
Note: this document only addresses the DNP program and its compliance with the NTF criteria.

Identify each nurse practitioner track currently offered in the master's degree program and the DNP program (select all that apply). For each track identified, enter the nationally recognized certification examination(s) for which the graduates of this track are eligible, if any (include all that apply).

<u>Nurse Practitioner Track</u>	<u>Offered at the master's level</u>	<u>Offered at the DNP level</u>	<u>Certification Examination</u>
Family NP	X Yes (last cohort graduates May 2016) No	X Yes <input type="checkbox"/> No	American Nurses Credentiaing Center; American Academy of Nurse Practitioners Certification Program
Adult NP	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No	
Pediatric NP	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No	
Pediatric Acute Care NP	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No	

Gerontological NP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Women's Health NP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Neonatal NP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Acute Care NP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Adult Psychiatric & Mental Health NP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Psychiatric Mental Health NP (lifespan)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	American Nurses Credentialing Center
Oncology NP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other (please specify below)			

How many total students (headcount) are enrolled in the nurse practitioner program that leads to the master's degree?

Total: 8 (all graduating in May 2016). The MSN program is currently CCNE accredited through April 2023. The master's level FNP program is being phased out with implementation of the DNP program.

How many total students (headcount) are enrolled in the nurse practitioner program that leads to the DNP degree?

Total: 13

Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012)

The criterion statements on the following pages are the same as those published in the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012). The narrative response must relate directly to the criterion, and must sufficiently demonstrate whether or not the program(s) (including all tracks) is in compliance. Although the user may reference data previously listed in the report, each narrative answer must include an explanation specific to the appropriate criterion.

One-sentence answers are not acceptable, and it is insufficient to simply state that the program(s) meets the criterion or to simply refer the reader to the answer provided for another criterion. For each response, there must be a succinct explanation showing evidence that the program complies or does not comply with the criterion.

Each criterion statement is presented along with its corresponding elaboration (interpretation) and documentation, as stated in the NTF *Criteria*. CCNE expects that the program(s) will provide the necessary required/supporting documentation as part of its next regularly scheduled CCNE on-site evaluation.

CRITERION I: ORGANIZATION AND ADMINISTRATION

I.A: The director/coordinator of the NP program is nationally certified as a nurse practitioner and has the responsibility of overall leadership for the nurse practitioner program.

Elaboration:

The individual who provides overall leadership (who may hold the title of director or coordinator or other title recognizing the leadership role) of the NP program must be nationally certified in a particular NP population focused area of practice. In programs with multiple tracks, this individual (the director/coordinator of the NP program) may be certified in only one NP population-focused area of practice but have responsibility of leadership for all of the NP tracks. Therefore, in larger multi-track programs, the faculty member who provides direct oversight for a population-focused track should have the NP certification in that population-focused area whereas the overall program director may be certified in another NP population-focused area of practice. It is recommended that the director/coordinator of the NP program have doctoral-level preparation to support the responsibilities of leadership for the program.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=9> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

Teri Moser Woo, PhD, RN, CNL, CPNP, FAANP, is the NP program director. She is credentialed as an ARNP in the State of Washington and is certified as a Pediatric Nurse Practitioner through the Pediatric Nurse Certification Board.

Director responsibilities to the program include:

1. Assuring that the NP programs meets Washington State Nursing Commission standards for NP education.
2. Assuring the NP programs meet National Organization of Nurse Practitioner Faculties guidelines for NP education, updating curricula as indicated.
3. Supporting faculty to resolve student issues.
4. Developing relationships with community practice partners to expand the number of clinical sites for NP students.
5. Ensuring communication between the PLU School of Nursing and preceptors and/or practice partners is timely and accurate.
6. Oversees NP student admission processes including recruitment, application, and admission decisions.
7. Serving as liaison with the university, regulatory bodies, and clinical partners regarding NP education programs.

Evidence: copies of Dr Woo's Washington ARNP and RN license, national certification certificates, Job Description, CV, and publications.

CRITERION I: ORGANIZATION AND ADMINISTRATION

I.B: The *faculty* member who provides direct oversight for the nurse practitioner educational component or track is nationally *certified* in the same *population-focused* area of practice.

Elaboration:

Curriculum and program development should be carried out by faculty who understand the scope and direction of NP education. Whereas in programs with multiple tracks a program director/coordinator may provide overall leadership for all NP tracks, each population-focused track must identify a faculty member who has certification in the same population-focused area (primary or acute care, as appropriate). If there is a diversion from this criterion, the program/track must provide additional documentation on the qualifications and experience of the individual for teaching in this program/track. Examples may include:

- *A FNP who has spent all of his/her work career in caring for the adult population and provides direct oversight for the Adult-Gerontology NP track.*
- *A nationally-certified psychiatric-mental health CNS who oversees a psychiatric-mental health NP track.*

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=10> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

Dr. Lorena Guerrero, PhD, FNP-BC, ARNP, coordinates the FNP concentration. Dr. Guerrero is a Family Nurse Practitioner certified through American Nurses Credentialing Center.

FNP Lead Faculty – position description

The FNP Lead Faculty member provides direct oversight for the family nurse practitioner track. The FNP Lead Faculty role is assigned as a portion of a tenure-track position in the School of Nursing. Minimum credentials include the earned doctorate in Nursing or related field, a graduate degree in Nursing, national certification as a Family Nurse Practitioner with prescriptive privileges in the State of Washington, and RN licensure in the State of Washington.

Responsibilities:

- Provides role and content expertise for the FNP program.
- Ensures that all didactic content in the FNP program is current and evidence-based.
- Participates in program and curricular review and revision for the FNP program.
- Ensures that the FNP program remains congruent with national professional standards and guidelines for NP and FNP educational programs.
- Works with the FNP faculty and Clinical Placement Coordinator to secure and negotiate clinical placements for FNP students.
- Confirms clinical contracts are in place for all clinical sites.
- Ensures that clinical preceptors are appropriately qualified and experienced.
- Participates in the orientation of clinical preceptors.
- Determines student clinical placements consistent with course and clinical objectives and to meet the learning needs of the student.
- Validates that clinical faculty are performing clinical site visits every semester, with each student, to evaluate student progress.
- Communicates regularly and responsively with preceptors and clinical sites.
- Participates in the admissions process for FNP students by reading applications and interviewing when appropriate.
- Evaluates clinical sites at the end of the semester to determine if the learning needs of students were met.
- Participates in and ensures every-semester completion of preceptor evaluations.
- Ensures completion and filing of every-semester student clinical evaluations and clinical logs.
- Serves as a professional role model for FNP students.

Dr. Mary Moller, DNP, ARNP, PMHCNS-BC, CPRP, FAAN, will coordinate the PMHNP concentration and is an Adult Psychiatric-Mental Health Clinical Nurse Specialist certified through American Nurses Credentialing Center.

PMHNP Lead Faculty – position description

The PMHNP Lead Faculty member provides direct oversight for the psychiatric mental health nurse practitioner track. The PMHNP Lead Faculty role is assigned as a portion of a tenure-track position in the School of Nursing. Minimum credentials include the earned doctorate in Nursing or related field, a graduate degree in Nursing, national certification as a Psychiatric

Mental Health Nurse Practitioner or Clinical Nurse Specialist, ARNP with prescriptive privileges in the State of Washington, and RN licensure in the State of Washington.

Responsibilities:

- Provides role and content expertise for the PMHNP program.
- Ensures that all didactic content in the PMHNP program is current and evidence-based.
- Participates in program and curricular review and revision for the PMHNP program.
- Ensures that the PMHNP program remains congruent with national professional standards and guidelines for NP and PMHNP educational programs.
- Works with the PMHNP faculty and Clinical Placement Coordinator to secure and negotiate clinical placements for PMHNP students.
- Confirms clinical contracts are in place for all clinical sites.
- Ensures that clinical preceptors are appropriately qualified and experienced.
- Participates in the orientation of clinical preceptors.
- Determines student clinical placements consistent with course and clinical objectives and to meet the learning needs of the student.
- Validates that clinical faculty are performing clinical site visits every semester, with each student, to evaluate student progress.
- Communicates regularly and responsively with preceptors and clinical sites.
- Participates in the admissions process for PMHNP students by reading applications and interviewing when appropriate.
- Evaluates clinical sites at the end of the semester to determine if the learning needs of students were met.
- Participates in and ensures every-semester completion of preceptor evaluations.
- Ensures completion and filing of every-semester student clinical evaluations and clinical logs.
- Serves as a professional role model for PMHNP students.

Evidence: Dr. Guerrero's and Dr. Moller's CV, credentials, and national certifications

CRITERION I: ORGANIZATION AND ADMINISTRATION

I.C: Institutional support ensures that *NP faculty* teaching in clinical courses maintain currency in clinical practice.

Elaboration:

NP faculty members must evaluate students, interface with preceptors, and serve as role models. Faculty members who teach clinical components of the NP program/track must maintain currency in practice. It is intended that institutions provide administrative support for faculty to practice the required clinical hours to obtain and maintain national certification. This support might include faculty practice models, a reduced teaching or service load, and/or opportunities for faculty to maintain currency in practice through activities in addition to direct patient care (e.g., community-based initiatives, public health practice, patient/group health education activities, occupational health programs).

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=10> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

Nurse practitioner faculty are given one day per week with no classes scheduled so they can practice. This is a policy of the SoN and is found in the faculty handbook.

Faculty practice in a variety of public and private healthcare settings. Dr. Guerrero practices at Puyallup Medical & Wellness; Dr. Moller practices at Northwest Center for Integrative Health; and Dr. Woo practices at Kaiser Permanente until Nov. 2015 and at Woodcreek Healthcare starting January 2016. Dr. Smith practices at Ranier Internal Medicine and the Tacoma Neighborhood Free Clinic. Cheryl Graf MSN FNP works at Franciscan Prompt Care. Emily Robinson DNP, FNP works at Community Health Care.

Evidence: SoN Faculty Handbook, CVs of faculty describing practice

CRITERION II: STUDENTS

II.A: Any admission criteria specific to the NP program/track reflect ongoing involvement by NP faculty.

Elaboration:

NP programs/tracks may have unique admission criteria. NP faculty have knowledge and expertise regarding the role responsibilities for all respective NP programs and are qualified to develop student related admission criteria appropriate for each NP program. NP faculty should have ongoing opportunity to provide meaningful input into the establishment, evaluation, and revision of admission criteria specific to the NP program.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=11> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

Admission criteria are developed by the SoN RAP committee and voted on by the full faculty.

The admission criteria for the FNP and PMHNP concentrations are:

- GPA of 3.0 on a 4.0 scale
- GRE scores of Verbal 500, Quantitative 500 & 4.0 on Analytical Writing under the scoring format for test prior to August 2011 and Verbal 150, Quantitative 150 and 4.0 Analytical Writing score for GRE exams taken after August 2011.
- Unencumbered Washington RN license
- College level statistics with a 3.0 (B) or better
- Direct care RN experience

Additionally all applicants submit a resume and an educational and professional goal statement.

ARNP faculty are involved in the selection of every student in the FNP and PMHNP track. Involvement includes reading student application files, interviewing students, and recommending admission or not. Admission files are read by the Associate Dean for Graduate Programs (an NP) and the lead NP faculty for the concentration, at a minimum. Additional members of the RAP committee who are ARNPs may also read the NP admission file.

PMHNP applicants who are academically qualified will also have an interview with an ARNP faculty member (either in-person or web-conferencing).

Evidence: Graduate Admissions flow chart, copy of Graduate Application, RAP committee minutes with discussion of admissions criteria

CRITERION II: STUDENTS

II.B: Any progression and graduation criteria specific to the NP program/track reflect ongoing involvement by NP faculty.

Elaboration:

NP programs may have unique progression and graduation criteria for full-time, part-time, and/or post-graduate study. Nurse practitioner faculty have the best perspective on specific progression and graduation criteria for the NP program/track and thus should have an ongoing opportunity to provide meaningful input into the establishment, evaluation, and revision of specific progression and graduation criteria.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=11> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

All progression criteria for the NP students involve NP faculty involvement in the development and implementation of the criteria. DNP student progression criteria reflects the same criteria as all PLU graduate students. The Associate Dean for Graduate Nursing Programs who is an NP sits on the Graduate Council which proposes admission and progression criteria language for the PLU Catalog, which is approved by the university Educational Policies Committee (EPC).

A sample program of study for full-time and part-time attendance in the DNP FNP concentration is published in the [PLU Catalog](#). The PMHNP sample programs of study will be published in the 2016-2017 PLU Catalog after the program is approved by the PLU Board of Regents (BOR) and the WA Nursing Care Quality Assurance Commission (NCQAC). Curriculum grids for full-time and part-time study are available at the DNP admissions website, www.plu.edu/dnp.

Pacific Lutheran University policy regarding Standards of Work for graduate students is stated in the [PLU Catalog](#):

The cumulative minimum standard acceptable for the master's degree is a grade point average of 3.00 in all graduate work. Graduate-level credit will not be given for any class in which the grade earned is lower than a C (2.00).

A student pursuing the Doctor of Nursing Practice degree who fails to maintain a cumulative grade point average of 3.00 will be 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.

PLU defines graduate full-time enrollment as 8 or more semester hours in fall, spring, or summer. Half-time to three-quarter time enrollment is 4 to 7 semester hours in fall, spring or summer ([PLU Catalog](#)).

Hours Required for the Doctor of Nursing Degree

A minimum of 79 semester hours are required. Post-master's students may apply previous graduate level nursing coursework toward the requirement, based on approval of the courses by the dean or his/her designee (e.g., program director).

Graduate work from another institution may be accepted for transfer upon petition by the student and approval by the dean or his/her designee (e.g., program director). Eight semester hours may be transferable to a 32-semester-hour program. In degree programs requiring work beyond 32 semester hours, more than eight semester hours may be transferred.

Transfer of credit for the Doctor of Nursing Practice is determined by a gap analysis conducted by the dean or his/her designee (e.g., program director), with a minimum of 30 semester hours of the degree program completed at Pacific Lutheran University.

NP faculty have final say in whether students are performing at a passing level in the NP coursework and whether students progress in the program. NP faculty may be members of the SoN Recruitment, Admission, and Progression (RAP) committee which reviews progressions and graduation criteria.

The PLU SoN policies for grade disputes and course failure are found in the SoN Graduate Student Handbook, page 68. NP faculty sit on the RAP committee that reviews grade disputes.

Evidence: PLU Catalog Graduate Policies and Standards section (policy on full-time vs part-time status, standards of work, academic progression, grading and graduation requirements), PLU Catalog pages specific to DNP FNP and PMHNP degree requirements, DNP Academic Program Contract, PLU SoN Graduate Student Handbook (Petition to RAP Committee for Course Failure, and SON Policy for Resolving Grade Disputes), Curriculum Grids for DNP FNP and DNP PMHNP full-time and part-time sample programs of study.

CRITERION III: CURRICULUM

III.A: NP faculty members provide ongoing input into the development, evaluation, and revision of the NP curriculum.

Elaboration:

NP faculty members have the best perspective on what is required for effective nurse practitioner education. Development, evaluation, and revision of the NP program/track are directed by the lead NP faculty. There needs to be an ongoing opportunity for NP faculty to have meaningful input into curriculum development and revision.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=12> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

When the DNP specialty curriculums were developed there were nurse practitioners on the ad hoc committee that developed the curriculum. Lorena Guerrero, PhD, FNP, Sylvia Wood, MSN, CNM, Mona Stewart, MSN, PMHNP, and Teri Woo, PhD, CPNP, were members of the ad hoc curriculum committee that re-designed the FNP core courses in 2013. The PMHNP courses were designed by a committee consisting of Mary Moller, DNP, PMH CNS, Lorena Guerrero PhD, FNP, Jessie Wheeler, MSN, PMH CNS, and Teri Woo, PhD, CPNP.

ARNP faculty sit on the SoN Curriculum and Instruction Committee (CIC) where curriculum decisions are made. Any faculty member may attend the curriculum committee meetings at any time and are identified in the minutes when attending, thus when items relating to the FNP or PMHNP programs are introduced to the committee, an NP faculty member attends the meeting.

Evidence: Committee membership lists and copies of CIC/SNO minutes where FNP and PMHNP curriculum decisions have been made.

CRITERION III: CURRICULUM

III.B: The *curriculum* is congruent with national standards for graduate level and advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and *population-focused* NP competencies.

Elaboration:

A clear curriculum plan (both didactic and clinical) consistent with nationally recognized core role and population-focused competencies should be in place. Nurse practitioner curriculum must reflect the essential elements of a graduate nursing and advanced practice registered nursing (APRN) core curriculum, in addition to the nurse practitioner role and population-focused component. National, professionally recognized standards used in curriculum development should be identified. The NP curriculum should provide broad educational preparation of the individual which includes graduate core, APRN core, NP role/ core competencies, and the competencies specific to the population focus of the area of practice.

Programs/tracks should identify methods used in the delivery of the curriculum, including guidelines for distance learning. NP programs/tracks delivered through alternative delivery methods, such as Web-based learning activities, are expected to meet the same academic program and learning support standards as programs provided in face-to-face formats.

A single track nurse practitioner program includes content in one population-focused area and prepares students who are eligible for national certification in that population-focused area of practice.

Dual track nurse practitioner programs (two NP population-focused areas of practice, or both primary care and acute care in the same population) include content and clinical experiences in the role and both population-focused areas or in both primary care and acute care. Dual track NP programs prepare students who are eligible for certification in two population-focused areas. There is an expectation that the number of didactic hours will be greater than for a single population-focused program and that the didactic and clinical experiences will be sufficient to gain the necessary proficiency in each population-focused area of practice. At graduation, students fulfill the criteria for sitting for national certification in each program/track.

In addition to preparation for national certification in the role and at least one population-focused area of practice, programs may prepare students to practice in a specialty or more limited area of practice. Preparation in a specialty must have additional didactic and clinical hours beyond those required for preparing graduates in the NP role and one population-focused area.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=12> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

The Doctor of Nursing Practice FNP and PMHNP curricula were 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 (Doctoral Essentials, 2006)* set competencies that all DNP prepared graduates must achieve. The NONPF *Nurse Practitioner Core Competencies (2012)* and NONPF FNP Specialty Competencies (2013) were used to guide FNP and PMHNP course revisions and development.

The DNP program outcomes were developed to align with the AACN *Doctoral Essentials*. A crosswalk table has been developed to make sure all components of the *Doctoral Essentials* are included.

The method of delivery of the FNP curriculum is primarily face-to-face, augmented by web-based learning activities. Classes meet on-campus once a week during the semester. Classes are usually held on Thursday evenings and Fridays to accommodate the schedules of working nurses. It is anticipated that this scheduling will need to be expanded to accommodate DNP program growth. Web-based activities are supported by the Sakai platform and usually consist of forums discussing cases and quizzes, as well as posting links to current guidelines and readings. The PMHNP concentration will follow a similar delivery method when students begin the program in Summer 2016.

Evidence: PLU Doctor of Nursing Practice Program Outcomes; crosswalk table of 2006 AACN *Doctoral Essentials* linked to PLU SoN course number and DNP program outcome; PLU DNP FNP and PMHNP course overview table of courses incorporating 2006 AACN *Doctoral Essentials*, 2012 NONFP NP Core Competencies, 2013 NONPF Population Focused NP competencies for FNP and PMHNP, and 2012 QSEN Graduate Competencies.

CRITERION III: CURRICULUM

III.C.1: The NP educational program must prepare the graduate to be eligible to sit for a national NP *certification* that corresponds with the role and *population focus* of the NP program.

Elaboration:

Graduates of an NP educational program must be eligible to sit for at least one nationally recognized certification that corresponds to the NP role and population focus for which the student was prepared in the program. This national certification must assess the broad educational preparation of the individual which includes graduate core, APRN core, NP role/core competencies, and the competencies specific to the population focus of the area of practice.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=13> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

Graduates from the PLU FNP program will be eligible to take the American Academy of Nurse Practitioners (AANP) FNP certification exam. The FNP and PMHNP graduates may take the American Nurses Credentialing Center FNP or PMHNP exam.

PLU has a historically high pass rate on the Family Nurse Practitioner certification exam, with a 100% pass rate in 2010, 2011, 2012, 2014 and 2015 (per self report). In 2013 the pass rate was 86% (6 of 7 graduates passed on first attempt, one graduate passed on second attempt). The program anticipates a continued high pass rate for DNP FNP students.

Evidence: The PLU Catalog clearly states FNP graduates are eligible to sit for national certification. Catalog language for the PMHNP will reflect that PMHNP graduates are eligible to sit for national certification (see documents submitted to university EPC). Documents from American Academy of Nurse Practitioners Certification Program documenting PLU FNP graduate pass rates for past 3 years are provided.

CRITERION III: CURRICULUM

III.C.2: Official documentation must state the NP role and *population focus* of educational preparation.

Elaboration:

Official documentation (e.g., transcript or official letter with institutional seal) must state the NP role and population focus of educational preparation. The official transcript is preferred as it is the only permanent documentation of the student's coursework and graduation from an education program.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=13> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

The PLU DNP FNP and PMHNP transcripts will clearly state Degree: Doctor of Nursing Practice with the Major of Family Nurse Practitioner or Psychiatric Mental Health Nurse Practitioner.

Evidence: PLU DNP Family Nurse Practitioner and Psychiatric Mental Health Nurse Practitioner final transcript mockup.

CRITERION III: CURRICULUM

III.D: The curriculum plan evidences appropriate course sequencing.

Elaboration:

The curriculum plan should document the course sequencing and prerequisites designed to promote development of competencies. Clinical experiences should be supported by preceding or concurrent didactic content. A student should complete the basic graduate coursework and APRN core coursework (advanced pharmacology, advanced health assessment, and advanced physiology/pathophysiology) prior to or concurrent with commencing clinical course work.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=13> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

The BSN to DNP Family Nurse Practitioner or Psychiatric Mental Health Nurse Practitioner curriculum develops the competencies of the student across the three years to meet the outcomes of the NONPF DNP Core Competencies (2013), the NONPF Family Nurse Practitioner or Psychiatric Mental Health Nurse Practitioner (2013) competencies, and the AACN *Doctoral Essentials* (2006). 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. Emphasis on translational research, systems-level quality improvements, and practice leadership are emphasized throughout the program.

Clinical specialty courses beginning in the second year of the program require successful completion to move onto the next course in the sequence. The second year of the curriculum begins the advanced practice core coursework with all NP students taking Advanced Health Assessment, Advanced Pharmacology, and Advanced Pathophysiology in the first semester of second year of the program. The NP students then progress into their specialty courses, with the FNP students taking a series of four management courses: NURS 584 Family Nurse Practitioner I (didactic and clinical) includes minor acute and chronic illness care (fall semester); NURS 561 Management of Mental Health Conditions in Primary Care (spring semester); NURS 585 Family Nurse Practitioner II (didactic and clinical) covers increasingly complex health problems across the lifespan (spring semester); NURS 562 Primary Care of Women and Children (summer); NURS 594 FNP Capstone (fall). The PMHNP students take the first of their management courses NURS 653 PMHNP I: Psychopathology, Assessment, Diagnosis and Management Across the lifespan and NURS 651 Psychopharmacology across the Lifespan in the fall; NURS 652 Substance Abuse and Addictions, and NURS 654 PMHNP II Psychopathology, Assessment, Diagnosis and Management Across the Lifespan in the spring; PMHNP III in summer; PMHNP IV in fall; and a PMHNP Capstone clinical in the last semester of the program.

Evidence: PLU MSN FNP Academic Program Contract for full-time, part-time, and post-masters students demonstrating program of study and sequencing of courses.

CRITERION III: CURRICULUM

III.E: The NP program/track has a minimum of 500 supervised *direct patient care clinical hours* overall. *Clinical hours* must be distributed in a way that represents the population needs served by the graduate.

Elaboration:

Direct patient care clinical hours refer to hours in which direct clinical care is provided to individuals & families in one of the six population-focused areas of NP practice; these hours do not include skill lab hours, physical assessment practice sessions, or a community project if it does not include provision of direct care. Clinical experiences and time spent in each experience should be varied and distributed in a way that prepares the student to provide care to the populations served. For example, a FNP student should receive experiences with individuals/families across the life span, and the adult-gerontology NP student should receive experiences with adults across the entire adult age spectrum from young adult to older adult, including the frail elderly. In addition, whereas 500 direct patient care clinical hours is regarded as a minimum, it is expected that programs preparing NPs to provide direct care to multiple age groups, e.g. FNP (or lifespan), will exceed this minimum requirement.

Combined nurse practitioner/clinical nurse specialist programs include content in both the CNS and NP roles and population-focused areas of practice and must prepare students to be eligible for certification in a NP population-focused area. Content and clinical experiences in both the CNS and NP areas of practice must be addressed and clinical experiences in both role areas must be completed. There is an expectation that a minimum of 500 direct patient care clinical hours is needed specifically to address NP competencies in the preparation of the NP role and population-focused area of practice.

Dual track nurse practitioner programs include content in two NP population-focused areas or in both primary care and acute care and prepare students who are eligible for certification in these same two NP population-focused areas or for both primary care and acute care NP practice. Content and clinical experiences in both population-focused areas must be addressed and clinical experiences in both areas must be completed. While a minimum of 500 clinical hours is needed in each single population-focused area of practice to meet the NP competencies, an overlap of clinical hours might occur across the two roles (primary care and acute care) or the two NP population-focused areas. However, NP programs must document how the clinical hours address the preparation for the two areas of practice. The population foci of the dual tracks will determine the extent to which overlap may occur.

NP programs preparing graduates to practice in a specialty area of practice in addition to the population-focus must document how content and clinical experiences in both the population-focus and additionally in the specialty areas of practice are addressed within the curriculum. Clinical experiences in both population-focus and specialty must be completed. There is an expectation that the number of didactic hours will be greater than for a single population-focused program and that the didactic and clinical experiences will be sufficient to gain the necessary proficiency in the population-focus and specialty area of practice.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=14> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

The Family Nurse Practitioner curriculum has 630 FNP specialty practice hours. The Psychiatric Mental Health Nurse Practitioner program has 780 PMHNP specialty practice hours. Student clinical hours are tracked via Typhon. The clinical preceptor signs the student log to verify clinical hours.

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

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 regional healthcare systems. All students have at least one or two placements in settings that serve rural or underserved populations. The goal is to give students a variety of primary care settings and patient populations, to foster their accomplishment of competencies expected of a novice FNP.

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 students. Clinical sites will include private and public mental health clinics; a triple integration clinic which combines primary care, psychiatric, and substance abuse treatment; acute inpatient mental health facilities; and chronic/long-term mental health facilities. There is great interest and local support for the PMHNP program. Behavioral health care is expanding locally to include a new 25 bed child/adolescent inpatient unit at Mary Bridge Children’s hospital and expansion of geriatric psychiatric beds at MultiCare Auburn Medical Center. A new 120 bed psychiatric hospital is 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 therapies 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.

Evidence: Example of Typhon clinical logs in resource room files and in student files, DNP FNP and PMHNP curriculum grids with clinical hours displayed for the courses,

CRITERION III: CURRICULUM

III.F: Post-graduate students must successfully complete graduate didactic and clinical requirements of an academic *graduate NP program* through a formal graduate-level certificate or degree-granting graduate level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised *direct patient care clinical hours*.

Elaboration:

Post-graduate certificate students must successfully attain graduate didactic objectives and clinical competencies of a graduate degree-granting NP program through a formal graduate level certificate or a degree-granting graduate level NP program. A "formal graduate-level

certificate program” is defined by the ability of the program or school to issue a certificate of completion and document successful completion on the formal transcript. Courses may be waived only if the individual’s transcript indicates that the required NP course or its equivalent has already been successfully completed, including graduate level courses in advanced physiology/pathophysiology, advanced pharmacology, and advanced health assessment.

NPs returning for a post-graduate certificate or an academic degree in a population-focused area in which they currently practice but are not nationally certified:

Consideration may be given to NPs who are currently practicing in a population-focused area of practice who are seeking national certification in that population by allowing them to challenge selected courses and experiences. However, didactic and clinical experiences shall be sufficient to allow the student to master the competencies and meet the criteria for national certification in the population-focused area of practice. These students should complete a sufficient number of direct patient care clinical hours to establish/demonstrate competency in the population-focused area of practice. Programs must document credit granted for prior didactic and clinical experiences for individual students through a gap analysis.

PMH CNSs returning for a post-graduate certificate or an academic degree as a PMH NP:

To address a period of transition and consistency with the Consensus Model on APRN Regulation, consideration for challenging selected courses and experiences may be given to those Psychiatric-Mental Health CNSs who are seeking national certification as a Psychiatric-Mental Health NP. However, didactic and clinical experiences shall be sufficient for the student to master the NP competencies and meet the criteria for certification as a PMH NP. These students should complete a sufficient number of direct patient care clinical hours to establish/demonstrate competency in the role and population-focused area of practice. Programs must document credit granted for prior didactic and clinical experiences for individual students through a gap analysis.

NPs returning for a post-graduate certificate or academic degree in an NP population-focused area in which they are not currently practicing or certified:

Special consideration should be given to NPs expanding into another NP population-focused area of practice by allowing them to challenge selected courses and experiences; however, didactic and clinical experiences shall be sufficient to allow the student to master the competencies and meet the criteria for national certification in the new population-focused area of practice. These students must complete a sufficient number of direct patient care clinical hours to establish competency in the new population-focused area of practice. Programs must document credit granted for prior didactic and precepted clinical experiences for individual students through a gap analysis.

NPs returning for a post-master’s DNP degree:

Separate courses in the APRN core (advanced pharmacology, advanced health assessment, and advanced physiology/pathophysiology) are not required by students enrolled in a post-master’s DNP program who are nationally certified and currently practicing as a NP. Post-master’s DNP students who are NPs and who are seeking certification in a population-focused area of practice in which they are not currently practicing or certified must complete a minimum of 500 direct patient clinical hours and meet the criteria for national certification in the new population-focused area of practice.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=15> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

A formal gap analysis process has been established for all post-master's DNP students. 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* competencies and the 1,000 post-BSN clinical hour requirement.

PLU does not currently have a post-master's certificate option for the NP concentrations. All students earn the DNP degree.

Evidence: DNP Gap Analysis form, Process for Conducting Gap Analysis and Transferring Credit into DNP program, Evaluation of Prior Learning policy, sample transcript for post-masters DNP graduates

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.A: Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.

Elaboration:

To implement/maintain an effective NP program/track, there must be an adequate number of faculty, facilities, and services that support NP students.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=16> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

Faculty resources:

Currently there is one doctorally-prepared lead FNP faculty, Dr. Lorena Guerrero. Dr. Guerrero teaches the FNP specialty clinical courses in the FNP program with the assistance of an MSN-prepared FNP who has strong clinical expertise, Cheryl Graf, FNP. In summer 2015, Dr. Emily Robinson, FNP, assisted Ms. Graf and Dr. Guerrero in teaching and providing clinical supervision for NURS 582 Advanced Health Assessment. Dr. Teri Woo, a PNP, provides guest lectures on pediatric content in the didactic portion of the FNP courses; Sylvia Wood, CNMW, provides pregnancy related lectures in the FNP program; and Dr. Sheila Smith, an Adult NP lends expertise with guest lectures in adult, geriatric, and chronic illness content. There are two current tenure-track searches for doctorally-prepared FNP faculty to teach in the FNP concentration. The ratio of faculty to students in the FNP clinical courses is 6-7 students per faculty member. ARNP faculty often share the responsibility of the didactic portion of the course.

There is one doctorally-prepared PMHNP faculty, Dr. Mary Moller, who will provide leadership for the PMHNP concentration when the specialty courses start in fall 2016. There are 3.88 additional FTE allocated for the PMHNP concentration, with two FTE being released in the 2016-2017 academic year. There will be a 6:1 student to faculty ratio in the PMHNP clinical courses.

Technology:

Student learning is supported by the Sakai learning management platform. All students have access to Sakai and each course has a unique site within the Sakai platform. Additionally there is a "DNP students" site for sharing of announcements and resources across all the graduate students. There are Sakai workshops and support available via the Sakai support team (linked from the Sakai site) to assist students.

The PLU 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.

Facilities:

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. Librarians are available for online chat assistance 24/7. All students and faculty have access to PLU library services, including an interlibrary loan program to obtain materials not in the library.

FNP courses are taught primarily in Ramstad Hall in the second floor classrooms. The classrooms are "smart" classrooms fully wired for internet and DVD, with white boards for faculty and students to use for instruction. There is a computer lab with four computers available for student use on the third floor of Ramstad Hall.

Additionally there are multiple learning labs in Ramstad Hall located on the third floor. There is a Health Assessment lab used by the FNP students during NURS 582 Advanced Health Assessment. Negotiations are underway with University Health for use of clinic facilities in the summer months, for health assessment learning activities that require greater student-client privacy. The Simulation lab is available for faculty to use in the FNP program. The SoN is in discussion with the Marriage and Family Therapy program to use their clinic space for PMHNP student learning and with the University Health Center to use their clinic space for physical exam rooms during Health Assessment.

The classrooms in Ramstad have not been updated in many years. The desks are old and school desk style which students state are uncomfortable and not sized for some of the larger students. The FNP students have long blocks of classes and thus are affected by the outdated furniture in the classroom. The classrooms in Ramstad also have outdated and inadequate electrical outlets for the 21st century student who bring laptops for class. Students and faculty are creative and bring their own power strips to class to be able to share the inadequate number of outlets in the classroom. An architectural analysis is being conducted during the 2015-16 academic year to determine physical space upgrades that are possible in Ramstad Hall.

Student Services:

Pacific Lutheran University has extensive services available to graduate students, including the Counseling Center, Campus Ministry, Campus Safety, Career Connections, Disability Support Services, and the Student Services Center.

The PLU Counseling Center is staffed by a team of licensed psychologists and mental health counselors to assist students. Students are evaluated and the psychologist or counselor will make recommendations for on- and off-campus resources. (<http://www.plu.edu/counseling/>)

Campus Ministry provides opportunities and a safe place for the PLU community to explore issues of faith and spirituality. (<http://www.plu.edu/campus-ministry/home.php>)

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. (<http://www.plu.edu/campus-safety/>)

Career Connections is a career development resource for students. The staff can assist with resume writing, interview preparation and assistance in job hunting. (<http://www.plu.edu/career-connections/>)

Disability Support Services provides reasonable accommodations to students who have documentation of a disability from a professional assessor. Students who have documentation of a learning, physical, or psychological disability from a professional assessor (physician, psychologist, physical therapist, audiologist, learning specialist) can receive accommodations as

recommended by the assessor and as determined by the DSS director.
(<http://www.plu.edu/dss/>)

The Student Services Center is a "one stop shopping" center for registration, financial aid and to get transcripts. Students are assigned a Student Services Center Counselor to assist them with financial information from the time they are admitted until they graduate.
(<http://www.plu.edu/student-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.

The Diversity Center and Women's Center provide support for all students to are interested in issues of gender or race or sexual bias. The goal of the [PLU Diversity Center](#) is to be an inclusive and inviting space for students to congregate and enjoy community. 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. Campus resources for transgender students are found at the Women's Center.

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.A.1: Faculty resources support the teaching of the didactic components of the NP program/track.

Elaboration:

There must be sufficient number of faculty with the necessary expertise to teach in the NP program/track.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=16> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

All faculty teaching in the DNP NP concentrations are nationally certified as NPs and have the expertise to teach the content area.

The class size of the FNP MSN classes have averaged 8 to 12 students in the four years prior to the DNP program starting (see class size graphics in resource room files). In the 2015-2016 academic year the last of the MSN FNP students are completing their program (N = 9) and the first post-masters DNP FNP students (N = 5) are starting their clinical courses, for a total of 14 students in NURS 582, 584, and 585 clinical courses.

Ongoing the goal is to have a cohort total of 12 students in the FNP concentration, which would require two clinical faculty per semester. There are eight students in the BSN to DNP FNP cohort that started summer 2015 and there are four open slots for post-master's students to join the cohort, for a total cohort of 12 in the FNP concentration.

The same class size and clinical faculty ratio is planned for the PMHNP concentration. The goal for the first PMHNP class will be 6 post-master's students entering summer 2016, to allow time to hire a second PMHNP clinical faculty. The cohort size will increase to 12 in the class entering summer 2017.

SoN Workload guidelines were revised in spring 2014 and are calculated for 2015-16 as shown in Table VI.A.1. Faculty workload guidelines are published in the SoN Faculty Handbook and are used to guide budgeting and hiring decisions in the SoN.

Table VI.A.1 2015-16 Faculty Workload Calculations – Graduate courses

Didactic Course Instruction

1 course credit hour = 1 WTU

1 course credit seminar = 2 contact hours = 1.5 WTU

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.

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.A.2: Facilities and physical resources support the implementation of the NP program/track.

Elaboration:

As a necessary part of the educational process, access to adequate classroom space, models, clinical simulations, audiovisual aids, computer technology, and library resources is critical. When utilizing alternative delivery methods, a program is expected to provide or

ensure that resources are available for the students' successful attainment of program objectives.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=16> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

There are adequate facilities and services to meet the needs of the PLU DNP students. The physical space would benefit from updating of furniture and space, and the health assessment lab is small. 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, which would include classrooms and learning lab spaces.

Technology:

Student learning is supported by the Sakai learning management platform. All students have access to Sakai and each course has a unique site within the Sakai platform. Additionally there is a "DNP students" site for sharing of announcements and resources across all the graduate students. There are Sakai workshops and support available via the Sakai support team (linked from the Sakai site) to assist students.

On the home page of the Sakai learning platform there is a link to "Student Support Pathfinder" which provides interactive resource links for technology, academic and student services support (sakai.plu.edu).

The PLU 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.

Facilities:

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.

FNP courses are taught primarily in Ramstad Hall in the second floor classrooms. The classrooms are "smart" classrooms fully wired for internet and DVD, with white boards for faculty and students to use for instruction. There is a computer lab with four computers available for student use on the third floor of Ramstad Hall.

Learning labs are located in Ramstad Hall on the third floor. There is a Health Assessment lab used by the FNP students during NURS 582 Advanced Health Assessment. Health Assessment skills requiring privacy may be taught in the PLU Health Center.

The classrooms in Ramstad are outdated. The desks are old and school desk style which students state are uncomfortable and not sized for some of the larger students. The classrooms in Ramstad also have outdated and inadequate electrical outlets for the 21st century student who bring laptops for class. Students and faculty are creative and bring their own power strips to class to be able to share the inadequate number of outlets in the classroom.

Student Services:

Pacific Lutheran University has extensive services available to graduate students, including the Counseling Center, Campus Ministry, Campus Safety, Career Connections, Disability Support Services, and the Student Services Center.

The PLU Counseling Center is staffed by a team of team of licensed psychologists and mental health counselors to assist students. Students are evaluated and the psychologist or counselor will make recommendations for on- and off-campus resources. (<http://www.plu.edu/counseling/>)

Campus Ministry provides opportunities and a safe place for the PLU community to explore issues of faith and spirituality. (<http://www.plu.edu/campus-ministry/home.php>)

The Campus Safety department is privately run by the University, utilizing professional staff as well as 60-70 student employees. The Director of Campus Safety Greg Premo is also a Sargent in the Pierce County Sheriff's Department. (<http://www.plu.edu/campus-safety/>)

Career Connections is a career development resource for students. The staff can assist with resume writing, interview preparation and assistance in job hunting. (<http://www.plu.edu/career-connections/>)

Disability Support Services provides reasonable accommodations to students who have documentation of a disability from a professional assessor. (<http://www.plu.edu/dss/>)

The Student Services Center is a "one stop shopping" center for registration, financial aid and to get transcripts. Students are assigned a Student Services Center Counselor to assist them with financial information from the time they are admitted until they graduate. (<http://www.plu.edu/student-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 Diversity Center and Women's Center provide support for all students to are interested in issues of gender or race or sexual bias.

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.B: Clinical resources support NP educational experiences.

Elaboration:

Adequate faculty, clinical sites, and preceptors are available to support the NP clinical, educational experiences. The program/track provides evidence of contractual agreements with agencies or individuals used for students' clinical experiences. These contractual agreements are part of established policies that protect appropriately the clinical site, the educational program, and students while at sites. Contracts include maintenance of liability insurance.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=17> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

The Pacific Lutheran University FNP program uses a variety of clinical sites and preceptors to fulfill the goal of NP students caring for patients across the lifespan and with varying complexity. An electronic database (Typhon) of preceptors and clinical sites is maintained by the School of Nursing. Additionally a paper file is maintained for each current preceptor in the SoN program office. Finding clinical preceptors and sites is a labor intensive process on the part of the faculty, but in the end each student has been able to get the required number of clinical hours and variety of learning experiences needed to graduate and take the their national certification examination.

Informal negotiations for preceptors for the PMHNP students has already begun, with more formal enlisting of preceptors occurring after the program is formally approved by the PLU Board of Regents and Washington Nursing Commission. Adequate preceptors will be in place for the first small cohort (N = 6) which will begin clinical courses in Fall 2016. A larger cohort of 12 students will enter clinical rotations in Fall of 2017, giving the program time to build a base of preceptors for the program.

Each preceptor and clinical site enters into a contractual agreement with the PLU School of Nursing for the student's clinical rotations. An example of a contract is found in the evidence for Criterion IV.B.

All students are covered by the PLU School of Nursing liability insurance through American Casualty Company of Reading, Pennsylvania.

Evidence: FNP preceptor Typhon database printout demonstrating specialty focus and clinic site, preceptor files in SoN office, example of clinical contract, copy of liability insurance certificate.

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.B.1: A sufficient number of faculty members is available to ensure quality clinical experiences for NP students. NP faculty have academic responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning environment. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.

Elaboration:

Faculty supervision may be direct or indirect. Direct supervision occurs when NP program faculty function as on-site clinical preceptors. Indirect supervision has three components: (1) to supplement the clinical preceptor's teaching, (2) to act as a liaison to a community agency, and (3) to evaluate the student's progress. Whether through direct or indirect roles, faculty members are responsible for all NP students in the clinical area.

Schools should describe how faculty members are assigned to ensure adequate teaching time for NP students. The recommended on-site faculty/student ratio (direct supervision) is 1:2 if faculty members are not seeing their own patients and 1:1 if faculty members are seeing their own patients. The recommended ratio for indirect faculty supervision, which encompasses coordinating the clinical experience, interacting with the preceptor, and evaluating the student, is 1:6; however, each school/program should document how they assign faculty members based on a defined faculty workload or amount of designated faculty time. Thus, ratios may vary relative to certain practice areas, the individual faculty member, use of technology, curriculum design, and school policy. The intent of the faculty/student ratio designation is based on the premise that preparing competent health care providers is a faculty intense process that requires considerable faculty role modeling and direct student evaluation to determine competence. The ratio should take into account the cumulative teaching/administrative duties of the faculty member and his/her clinical practice.

NP program/track faculty should provide oversight of the clinical learning environment, which may include, but is not limited to, site visits, email, and phone consultations with the preceptor and agency administrators, and the student's appraisal of the clinical learning environment. A mechanism should be in place to ensure the clinical setting provides the opportunity to meet learning objectives and to document outcomes of the clinical experiences. Faculty and student assessments of the clinical experience should be conducted regularly and documented.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=17> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP
 Yes
 No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

The Dean of the School of Nursing in collaboration with the Associate Dean for Graduate Nursing determines faculty assignments based on the expertise needs of the course and the faculty teaching load. FNP faculty are assigned their teaching load based on the didactic credits for the course (3 credits didactic = 3 weighted teaching units [WTU]) and the number of students per class for the clinical portion of the course. The clinical section size in the NP specialty courses are 6 students maximum, with 1 clinical credit equaling 2 WTUs, weighted 0.3 WTU/student or the proportionate amount thereof, based on number of students supervised.

Faculty teaching load at PLU is 12 credits or weighted teaching units (WTUs) per semester for didactic, clinical or lab courses, to equal 24 credits or WTUs per 9 month academic year. SoN Workload Guidelines are published in the SoN Faculty Handbook.

NP faculty visit students in their clinical site at least once a semester, twice or more if there are concerns about clinical performance. Faculty document student progress on the clinical evaluation tool for the course.

Faculty communicate with preceptors via email, phone, or in-person visits. All preceptors have direct contact from faculty via email at least three times a semester, at the beginning, midterm, and at the end of the semester. All email conversations encourage preceptors to reach out to faculty if they have concerns about students.

Evidence: Faculty Handbook, graphs of FNP clinical course size for past 5 years, FNP faculty clinical evaluations, copies of email conversations with preceptors.

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.B.2: Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals.

Elaboration:

Clinical educational experiences for students should be approved by NP faculty/preceptors. Sites should be evaluated on an ongoing basis for adequacy of experiences, patient type and mix, and preceptor/student interactions to ensure that students engage in experiences sufficient to meet the NP role and population-focused competencies.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=18> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

X Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

NP students are placed in a variety of clinical sites in the South Puget Sound area. Clinical sites include large health system clinics such as CHI Franciscan, Group Health, or Madigan Army Medical Center, community clinics, and private offices.

Clinical sites placements are determined based on the requirements for the course, student clinical experience needs, and schedules of student/preceptor. For example a student that has not been able to see very many young children may be placed in a pediatric intensive practice to ensure their total cumulative clinical experiences reflect the across the lifespan.

The NP program uses Typhon NPST Student Tracking System® which allows for the collection and collation of extensive data regarding student clinical placements. Faculty can print out a case log spreadsheet sorted by preceptor which reports ages, race and gender of patients seen, whether the clinical site is considered rural or underserved, type of insurance (private, HMO, Medicaid, Medicare, etc.), and descriptors regarding the visit type.

The Typhon tracking system allows for the faculty to determine if students are getting a broad range of experiences across the lifespan and diverse patient populations.

Evidence: Copies of Typhon student clinical logs, PLU Typhon preceptor database, Graduate Clinical Placement Policy.

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.B.3: NP faculty may share the clinical teaching of students with qualified preceptors.

Elaboration:

The supervision of students may be shared with other clinicians serving as clinical preceptors. Programs may use a mix of clinicians to provide direct clinical teaching to students appropriate to the range of clinical experiences required to meet the program objectives. This mix of preceptors may enhance the interprofessional experience for the student. Over the course of the program the student should have a majority of clinical experiences with preceptors from the same population-focused area of practice in primary care and/or acute care, as appropriate, such as child, adult, or across the lifespan. In addition, over the course of the program the student must have clinical experiences with an APRN preceptor and preferably an NP with expertise in the population-focused area of practice in primary care and/or acute care, as appropriate.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=18> to view the required evidence relevant to this criterion. The program will be expected to furnish

documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

X Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

PLU utilizes a variety of preceptors to educate NP students. Preceptors may include ARNPs, physicians, or physician assistants. All students spend clinical time with a preceptor in their population focus (FNP or PMHNP), as well as other providers to ensure they receive experiences with clients across the lifespan and of varied practice settings to meet the NONPF specialty competencies.

NP program preceptor information is kept in the Typhon data base as well as a paper hardcopy file which contains the preceptor contract, CV, print out of license verification, and preceptor biography.

Preceptor files for the past 3 years are available for CCNE reviewers to view.

Evidence: Preceptor files in SoN office, Typhon preceptor data file.

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.B.3.a: A preceptor must have authorization by the appropriate state licensing entity to practice in his/her *population-focused* and/or *specialty* area.

Elaboration:

An interdisciplinary mix of preceptors may provide the student with the best clinical experiences to meet program objectives. However, each preceptor used, both nurse practitioner and non-nurse practitioner preceptors, must be credentialed and licensed to practice in his/her population-focused and/or specialty area of practice. In addition, this area of practice should be clearly relevant to meeting the objectives of the NP program/track.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=19> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

X Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

Preceptor's licensure is verified by the School of Nursing staff each semester they are precepting and a hard copy of their professional license is in the preceptor file which is kept in the School of Nursing program office.

Washington State Nursing Commission grants an Advanced Registered Nurse Practitioner (ARNP) license that does not have their specialty listed on the license, so verification of ARNP preceptors' specialty area is via their education and national certification information.

The School of Nursing maintains an electronic data base and paper file of graduate preceptors which includes the expiration date of their professional license, education, and practice specialty areas.

Evidence: SoN graduate preceptor files

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.B.3.b: A preceptor must have educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience.

Elaboration:

Each preceptor must have educational preparation or extensive clinical experience in the clinical or content area in which he/she is teaching or providing clinical supervision. A newly prepared clinician should have at least one year of clinical experience in the population-focused practice area and role prior to providing clinical supervision.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=19> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

X Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

All PLU FNP preceptors have at least one year of clinical practice experience before precepting a student. The requirement for experience will be increased to two years with the 2016-2017

academic year due to a rules change in the Washington Nursing Education Rules, requiring ARNP preceptors to have two years of experience in their specialty area. Preceptor education is documented in the preceptor file, with their educational program listed in the bio form and CV in their file.

Evidence: preceptor files

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.B.3.c: Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.

Elaboration:

Clinical preceptors should be oriented so they understand the learning goals of the clinical experience and the level of progression that the student has attained. The NP faculty must interface closely with preceptors to assure appropriate clinical experiences for students.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=19> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

Prior to the beginning of each semester the preceptor receives a letter confirming the student placement, a copy of the course syllabus, an overview of the PLU DNP program, and where the student is in the program. Preceptors also receive an electronic copy of the PLU FNP or PMHNP Preceptor Handbook.

Faculty contact information, both email and phone contacts, are in the preceptor letter with preceptors encouraged to contact the faculty if there are concerns.

Faculty visit the clinical site at least once a semester to observe clinical performance and discuss student progress with preceptors. Faculty are in contact with NP preceptors at the beginning of the semester, midterm, end of term and as needed.

Preceptors fill out a midterm and final evaluation form for each student at each clinical site to provide written feedback of student performance back to faculty. Instructions for filling out the student evaluations are in the Preceptor Manual.

Evidence: Copy of letter sent to each preceptor with DNP program of study. Emails orienting preceptors to the semester. Preceptor manual.

CRITERION V: FACULTY AND FACULTY ORGANIZATION

V.A.1: NP programs/tracks have sufficient faculty members with the preparation and current expertise to adequately support the professional role development and clinical management courses for NP practice.

Elaboration:

For successful implementation of the curriculum, faculty members must have the preparation, knowledge-base, and clinical skills appropriate to their area of teaching responsibility.

Recognizing that no individual faculty member can fill all roles, NP programs/tracks need to maintain a sufficient number of qualified faculty members who have the knowledge and competence appropriate to the area of teaching responsibility and to meet the objectives of the program and individual population-focused tracks.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=19> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

X Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

There is a mix of full-time tenure track and contingent faculty teaching the graduate courses. There are adequate faculty with the preparation, knowledge-base, and skills to implement the DNP curriculum. There are additional tenure-track positions approved to fill the need for growth in student numbers as the DNP FNP and PMHNP concentrations are completely enrolled over the next 2 to 3 years.

Evidence: PLU NP program faculty profiles table and Nurse Practitioner Faculty Profiles for NP faculty.

CRITERION V: FACULTY AND FACULTY ORGANIZATION

V.A.2: NP program faculty members who teach the clinical components of the program/track maintain current licensure and national certification.

Elaboration:

NP program faculty should include a mix of individuals with expertise and emphasis in research, teaching, and/or clinical practice. While it may be difficult for some faculty members to balance research, practice, and teaching responsibilities, all faculty members are encouraged to maintain national certification. It is imperative, however, that faculty members who teach clinical components maintain appropriate professional credentialing.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=20> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

Dr Lorena Guerrero PhD, FNP, coordinates the FNP track students and is a Family Nurse Practitioner certified through American Nurses Credentialing Center (ANCC).

Cheryl Graf, MSN, FNP, is certified as an FNP by ANCC. Emily Robinson, DNP, FNP, is certified by ANCC. Teri Woo, PhD, CPNP-PC, is certified by the Pediatric Nurse Certification Board. Sheila Smith, PhD, ANP-BC, is certified by ANCC.

Dr. Mary Moller will be the lead faculty for the PMHNP concentration and is a Psychiatric Mental Health CNS certified through American Nurses Credentialing Center.

Washington ARNP licensure and national certification is verified for all faculty teaching in the NP program.

Evidence: copies of ARNP license and certifications

CRITERION V: FACULTY AND FACULTY ORGANIZATION

V.A.3: NP faculty demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty members.

Elaboration:

NP faculty members may participate in or undertake various types of practice in addition to direct patient care to maintain currency in practice. Maintaining this currency is important to ensuring clinical competence in the area of teaching responsibility.

In the event that NP faculty member has less than one year of experience, it is expected that a senior or experienced faculty member will mentor this individual in both clinical and teaching responsibilities. Mentoring new and inexperienced faculty is a positive experience that assists NPs to transition into the role of NP faculty educator. Opportunities for continued development in one's area of research, teaching, and clinical practice should be available to all faculty.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=20> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

All NP faculty are given one day per week without teaching or committee responsibilities in order to maintain practice expertise and currency in their area of teaching responsibility.

There is a Faculty Development Plan in the PLU SON Faculty Orientation Handbook, for new and ongoing faculty to gain experience in teaching expertise.

All new faculty members attend fall faculty orientation and are assigned a senior nursing faculty mentor. The university has a faculty development program that begins with faculty orientation and continues through the year with workshops. These focus on teaching and scholarship. See <http://www.plu.edu/provost/Faculty-Development-Activities/home.php>. These are open to both tenure track and contingent faculty. The university also offers Small Group Instructional Diagnostics (SGID) at midterm. If faculty desire to improve their teaching, the faculty member may request an SGID. A faculty consultant will meet with the faculty member, determine their needs, meet with the class, gather information, and meet with again with recommendations. The results of SGIDs are confidential.

All new tenure track faculty are encouraged to develop a 5 year plan for teaching, scholarship, and service with their faculty mentor and this should be shared when meeting with the Dean. Faculty Tenure and Promotion Guidelines are used as the guide to determine this plan. Annually the FARSAs are completed and reviewed with the Dean and the faculty mentor. This is the faculty member's opportunity to re-evaluate their development plan.

All contingent faculty members meet with their assigned faculty mentor and determine goals for the year.

Additionally, Dr. Woo the Associate Dean for Graduate Nursing Programs is an experienced NP faculty member and is available to provide formal and informal support and mentorship for NP faculty.

Evidence: Faculty Orientation Manual

CRITERION V: FACULTY AND FACULTY ORGANIZATION

V.B: Non-NP faculty members have expertise in the area in which they are teaching.

Elaboration:

Similar to NP faculty, other faculty in the NP program must have the preparation, knowledgebase, and clinical skills appropriate to their area of teaching responsibility.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=20> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

The PLU graduate program uses a variety of faculty to teach the required courses. Faculty are chosen based on their expertise. Leadership courses are taught by experts in their field, theory courses are taught by doctorally prepared nurses who understand nursing science, and pharmacology is taught by a PharmD with expertise in clinical decision making around medications, as she actively practices clinical pharmacotherapeutics in a Family Practice residency teaching site.

Evidence: PLU non-FNP faculty profiles table with classes taught and area of expertise

CRITERION VI: EVALUATION

VI.A: There is an evaluation plan for the NP program/track.

Elaboration:

If the evaluation plan from the institution is used for the NP program/track, apply the plan for implementation in the NP program/track.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=21> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

The School of Nursing developed a Systematic Evaluation Plan (SEP) in spring 2015, which includes evaluation of the NP specialty tracks in the DNP curriculum as part of the SEP.

The outcomes of the FNP program have been tracked, with high (usually 100%) 1st time pass rates on FNP certification exams and graduate feedback about feeling well prepared for their role in surveys conducted within one year of graduation.

Alumni surveys for the MSN and DNP FNP graduates have been developed to track graduates that are not surveyed through the PLU Career Services post-graduation surveys.

Evidence: ANCC and AANP FNP certification pass data, Career Services post-graduation surveys, copy of SoN graduate alumni surveys, SoN Systematic Evaluation Plan

CRITERION VI: EVALUATION

VI.A.1: Evaluate courses at regularly scheduled intervals.

Elaboration:

To ensure that students can achieve successful program outcomes, programs should establish a process for regularly scheduled review of courses in the NP program/track.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=21> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

Each course in the FNP program is taught once a year. At the end of the course students are given an opportunity to evaluate the course and and faculty. Once a year the faculty prepare an Annual Course Review which is submitted to the Curriculum and Instruction Committee (CIC). Faculty use course and teaching evaluations to modify their course the following year if necessary. On a rotating basis, the courses undergo a full review by the CIC or as needed if Professional Standards and Guidelines change.

The PLU policy on Teaching Evaluations is found in the PLU Faculty Handbook (pg 76-73):

TEACHING EVALUATIONS

1. All persons teaching courses in conjunction with their contractual obligation to the university shall ensure that [the] uniform teaching evaluation is administered to each class (other than independent studies) in a manner consistent with the procedures set forth below. The primary purpose of the form is to provide instructors with feedback they can use to reflect upon and improve their pedagogy.
 - a. The instructor shall provide instructions for completing the course feedback including a recounting of the primary purpose of the evaluation. Where possible, evaluations will be completed in class, with adequate time allowed by the instructor. If completed in class, the instructor shall leave the room until the evaluations have been completed. If in-class administration of the evaluation is not possible, students may complete the evaluation outside of class. Evaluations will be completed within the last 20% of the course, or during the final examination period for the course.
 - b. In the case of team-taught courses, students shall provide feedback to each instructor individually. The instructors shall determine the timing of the collection of feedback. (For example, if Professor A teaches the first half of the course and Professor B the last half, A and B shall determine whether it would be more appropriate to collect feedback of Professor A at the end of the course or at the conclusion of his/her active participation in the course).
2. Faculty legislation requires that students be informed that these evaluation forms and a summary of the results will be given to the instructor only after grades have been processed. In addition, the results will go to the instructor's academic unit head(s) for review. They will also be used by the Rank and Tenure Committee, the provost, and the president in deliberations regarding promotion and tenure, and by interdisciplinary program chairs for decisions regarding program staffing. Hence, students are to be requested to complete the evaluation thoughtfully and carefully. Students are also to be encouraged to make written comments relative to any of the survey items.

Evidence: PLU SoN Annual Course Review form, PLU Student Evaluation of Teaching form, PLU Faculty Handbook

CRITERION VI: EVALUATION

VI.A.2: Evaluate NP program faculty competence at regularly scheduled intervals.

Elaboration:

NP program faculty members should be evaluated at regularly scheduled intervals for competence in all role areas, including teaching, research, and clinical competence, as applicable.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=21> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

The Dean of the School of Nursing conducts a periodic faculty evaluation with each faculty member. The Dean has privy to the course evaluations and peer review comments of faculty competence. NP faculty are also required to have external proof of their clinical practice competence as determined by Washington State ARNP licensure and by Board Certification in their specialty area. All NP faculty are required to maintain their national certification as a requirement of their faculty role with a copy maintained in their faculty file, and are required to maintain an active clinical practice as an NP.

Evidence: Faculty files

CRITERION VI: EVALUATION

VI.A.3: Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter.

Elaboration:

Each student should be evaluated as he/she progresses through the NP program/track. Separate evaluations should be done in the didactic and clinical components of the curriculum. Progression of students through the program is important to ensure that sufficient and adequate resources are provided to support timely student progression through the program.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=21> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

- Yes
 No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

DNP students are evaluated in both the didactic and clinical courses. The School of Nursing has a standardized grading scale that is used in the graduate and undergraduate program.

Didactic course grades include exams, quizzes, case studies, and the students' portfolio. Rubrics for grading are provided to students ahead of time and are posted on the Sakai teaching platform.

Clinical evaluations are conducted by the faculty during site visits. Students are evaluated using the clinical evaluation tool for each respective course.

Evidence: copies of case study grading rubrics, peer review forms, key assignments and DNP portfolio assessment rubric. Clinical evaluation forms for FNP and PMHNP clinical courses.

CRITERION VI: EVALUATION

VI.A.4: Evaluate students' attainment of competencies throughout the program.

Elaboration:

Evaluation of students' attainment of competencies is the responsibility of the NP faculty member throughout the didactic and clinical components of the program.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=22> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

- DNP**
 Yes
 No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

The DNP FNP and PMHNP curriculum is designed so students meet the NONPF 2013 specialty competencies by the time they complete the program. Students enter clinical visit data into Typhon® which includes patient demographics, types of visit, social problems addressed, and prescriptions written and medication issues addressed. Review of Typhon® data allows faculty

to place students into clinical sites to fill gaps in their specialty content knowledge and ensures students are getting experience with patients across the lifespan and acuity level. Successful completion of the program by passing all the courses, ensures students meet the NONPF specialty competencies.

The PLU DNP program outcomes are designed to meet the AACN *Doctoral Essentials* and students document their progress toward meeting the program outcomes by uploading key assignments to an electronic portfolio which is evaluated in the last semester of the program to ensure students have evidence that they have met all the program outcomes. Program Outcome 8, "Assume the role and distinct skills of the Doctor of Nursing Practice in an area of specialized nursing practice," demonstrates NP specialty competencies.

Evidence: DNP student portfolios, Typhon student logs database

CRITERION VI: EVALUATION

VI.A.5: Evaluate students cumulatively based on *clinical observation* of student competence and performance by *NP faculty and/or preceptor assessment*.

Elaboration:

Student evaluation is the responsibility of the NP faculty with input from the preceptor. Direct clinical observation of student performance is essential by either the faculty member or the clinical preceptor. Clinical observation may be accomplished using direct and/or indirect evaluation methods such as student-faculty conferences, computer simulation, videotaped sessions, clinical simulations, or other appropriate telecommunication technologies.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=22> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

- Yes
 No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

NP students are evaluated by both the course faculty and their preceptor every semester. The preceptor fills out a mid-term and final evaluations and the faculty member completes a clinical evaluation during the clinical site visit, at least once a semester.

The same form is used for both the preceptor and faculty evaluations.

Completed evaluations are signed by the student, faculty, and preceptor. The form is then placed in the student file at the end of the semester.

Evidence: copies of clinical evaluation tools for all FNP and PMHNP clinical courses. Copies of completed evaluations are located in student files for reviewers to examine.

CRITERION VI: EVALUATION

VI.A.6: Evaluate clinical sites at regularly scheduled intervals.

Elaboration:

Evaluation of clinical sites will provide the necessary information about the quality of student learning experiences. This should form the basis for NP faculty to make changes in student assignments.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=22> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

The lead NP faculty evaluates each clinical site to determine whether to use the site again based on student and faculty evaluation as to whether the environment is conducive to student learning. Lead faculty will then determine whether to use the site again or not.

CRITERION VI: EVALUATION

VI.A.7: Evaluate preceptors at regularly scheduled intervals.

Elaboration:

Preceptors provide a very important part of the educational experience for students. Evaluations should be used by NP faculty to define ongoing preceptor relationships and development programs. Evaluations should also provide the basis for making student assignments.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=22> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

At the end of each semester students complete an evaluation of their preceptor, which is given to the course faculty. The lead NP faculty evaluates each semester whether to use the preceptor again based on student and faculty evaluation. If faculty determine not to use preceptor again, the preceptor is flagged in the electronic preceptor file and in their paper file in the SoN office.

Evidence: copy of Evaluation of Preceptor form (blank) and copy of completed preceptor evaluation form

CRITERION VI: EVALUATION

VI.B: Formal NP curriculum evaluation should occur every 5 years or sooner.

Elaboration:

The overall NP curriculum and program of study should be formally evaluated in no more than 5 year cycles (3-5 years recommended).

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=23> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

The FNP curriculum was redesigned when the program moved to the DNP degree. The FNP curriculum was revised to include the NONPF 2013 Specialty Competencies, with increased chronic illness and mental health content.

The PMHNP curriculum is new and is based on the NONPF 2013 Specialty Competencies.

Per the Systematic Evaluation Plan (SEP), the DNP curriculum is evaluated every 5 years, or sooner if there are changes in Professional Nursing Standards Guidelines.

Evidence: Systematic Evaluation Plan

CRITERION VI: EVALUATION

VI.C: There is an evaluation plan to measure outcomes of graduates.

Elaboration:

Programs should develop an ongoing system of evaluation of graduates. It is recommended that the first interval should be set at one year, or no later than 2 years, post-graduation.

Visit <http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf#page=24> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The nurse practitioner program (including all tracks) complies with this criterion:

DNP

Yes

No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

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

1. DNP student open forums
2. Graduate Student Advisory council (MSN & DNP students)
3. DNP Exit interviews
4. DNP end of program survey
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 survey
10. Alumni satisfaction survey

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.

The end of program measures including exit interviews, 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 surveys are available in the resource room.

PLU has historically had high national board certification pass rates. Every FNP graduate for the past 5 years has passed a Family Nurse Practitioner certification exam. The pass rate for the AAANP FNP certification exam from years 2012 to 2015 was 96% (N=26). Only one student in the past three years did not pass the certification exam on the first attempt. We expect the same high pass rate among the DNP FNP students.

Evidence: Systematic Evaluation Plan, exit surveys, alumni surveys, past certification program reports