### CCNE Worksheet on Compliance with the Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2008)

This worksheet is provided to <u>assist</u> programs in demonstrating compliance with the Commission on Collegiate Nursing Education's (CCNE) *Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs* (amended April 2009). 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), 2008].

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, 2008), please visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf</u>

Name of Institution: Pacific Lutheran University School of Nursing

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</u> <u>Track</u>	<u>Offered at</u> <u>the master's</u> <u>level</u>	Offered at the DNP level	Certification Examination
Family NP	⊠ Yes □ No	□ Yes ⊠ No	American Nurses Credredentialing Center and American Academy of Nurse Practitioners Certification Program
Adult NP	☐ Yes ⊠ No	☐ Yes ⊠ No	
Pediatric NP	☐ Yes ⊠ No	☐ Yes ⊠ No	
Pediatric Acute Care NP	☐ Yes ⊠ No	☐ Yes ⊠ No	

Gerontological NP	☐ Yes ⊠ No	☐ Yes ⊠ No	
Women's Health NP	☐ Yes ⊠ No	□ Yes ⊠ No	
Neonatal NP	☐ Yes ⊠ No	☐ Yes ⊠ No	
Adult Acute Care NP	☐ Yes ⊠ No	☐ Yes ⊠ No	
Adult Psychiatric & Mental Health NP	☐ Yes ⊠ No	☐ Yes ☐ No	
Family Psychiatric & Mental Health NP	☐ Yes ⊠ No	☐ Yes ⊠ No	
Oncology NP	☐ Yes ⊠ No	□ Yes ⊠ 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 :18 (8 graduating in May 2013 and 10 graduating in May 2014)

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

Total: 0

Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2008)

The criterion statements on the following pages are the same as those published in the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008). 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 *certified* as a nurse practitioner and has the responsibility of overall leadership for the nurse practitioner program.

Elaboration:

The director/coordinator of the NP program must be nationally certified in a particular NP population focus area of practice. In programs with multiple tracks, 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. Thus, in larger multi-track programs, lead faculty in a population-focused track should have the NP certification in that area while 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.

### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=8</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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 is credentialed as an ARNP in the State of Washington and is certified as a Pediatric Nurse Practitioner through the Pediatric Nurse Certification Board.

Dr. Woo started working at Pacific Lutheran University August 15, 2012.

Prior to August 2012 Ruth Schaffler PhD, RN, MSN, FNP was the NP program director. Dr Schaffler has been board certified through the American Nurses Credentialing Center and the American Academy of Nurse Practitioners since 1997.

Director responsibilities to the program include:

1. Assuring that the FNP program meets Washington State Nursing Care Quality Assurance Commission standards for NP education.

2. Assuring the FNP program meets National Organization of Nurse Practitioner Faculties guidelines for FNP education, updating curriculum as indicated.

3. Supporting faculty to resolve student issues

4. Developing relationships with community practice partners to expand the number of clinical sites for FNP students.

5. Ensuring communication between the PLU School of Nursing and preceptors and/or practice partners is timely and accurate.

6. Oversees FNP student admission process including recruitment, application and admission decision.

Evidence: copies of Drs Woo and Schaffler CV, Washington ARNP and RN license, national certification certificates and publications.

### **CRITERION I: ORGANIZATION AND ADMINISTRATION**

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

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 include an identified lead faculty member who has certification in the same population-focused area. If there is a diversion from this criterion (for example, an FNP who has spent all of his/her work career in caring for the adult population and leads the ANP program) the program/track must provide additional documentation on the qualifications and experience of the individual for teaching in this program/track.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=9</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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.

Prior to Dr Guerrero, DelRene Davis MSN, FNP was the lead FNP faculty from Fall 2008 to Spring 2012 and is certified through American Nurses Credentialing Center. Ms. Davis taught in our BSN program Summer 2012 and then returned to University of Wasthington at Seattle to complete her DNP in Fall 2012.

The responsiblities of the lead FNP faculty include:

- 1. Ensuring all didactic content is current and evidence-based
- 2. Securing and negotiating clinical placements
- 3. Confirming clinical contracts are in place for all clinical sites
- 4. Placing students in clinical sites to meet the learning needs of the program and the student
- 5. Visiting clinical every student in their clinical site each semester to evaluate progress
- 6. Communicating with preceptors and clinical sites

7. Participating in the admissions process for FNP students by reading applications and interviewing when appropriate

8. Evaluating clinical sites at the end of the semester to determine if it met the learning needs of the students

9. Serve as a professional role model for FNP students

Evidence: copies of Dr Guerrero and DelRene Davis' CV, national certification and Washington ARNP and RN license verification. Copies of Dr Guerrero's publications. Mr Huston's and Ms Spencer's Washington ARNP license verification. Statement from Dr. Guerrero regarding her responsibilities as lead FNP faculty.

### **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 as well as 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).

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=10</u> to view the documentation 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:

Master's	DNP
🖂 Yes	🗌 Yes
🗌 No	🗌 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 on-campus or teaching responsibilities scheduled so they can practice. This is a policy of the SON and is found in the School of Nursing Faculty Orientation Manual.

Faculty practice in a variety of public and private healthcare settings. Dr Guerrero practices at Pierce County Jail clinic & Health Point Community Health Center; Dr Schaffler practices at the Lacey Medical Clinic; and Dr Woo practices at Kaiser Permanente. DelRene Davis practices at Providence Family Medicine.

Evidence: School of Nursing Faculty Orientation Manual., 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. In addition, admission criteria should, at a minimum, meet professional standards.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=10</u> to view the documentation 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:

Master's	DNP
🖂 Yes	🗌 Yes
🗌 No	🗌 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 faculty are involved in the selection of every student in the FNP track. Involvement includes reading student application files, interviewing students and recommending admission or not. For students with a BSN files are read by the Associate Dean for Graduate Programs (an NP) and the lead FNP faculty.

The admission criteria for the FNP program do not differ from the masters (MSN) program criteria.

All applications must meet the following criteria: -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 a educational and professional goal statement.

Students in the Entry-level Masters (ELM) program who wish to apply to the FNP track apply in the first semester of the graduate portion of their program. They submit a written summary of their academic progress in the prelicensure portion of the program, proof of RN licensure, and a written essay of their understanding of the Family Nurse Practitioner role and why they are interested in the FNP role. ELM students who are applying to the FNP program are reviewed and interviewed by NP faculty. All faculty who have taught the ELM FNP applicants are asked to give written input as to the faculty opinion on whether they recommend the applicant to the FNP specialty track. After this holistic, faculty-wide evaluation, the final decision regarding whether ELM students will enter the FNP track is made by the Dean after reviewing recommendations from the faculty.

Evidence: MSN Graduate Admissions flow chart, copy of MSN Graduate Application, copies of processes for Entry-Level Masters students to apply and interview for FNP track.

### **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-master's 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. In addition, progression and graduation criteria, at a minimum should meet existing national standards.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=11</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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 faculty have final say in whether students are performing at a passing level in the FNP coursework.

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 whose grade point average falls below 3.00 is subject to dismissal from the program. In such instances, the recommendation for dismissal or continuance is made by the student's advisory committee [RAP in the SoN] and acted upon by the associate dean of graduate studies.

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. All graduate students in the School of Nursing are full-time students, there is no part-time study option for FNP students.

The PLU School of Nursing Policies:

Course Failure (published in Student Handbook)

The RAP Committee reviews the record of every student receiving a grade of less than 2.0 ('C') in a course; this record includes the faculty's evaluation, the student's entire educational record, and any plan for future success written by the student. Course faculty are consulted when appropriate.

Students may ask to appear before the RAP Committee with a faculty advocate, if desired, to present their situation. Students must provide a copy of their written request, describing the issue in detail, to the chair of the RAP Committee prior to the date of the requested appearance. The student and/or faculty advocate does not remain for the Committee deliberations. The student will receive written notice of the Committee's decision and may submit a written request to the Committee for reconsideration.

After all available documentation has been reviewed, and all parties concerned have had the opportunity to voice concerns, the RAP Committee will make its determination and recommendation to the Dean.

Nursing students placed on academic probation by the School of Nursing will receive a written statement from the Dean or Associate Dean for Graduate Nursing Programs, identifying the areas of difficulty and stating specific expectations to be met; the student's probationary status and consequences; and the minimum level of competency to be achieved for successful completion of the course and further progression. Copies of the statement will be sent to the student, appropriate faculty, and the student's faculty advisor, and added to the student's educational record in the School of Nursing. Copies may also be sent to the appropriate university officials.

Upon receipt of notification of successful completion of the courses for which the student was originally placed on probation, the RAP Committee will notify the student that the terms of the probation have been met and that he or she is again in good standing in the School of Nursing.

The PLU School of Nursing has a policy and procedure for resolving grade disputes. Students initiate an informal grade dispute with the support of their advisor with the faculty of record for the disputed course. If the grade dispute is not resolved via the informal process, the the student can appeal to the Retention, Admission, Progression (RAP) committee. The RAP committee reviews the case and makes a recommedation to the Dean. The Dean makes the final decision regarding the grade dispute.

There have been NP members on the RAP committee for the three of the past 5 academic years, with the committee chaired by FNPs in 2011/12 and 2012/13.

Evidence: PLU Catalog Graduate Policies and Standards section (policy on full-time vs parttime status, standards of work. academic progression, grading and graduation requirements), PLU Catalog pages specific to MSN FNP degree requirements, MSN Academic Program Contract, Petition to RAP Committee for Course Failure, and SON Policy for Resolving Grade Disputes.

### **CRITERION III: CURRICULUM**

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

### Elaboration:

*NP* faculty has 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.

### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=11</u> to view the documentation 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:

Master's	DNP
🛛 Yes	Yes
🗌 No	🗌 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 at Pacific Lutheran University is developed, evaluated and revised by the FNP faculty, then presented to the whole SoN faculty for approval. FNP faculty sit on the Curriculum and Instructional Evaluation (CIE) Committee where curriculum decisions are made, with a doctorally prepared FNP (Dr Ruth Schlaffler) chairing the committee the four of the past six years (2007-2008, 2010-2011, 2011-2012, 2012-2013). In 2010-2011 academic year, Dr Lorena Guerrero FNP was also a member of the CIE Committee. 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 program are introduced to the committee a FNP faculty attends the meeting.

In Fall 2012 all the graduate courses were reviewed and revised to incorporate the 2011 Essentials of Masters Education in Nursing and the 2011/2012 NONFP Nurse Practitioner Core Competencies in the MSN FNP curriculum. An ad hoc CIE sub-committee consisting of Dr Schaffler and Dr Woo (both NPs) developed the new course objectives for the FNP coursework, with input via email from Dr Guerrero FNP. The course revisions were then approved by the CIE committee and the full School of Nursing Organization.

Evidence: Committee membership lists and copies of CIE minutes where FNP curriculum changes were 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 populationfocused 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 (two NP population-focused areas of practice) programs include content and clinical experiences in the role and both population-focused areas. Dual track NP programs prepare students who are eligible for certification in two populationfocused 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 populationfocused area of practice, programs may prepare students to practice in a specialty or more limited area of practice. This preparation, both in the didactic and clinical hours, must be greater in number than those preparing graduates only in the role and one populationfocused area of practice.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=12</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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 is based on the National Organization of Nurse Practitioner Faculties Nurse Practitioner Core Competencies. In the Fall of 2012 the FNP course objectives were redesigned to incorporate The 2011 Essentials of Masters Education in Nursing and the 2011/2012 NONPF Nurse Practitioner Core Competencies (April 2011, amended 2012). a Cross walk table was developed comparing the PLU MSN FNP course objectives with the AACN Essentials fo Master Education in Nursing, the NONFP 2011/2012 Nurse Practitioner Core Competencies, the NONPF 2002 Nurse Practitioner Primary Care Competencies: Family Nurse Practitioner, and the Quality and 2012 Safety Education for Nurses (QSEN) Graduate competencies.

The MSN Program Outcomes has been compared to the AACN 2011 Essentials of Masters Education and when the graduate courses were updated in 2012 to reflect the new Masters

Essentials, a crosswalk table was developed to make sure all the components of the Masters Essentials were included.

The method of delivery of the MSN FNP curriculum is primarily face-to-face, augmented by webbased learning activities. Classes meet on-campus once a week during the semester. Classes are usually held on Thursday evenings and Fridays to accommodate schedules of working nurses. 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.

Evidence: PLU Masters Program Outcomes, crosswalk table of 2011 AACN Masters Essentials linked to PLU SON course number and outcome, PLU MSN FNP course overview table of 2012 course revisions incorporating 2011 Masters Essentials, 2011/2012 NONFP NP Core Competencies and 2012 QSEN Graduate Competencies, and MSN FNP program of study contract.

### **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.

### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=13</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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 are eligible to take the American Academy of Nurse Practitioners (AANP) FNP certification exam or the American Nurses Credentialing Center FNP exam. PLU graduates are highly successful on both exams. Every FNP graduate for the past 5 years has passed a Family Nurse Practitioner certification exam. The pass rate for the ANCC FNP certification exam from years 2007 to 2010 was 100% (N=26). The first time pass rate for the AANP exam years 2007 to 2012 was 100%, with one student who graduated before 2007 not passing on the first time, but did pass on a second attempt which is included in the 2008 pass rate data.

Evidence: The PLU Catalog clearly states FNP graduates are eligible to sit for national certification. Documents from American Academy of Nurse Practitioners Certification Program and American Nurses Credentialing Center documenting PLU FNP graduate pass rates for past 5 years are provided.

### **CRITERION III: CURRICULUM**

# **III.C(2)** The official transcript must state the NP role and *population focus* of educational preparation.

Elaboration:

*The student transcript must state the NP role and population focus of educational preparation.* 

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=13</u> to view the documentation 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:

Master's	DNP
🖂 Yes	🗌 Yes
🗌 No	🗌 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 MSN FNP graduate transcript clearly states Degree: Master of Science in Nursing with the Major of Family Nurse Practitioner.

Evidence: Copy of PLU MSN Family Nurse Practitioner final transcript.

### **CRITERION III: CURRICULUM**

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

Elaboration:

A student should complete the basic graduate and APRN core coursework (e.g., advanced pharmacology, advanced health assessment, and advanced physiology/pathophysiology)

prior to or concurrent with commencing clinical course work. 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.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=13</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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 develops the competencies of the student across the two years to meet the outcomes of the National Organization of Nurse Practitioner Faculties FNP Core Competencies and the American Association of Colleges of Nursing Essentials of Masters Education in Nursing (2011).

The first year of the program is MSN core coursework to meet the Masters Essentials. Advanced Pathophysiology is taken in the first year of the FNP masters program.

The second year of the program begins with Advanced Health Assessment which contains 120 hours of clinical practicum. Students then take Advanced Pharmacology with their first Family Nurse Practitioner didactic course NURS 584. NURS 584 Family Nurse Practitioner I didactic course content includes well care for children and adults, as well as minor acute and chronic illness care. There are 240 hours of clinical practicum in NURS 584 with preceptors in the community. In the last semester of the program FNP students take NURS 585 Family Nurse Practitioner II, which covers increasingly complex health problems across the lifespan in the didactic course and 240 hours of clinical practicum with preceptors in the community. NURS 585 also includes professionalism content specific the advanced practice role.

Evidence: PLU MSN FNP Academic Program Contract demonstrating program of study and sequencing of courses.

### **CRITERION III: CURRICULUM**

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

Elaboration:

Clinical practice hours refer to hours in which direct clinical care is provided to individuals, families, and populations in population-focused areas of NP practice; clinical 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. In addition, whereas 500 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 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 and prepare students who are eligible for certification in these same two NP populationfocused areas. 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 NP populationfocused 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 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 populationfocused program and that the didactic and clinical experiences will be sufficient to gain the necessary proficiency in the population-focus and specialty areas of practice.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=14</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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 FNP curriculum consists of 14 courses taken over six full semesters and one J-Term semester. The curriculum is 46 semester credits minumum. The MSN Core is 27 credits, the FNP concentration courses are 21 credits and all students complete a 2 credit Scholarly Inquiry course.

The FNP program has 600 hours of clinical practicum in the FNP coursework and 120 hours in the MSN Core courses.

The MSN core courses have 30 hours in NURS 540 Illness/Disease Management and 90 hours in NURS 531 Care & Outcomes Practicum I. In the MSN core clinical courses students keep a log of hours and journal their experiences.

There are 120 hours in NURS 582 Advanced Health Assessment, 240 clinical hours in NURS 584 Family Nurse Practitioner I and 240 clinical hours in NURS 585 Family Nurse Practitioner II.

Students in the FNP coursework record their clinical experiences in a log that includes the age and diagnosis for each patient to ensure the FNP student is seeing patients across the lifespan and having a range of preventive health, acute and chronic illness visits. A paper log was used until Summer 2012 when the Typhon® NPST Student Tracking System was implemented. Preceptors sign the students clinical hours log to verify the hours spent in clinical.

In the FNP courses students are placed in a variety of clinical settings to ensure they receive a variety of types of practices, patient conditions and patient ages. Students are placed in private practice, community health, public, Veterans and military clinics. With two large military bases locally, students are placed at both Madigan Army Medical Center in the primary care clinics (Family Medicine, Internal Medicine, Pediatrics and OB/GYN) and at the Naval Hospital clinics in Bremerton. Student placements vary from small rural clinics to larger intercity clinics.

Evidence: Clinical logs demonstrating hours completed and populations cared for in clinical experiences. Before Summer 2012 the students kept paper logs and beginning Summer 2012 students entered clinical hours into Typhon® NPST Student Tracking System.

### **CRITERION III: CURRICULUM**

III.F Post-master's students must successfully complete graduate didactic and clinical requirements of a *master's NP program* through a formal graduate-level certificate or master's level NP program in the desired area of practice. Post-master's students are expected to master the same outcome criteria as master's NP students. Post-master's students who are not already NPs are required to complete a <u>minimum</u> of 500 supervised clinical hours.

### Elaboration:

Post-master's students must successfully attain graduate didactic objectives and clinical competencies of a master's NP program through a formal graduate level certificate or master's 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 pathophysioloy, pharmacology, and health assessments. 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 of the new area of NP practice. These students must complete a sufficient number of clinical hours to establish competency in the new population-focused area of practice. Programs should be able to document waivers and exceptions for individual students through a gap analysis.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=15</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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 have not been any post-masters FNP students in the masters program at PLU in the past 10 years.

### **CRITERION IV: RESOURCES, FACILITIES, & SERVICES**

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

Elaboration:

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

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=16</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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:

Currently there is one doctorally-prepared lead FNP faculty, Dr Lorena Guerrero. Dr Guerrero teaches the three FNP specialty clinical courses in the FNP program. Dr Ruth Schaffler FNP, is currently working half time and not teaching any FNP specialty courses. Dr. Schaffler does teach NURS 596 Scholarly Inquiry to the FNP students. Prior to Dr Guerrero teaching the FNP specialty courses, DelRene Davis MSN, FNP taught the FNP courses NURS 584 and 585 From Fall 2008 until Spring 2012.

With the revision of the MSN curriculum in 2009, FNP students who started the MSN program in Summer of 2011 take two MSN Core clinical courses. The MSN Core clinical courses are NURS 540 Illness and Disease Management taught in J-Term and NURS 531 Care and Outcomes Manager Practicum I taught in Spring Semester. Dr Ruth Schaffler or Dr Patsy Maloney teach NURS 540 and Dr. Maloney teaches NURS 531.

Faculty student ratio:

The ratio of faculty to students in NURS 582 Advanced Health Assessment has ranged from 1:8 (Sum 2012) to 1:24 (Spr 2010).

The ratio of faculty to students in NURS 584 FNP I & NURS 585 FNP II has ranged from 1:8 (Fall 2012) to 1:18 (Fall and Spring 2008)

The ratio of faculty to students in NURS 531 Care & Outcomes Management I was 1:20 Spring 2012 and 1:24 in Spring 2013.

The ratio of faculty to students in NURS 540 was 1:20 J-Term 2012 and 1:24 in J-Term 2013.

Facilities:

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 "MSN 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 Robert A.L. Mortveldt Library serves as the primary physical and electronic library for the PLU community. The library has 260,00 volumes of books, 14,000+ e-books and access to 105 electronic databases, with 23,000 full-text journals. The Mortveldt library provides library research workshops for students and librarians are available for online chat assistance 24/7.

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. The Simulation lab is available for faculty to use in the FNP program.

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 21<sup>st</sup> 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.

### 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 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 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. 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/)

### **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.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=16</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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 size of the didactic courses in the FNP masters program has ranged from 9 to 24 students over the past 5 years, with an average class size for all non-clinical courses 19.7 students. In the masters core portion of the FNP program students are in classes with students who are completing the Care & Outcomes masters degree, thus the classes are larger.

When students are in the FNP-only portion of their program the didactic class size is smaller. For example the NURS 583 Clinical Pharmacotherapeutics class size ranges from 9 to 21, with an average class size of 14.6.

Faculty student ratio in didactic courses:

The average class size in MSN didactic courses is 19.7 students, which is a faculty to student ratio of 1:19.7.

The class sizes are large enough to allow for student interaction and depth of discussion, yet small enough for students to participate fully in the class. The relatively small class allows for the faculty to develop a personal relationship with each student.

Course evaluation have never indicated that the FNP didactic courses are too large, indicating students are comfortable with the size of their courses.

Faculty are assigned or hired to teach graduate courses based on their expertise, with the FNP specialty courses only taught by doctorally or masters prepared FNP faculty.

Faculty student ratio in clinical courses:

The ratio of faculty to students in NURS 582 Advanced Health Assessment has ranged from 1:8 (Sum 2012) to 1:24 (Spr 2010).

The ratio of faculty to students in NURS 584 FNP I & NURS 585 FNP II has ranged from 1:8 (Fall 2012) to 1:18 (Fall and Spring 2008)

The ratio of faculty to students in NURS 531 Care & Outcomes Management I was 1:20 Spring 2012 and 1:24 in Spring 2013.

The ratio of faculty to students in NURS 540 was 1:20 J-Term 2012 and 1:24 in J-Term 2013.

These faculty to student ratios are higher than the recommended 1:6 ratio by NONPF standards for NP specialty courses.

Evidence: FNP Class Size table.

### **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.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=16</u> to view the documentation 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:

Master's	DNP	
🛛 Yes	🗌 Yes	
🗌 No	🗌 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:

Pacific Lutheran University and the PLU School of Nursing have extensive physical resources to support FNP student learning.

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 "MSN 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 Robert A.L. Mortveldt Library serves as the primary physical and electronic library for the PLU community. The library has 260,00 volumes of books, 14,000+ e-books and access to 105 electronic databases, with 23,000 full-text journals. The Mortveldt library provides library research workshops for students and librarians are available for online chat assistance 24/7.

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. The Simulation lab is available for faculty to use in the FNP program.

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.

### **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.

### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=16</u> to view the documentation 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:

Master's 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.

] Yes ∃ No

### Answer:

The Pacific Lutheran University FNP program uses a variety of clinical sites and preceptors to fulfill the goal of FNP students caring for patients across the lifespan and with varying complexity. An electronic database of preceptors and clinical sites is maintained by the School of Nursing. 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 FNP certification examination.

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 two different clinical contracts representing a Community Health Center and a private practice clinic are found in the evidence for Criterion IVB.

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

Evidence: FNP preceptor database printout demonstrating specialty focus and clinic site, two examples of clinical contracts, copy of liability insurance certificate.

### **CRITERION IV: RESOURCES, FACILITIES, & SERVICES**

IV.B(1) A sufficient number of faculty is available to ensure quality clinical experiences for NP students. *NP faculty* have ultimate 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 are not seeing their own patients and 1:1 if faculty 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 based on a defined faculty workload or amount of designated faculty time. Thus, ratios may vary relative to certain practice areas and the individual faculty member. 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.

An NP program/track should have a mechanism in place to document outcomes of the clinical experiences. Faculty and student assessments of the clinical experience should be conducted regularly and documented.

### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=17</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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 determines faculty assignments based on the expertise need of the course and the faculty teaching load. Overprescribed courses are given support faculty or a Graduate Teaching Assistant. Regardless the numbers were large in 2008 and recent efforts in enrollment management has led to more managable course loads.

There are five clinical courses in the MSN FNP curriculum. There are two clinical courses in the MSN core and three courses in the Family Nurse Practitioner program at Pacific Lutheran University: NURS 582 Advanced Health Assessment, NURS 584 Family Nurse Practitoner I and Family Nurse Practitioner II.

The ratio of faculty to students in NURS 582 Advanced Health Assessment has ranged from 1:8 (Sum 2012) to 1:24 (Spr 2010).

The ratio of faculty to students in NURS 584 FNP I & NURS 585 FNP II has ranged from 1:8 (Fall 2012) to 1:18 (Fall and Spring 2008)

The ratio of faculty to students in NURS 531 Care & Outcomes Management I was 1:20 Spring 2012 and 1:24 in Spring 2013.

The ratio of faculty to students in NURS 540 was 1:20 J-Term 2012 and 1:24 in J-Term 2013.

FNP faculty are assigned their teaching load based on the credits for the course (3 credits didactic = 3 weighted teaching units) and the number of students per class (0.3 weighted teaching unit per student). Faculty teaching load is 12 credits or weighted teaching units (WTUs)

per semester for clinical or lab courses, to equal 24 credits or WTUs per 9 month academic year.

NURS 582 Advanced Health Assessment is a combination of didactic, lab and clinical time. Students are required to have 120 hours of clinical practice time in the community setting with a preceptor to develop health assessment skills. From 2008 until 2011 the course included CNS students combined with the FNP students. The class size for NURS 582 has ranged from a low of 8 students (Sum 2012) to a high of 24 students (Spr 2010).

Dr Ruth Schaffler FNP taught NURS 582 from 2008 through 2011 when the class was taught in Spring semester and the NURS 582 class size was the largest due to the addition of the CNS students. Dr Schaffler also taught 2 to 3 additional classes these semesters. Clearly the faculty ratio range during these years of 1:16 (8.8 total weighted teaching units) to 1:24 (12.0 weighted teaching units) is well above the NONPF recommended ratio of 1:6 for a NP clinical course and a heavy overall teaching load by PLU School of Nursing standards.

With the masters curriculum revision which was implemented 2011-2012, NURS 582 moved to Summer semester and the class size lowered. Summer semester allows for faculty to have a lighter teaching load. For example Dr Lorena Guerrero FNP taught NURS 582 Summer of 2012 with a class size of 8 students and this was the only class she taught that semester. The weighted teaching units (WTU) for NURS 582 for Summer 2012 was 6.4 WTUs.

NURS 584 Family Nurse Practitioner I and NURS 585 Family Nurse Practitioner II class sizes have ranged from 8 to 18 students per semester. The class sizes were larger at the beginning of the 5 year cycle with 18 in the class 2008/2009 academic year.

In 2008/09 DelRene Davis FNP was only teaching the one course for PLU each semester; NURS 584 (8.4 WTUs) in the Fall and NURS 585 (8.4 WTUs) in the Spring. In the 2009/10 cohort there were 9 students taught by DelRene Davis FNP in NURS 584/585 which was 5.7 WTUs per semester.

Ms Davis started teaching full time for PLU in the 2010/2011 academic year and taught two courses per semester: NURS 270 Health Assessment & Promotion and NURS 584 in Fall and NURS 585 in Spring. The weighted teaching units for a lab course is 1 credit didactic = 1 WTU and 1 lab section = 1 WTU. Ms Davis teaching load Fall 2010 was: NURS 270 (4 credits didactic, 37 students with 3 sections of lab = 7 WTUs) and NURS 584 (3 credits didactic, 13 students in clinical = 9.9 WTUs), for a total of 16.9 WTUs and Spring 2011 it was: NURS 270 (7 WTUs) and NURS 585 (9.9 WTUs) for a total of 16.9 WTUs.

Ms Davis' teaching load for Fall 2011 was NURS 270 (4 cr didactic, 43 students with 3 sections of lab = 7 WTUs) and NURS 584 (3 cr didactic, 10 students in clinical = 6 WTUs) for a total of 13 WTUs. In Spring Ms Davis taught NURS 270 (40 students, 3 lab sections = 7 WTUs) and NURS 585 (3 cr didactic, 10 students in clinical = 6 WTUs).

In the 2012/13 academic year Dr Lorena Guerrero FNP began teaching NURS 584/585 when Ms Davis returned to school to persue her post-masters DNP.

Fall 2013 Dr Guerrero's teaching load was undergraduate NURS 340 Adult Health I (2 cr didactic), NURS 365 Culturally Congruent Healthcare (4 cr didactic) and NURS 584 (3 cr didactic, 8 students in clinical = 5.4 WTUs) for a total of 11.4 credits/WTUs. Dr Guerrero's Spring 2013 teaching load is the same as Fall 2012: NURS 340 Adult Health I (2 cr didactic),

NURS 365 Culturally Congruent Healthcare (4 cr didactic) and NURS 585 (3 cr didactic, 8 students in clinical = 5.4 WTUs) for a total of 11.4 credits/WTUs.

FNP 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 same clinical evaluation form the preceptor uses.

With the masters curriculum revision which was implemented 2011-2012, FNP students have an additional two MSN core clinical courses, NURS 531 Care & Outcomes I (3 credits) and NURS 540 Illness & Disease Management (2 credits).

Dr Patsy Maloney taught NURS 531 Spring of 2012 and Spring 2013. In Spring 2012 Dr Maloney taught: NURS 420 Leadership and Resource Management (4 credits), NURS 531 Care & Outcomes Management Practicum I (3 cr didactic, 26 students in clinical = 10.8 WTUs), NURS 532 Care & Outcomes Management Practicum II (3 cr didactic, 6 students = 4.8 WTUs) and NURS 596 Scholarly Inquiry (3 credits, co-taught with Dr Schaffler). This is an extrememly heavy teaching load of 25 WTUs for Spring 2012 semester.

Dr Maloney taught NURS 540 J-Term 2013, the class size was 24 students (7.2 WTUs) in the 2 credit course for a total of 9.2 WTUs.

In Spring 2013 Dr Maloney's teaching load is: NURS 531 NURS 531 Care & Outcomes Management Practicum I (3 cr didactic, 24 students in clinical = 10.2 WTUs) and NURS 420 Leadership and Resource Management (4 credits)

NURS 531 is a MSN core clinical course to meet the Masters Essentials, not a NP course. Dr Maloney does not consistently make clinical visits to the students in NURS 531. She has established close relationships with the preceptors in the course and checks in with preceptors at midterm and if the student is doing "fine" she does not visit. Dr Maloney reads the student clinical journals and if either the student journaling or the preceptor indicates there is an issue, she may make a clinical visit.

Dr Ruth Schaffler taught NURS 540 Illness & Disease Management (2 credits) during J-Term, a 5 week semester in January and early February. The is the only class Dr Schaffler teaches this semester. In 2012 the class was 20 students (6 WTUs) in the 2 credit class, for a total teaching load of 8 WTUs.

Evidence: Graphs of clinical course size, FNP faculty clinical site visit notes and faculty evaluations.

### **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 role and population-focused competencies.

### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=18</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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:

FNP students are placed in a variety of clinical sites in the South Puget Sound area. Clinical sites include large health system clinics such as 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 cummulative clinical experiences reflect the across the lifespan.

Clinical experience logs previous to 2012/2013 academic year were paper logs which gave the preceptor site and the patient type seen in a tally format. Other patient demographic data was not collected in this format.

Beginning in Summer 2012 the FNP program began using 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 the student is getting a broad range of experiences across the lifespan and diverse patient populations.

Evidence: Copies of clinical log, Typhon clinical logs, Typhon preceptor database and PLU SON FNP preceptor database.

### **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 interdisciplinary 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 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.

### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=18</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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:

FNP program preceptor information is kept in a 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 5 years are available for CCNE reviewers to view.

Evidence: Preceptor files

### **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.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=19</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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:

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

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 office.

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

Evidence: 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.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=19</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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. Preceptor education is documented in the preceptor file, with their educational program listed in the bio form and CV.

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.* 

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=19</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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 and as of Fall 2012 an overview of the PLU FNP program and where the student is in the program. Preceptors also receive an electronic copy of the PLU FNP Preceptor Handbook as of Spring 2013.

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 in contact with FNP preceptors as needed.

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

Evidence: Copy of letter sent to each preceptor with FNP program of study. Preceptor manual.

### **CRITERION V: FACULTY AND FACULTY ORGANIZATION**

V.A NP programs/tracks have a sufficient mix of full-time and part-time faculty to adequately support the professional role development and clinical management courses for NP practice.

Elaboration:

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

### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=20</u> to view the documentation 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:

Master's	DNP
🖂 Yes	🗌 Yes
🗌 No	🗌 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 non-tenure track faculty, as well as adjunct faculty who teach the graduate courses.

Evidence: PLU FNP program faculty profiles table and Nurse Practitioner Faculty Profile for Dr Schaffler and Dr Guerrero.

### **CRITERION V: FACULTY AND FACULTY ORGANIZATION**

V.A(1) Faculty have preparation and current expertise appropriate to area(s) of teaching responsibility.

Elaboration:

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

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=20</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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 graduate faculty are hired based on their expertise. There is a mix of full-time tenure track and non-tenure track faculty, as well as adjunct faculty who teach the graduate courses based on their subject expertise.

Evidence: PLU FNP program faculty profiles table

### **CRITERION V: FACULTY AND FACULTY ORGANIZATION** V.A(2) *NP program faculty* who teach the clinical components of the program/track maintain current licensure and *certification*.

Elaboration:

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

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=20</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes

🗌 No

🗌 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. Prior to Dr Guerrero, DelRene Davis MS, FNP was the lead FNP faculty from Fall 2008 to Spring 2012 and is certified through American Nurses Credentialing Center.

Dr Ruth Schaffler has taught NURS 582 Advanced Health Assessment. Dr Schaffler has been board certified through the American Nurses Credentialing Center and the American Academy of Nurse Practitioners since 1997.

Prior to Ms Davis, Aaron Huston ANP was lead faculty for the FNP program with pediatric content taught by Sarah Spencer PNP. When Mr Huston was hired he indicated he was completing a FNP program. When he did not follow through on completing his FNP program, it was decided that a FNP was needed to lead the program and Mr Huston was replaced by DelRene Davis FNP as lead FNP faculty.

Washington ARNP licensure is verified for all faculty teaching in the FNP program.

Evidence: copies of ARNP license and certifications are found in Criterion I section

### **CRITERION V: FACULTY AND FACULTY ORGANIZATION**

V.A(3) *NP program 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.

### Elaboration:

*NP* program faculty 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 have 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 educators. Opportunities for continued development in one's area of research, teaching, and clinical practice should be available to all faculty.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=21</u> to view the documentation 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:

Master's	DNP
🖂 Yes	🗌 Yes
🗌 No	🗌 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 Development Plan (from PLU SON Faculty Orientation Handbook)

"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 you desire to improve your teaching, you may request an SGID. A faculty consultant will meet with you, determine your needs, meet with your class, gather information, and meet with you again with recommendations. Contact the Associate Provost, Jan Lewis, if you are interested in scheduling an SGID. The results of SGIDs are confidential.

All new tenure track faculty should 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 FARSA is completed and reviewed with the Dean and the faculty mentor. This is your opportunity to re-evaluate your 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 of NP facutly.

Evidence: Faculty Orientation Manual

### **CRITERION V: FACULTY AND FACULTY ORGANIZATION** V.B Non-NP faculty 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, knowledge-base, and clinical skills appropriate to their area of teaching responsibility.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=21</u> to view the documentation 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:

Master's	DNP
🛛 Yes	Yes
🗌 No	🗌 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 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.* 

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=21</u> to view the documentation 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:

Master's	DNP
⊠ Yes	🗌 Yes
No No	🗌 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 not a formal evaluation plan for the FNP program. The School of Nursing has used the TPEP model in the past and is one of the pilots schools for the PLU Tracdat evaluation system.

Tracdat will allow us to evaluate the FNP program by course and by program. All MSN courses have been loaded into the Tracdat system which allows for curriculum mapping and tracking of outcomes in relation to the MSN program outcomes.

The outcomes of the FNP program have been tracked, with high (100%) 1<sup>st</sup> 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.

Evidence: ANCC and AANP FNP certification pass data, Career Services post-graduation surveys, Tracdat curriculum map

### **CRITERION VI: EVALUATION** VI.A(1) Evaluate courses annually.

Elaboration:

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

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=22</u> to view the documentation 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:

Master's	DNP
🖂 Yes	🗌 Yes
🗌 No	🗌 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 faculty prepare an evaluation of the course and students evaluate the course and the faculty. Faculty use course and teaching evaluations to modify their course the following year if necessary.

The PLU policy on Teaching Evaluations is found in the PLU Faculty Handbook (pg 72-73):

### TEACHING EVALUATIONS

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.

1. Each teacher shall allow students an appropriate amount of time (a minimum of 10 minutes is recommended) to complete the student response form during a regularly scheduled class period

within the last 3 weeks of the course, or during the final examination period for the course. In the case of team-taught courses, each teaching participant shall be evaluated separately. The timing of individual teacher evaluations in such courses shall be left to the discretion of the teaching associates concerned. (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 conduct the evaluation of A at the end of the course or at the conclusion of his/her active participation in the course).

2. The instructor shall distribute written instructions for completing the student response form and the student response forms to the students and shall designate a student to collect the completed forms, seal them in the envelope provided and hand-deliver them to the designated campus location at the earliest convenience. The instructor shall then leave the room until the student response forms have been completed.

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: copy of Student Evaluation of Teaching form

### **CRITERION VI: EVALUATION** VI.A(2) Evaluate *NP program faculty* competence annually.

Elaboration:

*NP* program faculty should be evaluated annually for competence in all role areas, including teaching, research, and clinical competence, as applicable.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=22</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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 an annual faculty evaluation with each faculty member. The Dean has privy to the course evaluations and peer review comments of faculty competence. FNP 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 FNP 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.

### **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.* 

### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=22</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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:

FNP 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, quizes, case studies and in NURS 585 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 and portfolio assessment rubric. Example of system used by DelRene Davis to summarize students' performance in NURS 584.

### **CRITERION VI: EVALUATION**

# VI.A(4) Evaluate students cumulatively based on *clinical observation* of student performance by *NP faculty* <u>and</u> the clinical preceptor's assessment.

### Elaboration:

Student evaluation is the responsibility of the NP faculty with input from the preceptor. Direct clinical observation of student performance is essential. Direct observation can be supplemented by indirect evaluation methods such as student-faculty conferences, computer simulation, telephone, videotaped sessions, written evaluations, and/or clinical simulations.

### Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=23</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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:

FNP students are evaluated by both the faculty and their preceptor every semester. The preceptor fills out a mid-term and final evaluation and the faculty fills out the 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 and then the form is placed in the student file at the end of the semester.

Evidence: copies of clinical evaluation tools for NURS 531, NURS 582, NURS 584 and NURS 585. Example of completed faculty evaluation of FNP student in NURS 585. Copies of completed evaluations are located in student files for reviewers to examine.

### **CRITERION VI: EVALUATION** VI.A(5) Evaluate clinical sites annually.

### Elaboration:

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

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=23</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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 FNP 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 preceptor or site again or not.

### **CRITERION VI: EVALUATION** VI.A(6) Evaluate preceptors annually.

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.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=23</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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 fill in an evaluation of their preceptor, which is given to the faculty. The lead FNP faculty evaluates each semester whether to use the preceptor again based on student and faculty evaluation.

Evidence: copy of Evaluation of MSN 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 recommended).

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=24</u> to view the documentation 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:

Master's	DNP
🛛 Yes	🗌 Yes
🗌 No	🗌 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 was reviewed in 2001-2002 and curriculum revisions proposed to the University committee in October 2002, with the proposed new curriculum being implemented in Fall 2003.

In 2009 the graduate curriculum was evaluated and a curriculum change was proposed which affected students entering the Family Nurse Practitioner and Care & Outcomes Manager concentrations in Summer 2010. The curriculum change affected students in the post-BSN masters (MSN) track and the Entry-Level MSN track, shortening the Care & Outcomes program by a semester and increasing the credits in the Family Nurse Practitioner program.

In 2011 the PLU Graduate Program Outcomes were revised to reflect the AACN 2010 Essentials of Masters Education in Nursing.

In 2012 all of the PLU graduate nursing courses were reviewed in light of the 2010 Essentials of Masters Education in Nursing and the NONPF 2012 Nurse Practitioner Core Competencies and course objectives were updated. The course sequencing and credits did not change, but some of the content in the courses changed to reflect the new competencies.

The School of Nursing is in the planning stages for a Doctorate of Nursing Practice program. The FNP speciality curriculum will undergo another review at that time and will most likely have a significant revision to meet the requirement for increased content and clinical hours for the DNP.

Evidence: Copy of Fall 2003 and Fall 2009 EPC proposals for graduate curriculum change. Substantial Change notice sent to AACN in 2009. Copy of PLU SON Masters Program Outcomes which where revised in Fall 2011 to reflect the 2011 AACN Essentials of Master Education in Nursing.

### **CRITERION VI: EVALUATION**

# VI.C There is an evaluation plan to measure outcomes of graduates at 1 year and some systematic ongoing interval.

Elaboration:

Programs should develop an ongoing system of evaluation of graduates. The first interval should be set at one year post-graduation. Future evaluations may occur at 5 years, but should be at an established time or interval.

Documentation:

Visit <u>http://www.aacn.nche.edu/Education/pdf/evalcriteria2008.pdf#page=24</u> to view the documentation 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:

Master's	DNP
🖂 Yes	🗌 Yes
🗌 No	🗌 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 MSN graduates are evaluated post-graduation in multiple ways.

The PLU Career Connections department conducts an online survey approximately 1 year after graduation which assesses the graduates' experience as a student at PLU as well as their post graduation experience. Graduate satisfaction and employment information is gathered during the survey. The survey is not specific to masters graduates, but the survey does track whether the respondent is a BSN or MSN graduate. The survey has a 18% (May 2010) to 35.7% (May 2007) graduate student participation rate. The survey results do not specify whether students are FNP graduates. The survey collects data on where graduates are employed but is not specific to the FNP graduates.

The School of Nursing also conducted phone interviews with graduates 6 months post graduation in 2010 and 2011. Nine of twenty-two graduates were included in the phone

interviews; 6/9 (67%) of 2010 FNP graduates and 3/13 (23%) of 2011 graduates. The phone surveys collected data on setting of their first job after graduation (including whether they are working in a rural setting), employer name, pay or salary and how their PLU experience preopared them.

Another evaluation of the effectiveness of the FNP curriculum is the 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 ANCC FNP certification exam from years 2007 to 2010 was 100% (N=26). The first time pass rate for the AANP exam years 2007 to 2011 (get 2012 data end of Feb 2012) was 100%, with one student who graduated before 2007 not passing on the first time, but did pass on a second attempt which is included in the 2008 pass rate data.

All FNP students take NURS 596 Scholarly Inquiry and write a paper for publication as an outcome of the course. Nineteen FNP graduates since 2007 have had articles published.

Evidence: PLU Career Connections and SON phone interview survey results. AANP and ANCC certification pass rate data. Copies of FNP graduate publications