

Pacific Lutheran University

School of Nursing

DNP Self-Study

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Institution Overview

Pacific Lutheran University (PLU), a comprehensive private university located on a 156-acre campus, six miles south of Tacoma in suburban Parkland, Washington, was founded in 1890 with a mission *to educate students for lives of thoughtful inquiry, service, leadership and care – for other people, for their communities, and for the earth*. PLU offers 41 majors and 50 minors at the undergraduate level, as well as graduate programs in business administration, creative writing, education, finance, marketing research, marriage and family therapy, and nursing. Furthermore, PLU is internationally known for its Holocaust and Genocide Studies program which holds an annual Powell-Heller Conference for Holocaust Education.

Pacific Lutheran University is fully accredited by the Northwest Commission on Colleges and Universities (NWCCU) as a four-year institution of higher education (www.nwccu.org). Many of PLU's programs, including nursing, hold specialized accreditations and approvals (<https://www.plu.edu/catalog-2020-2021/>). PLU is a member of The New American Colleges and Universities, a national consortium of mid-sized (2,000 to 7,500 students) independent colleges and universities committed to the integration of liberal education, professional studies, and civic engagement. The University also remains closely affiliated with the Lutheran church and continues membership in the Evangelical Lutheran Church in America (ELCA). PLU is a nonprofit corporation owned by more than 580 congregations of Region 1 of the ELCA.

The PLU 2020 Strategic plan (below) is built on four pillars and corresponding goals: identity and messaging, environment and well-being, innovation and change, and resources and stewardship.

Goals	Objectives
<p>Identity and messaging: Effectively Communicate PLU's distinguishing educational advantage to diverse internal and external audiences, with particular focus on potential students and their families</p>	<ol style="list-style-type: none"> 1. Develop a concise description of the characteristics of a PLU education, both graduate and undergraduate, that articulates our distinguishing advantage and value proposition 2. Develop an institution-wide messaging strategy that is customizable within defined dimensions for the college, its divisions and professional schools.
<p>Environment and Well-being: continue to develop as a learning, living and working community that effectively welcomes, challenges and supports the success and well-being of all students, faculty and staff.</p>	<ol style="list-style-type: none"> 1. Provide a coordinated approach to well-being for students, faculty, and staff 2. Meaningfully integrate diversity, justice and sustainability into every facet and at every level of PLU as central to our distinguishing educational advantage and in order for our institution to fulfill its mission
<p>Innovation and change: Create a culture of continuous innovation and establish effective change management processes to ensure that all aspects of the University's business model remain nimble and adaptive to student needs and market demands.</p>	<ol style="list-style-type: none"> 1. Establish a platform of processes and authorities necessary to work within and push existing governance systems to generate and implement concepts for transformative revenue generation and efficiency. 2. Increase the reach of PLU's academic programs through expansion or re-envisioning degree and non-degree offerings that extend PLU's mission and drive increased enrollment. 3. Establish PLU as the premier private university for health sciences in the Northwest-building on institutional strengths that will drive enrollment and respond to market demands-by expanding offerings in undergraduate, graduate and continuing ed programs and investing in facilities for each of these programs as needed to meet the challenges facing public health, both locally and globally
<p>Resources and stewardship: Align, grow and steward fiscal resources to invest in academic and co-curricular programs, facilities, technology, and human resources,</p>	<ol style="list-style-type: none"> 1. Review scope of work and tasks across all roles and areas of responsibility in order to determine what work can be eliminated, achieved differently or prioritized differently 2. Plan and initiate a sustainable campaign cycle, driven by university strategic planning, that generates mission-critical opportunities for

so that we might fully realize the University's mission of care	investment and engagement, builds collaborative partnerships for impact and accomplishes campaign goals in an ongoing manner. 3. Attract and retain exceptional faculty and staff, drive innovation, and develop leadership through a competitive and comprehensive total rewards program.
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Allan Belton, appointed the 14th president of PLU on April 13th, 2019, joined PLU in 2015 and has served as Acting President, Senior Vice President, Chief Administrative Officer and Chief Financial Officer. Prior to joining PLU, President Belton spent 25 years with Bank of America Merrill Lynch, where he most recently served as the Managing Director and Chief Operations officer for global treasury management. The senior leadership team for PLU consists of the President; the Provost, Senior Vice President and Chief Academic Officer, Dr. Joanna Gregson; Vice President for Student Life, Dr. Joanna Royce Davis; Vice President, University Relations, Dan Lee; Associate Vice President for Finance, Patrick Gehring; Associate Vice President for Marketing and Communication, Lace Peterson; and Chief Operating Officer & Affirmative Action Equal Employment Opportunities, Teri Phillips.

PLU has approximately 297 full-time and 197 part-time faculty members and an overall student/faculty ratio of 15 to 1. The SoN houses 22 full-time and approximately 40 part-time faculty. The University uses a calendar that consists of two fifteen-week semesters bridged by a four-week January term and optional summer semester. Course credit is computed by semester hours. Each undergraduate degree candidate is expected to complete a minimum of 128 hours with a minimum overall grade point average of 2.00. Graduate program credit requirements vary by program, but students must graduate with a minimum grade point average of 3.00 in all graduate work. Departments and schools may set higher grade point requirements if desired.

PLU offers approximately 2,907 students a unique blend of academically rigorous liberal arts and professional programs. In 2020-2021 there are 2,544 undergraduate students and 363 graduate students. Nursing is the largest undergraduate and graduate program, including the only doctoral program, with approximately 312 students. It is notable that the SoN has approximately 7% of the PLUs full-time faculty teaching 16% of PLU's students. In the DNP program there are 3 full-time faculty dedicated to only teaching in the DNP program. The other 4 full-time faculty teach across degree programs and the remaining faculty are part-time. Part-time faculty predominantly teach in the clinical setting.

The overall student body is 64 percent female, 36 percent male, 41 percent students of color, and 1.7 percent are international students representing 17 countries. PLU awards more than \$61 million in grants and scholarships from multiple sources (federal, state, institutional) to students each year. Ninety-seven percent of all students receive financial assistance from at least one source.

PLU School of Nursing

The PLU School of Nursing (SoN) is one of two traditional BSN programs and the only Entry Level Master of Science in Nursing (ELMSN) and only Doctor of Nursing Practice (DNP) programs in the South Puget Sound area. The SoN is housed in Ramstad Hall, the third oldest building on campus. It is close to the Anderson Student Center, the Mortvedt Library, and Student Services in the Administration building. At present the SoN consists of BSN, MSN, DNP, two post graduate certificates in Family Practice (FNP) and Psychiatric Mental Health (PMHNP) programs, and a Center for Continued Nurse Learning (CCNL) in the continuing education office. The School of Nursing was awarded the four-year, \$2.8 million Advanced Education Nursing Workforce (ANEW) Grant in 2019 to support DNP students training with rural and underserved populations in Washington.

Demographics. The student body in the School of Nursing is 85 percent female, 15 percent male, and 41 percent students of color.

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

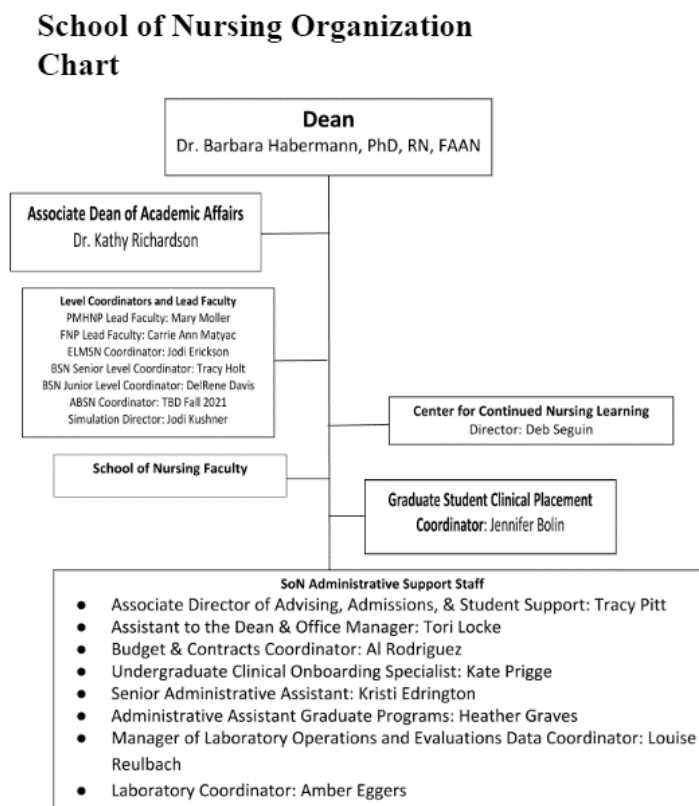
The MSN program, with both Family Nurse Practice (FNP) and Care and Outcomes Manager foci, was approved in 1989. In 2003, the first cohort of the Entry Level Master of Science (ELMSN) program was admitted and had the opportunity to train as either an FNP or Care and Outcomes Manger. While historically, the ELMSN had 20 students in each cohort, it has gradually increased to approximately 32 students. Transition of the Nurse Practitioner program from MSN to DNP was approved by the PLU Faculty Assembly in December 2013 and by the Board of Regents (BOR) in February 2014. The last class of MSN FNP students graduated in May 2016.

The first post-MSN DNP FNP and BSN to DNP cohorts were admitted in 2015. The first MSN to DNP graduated in 2017 with the first BSN to DNP students graduating in 2018. The Psychiatric Mental Health Nurse Practitioner, approved by the PLU Faculty Assembly 2015 and BOR in Spring 2016, admitted its first cohort in 2016. Three FNP and two PMHNP cohorts have now graduated with all students passing their board certification exams. Family and Psych Mental Health NP certificates, utilizing core FNP and PMHNP courses already in place, became available options in 2018.

Administration of the School of Nursing. Dr. Barbara Habermann was appointed Dean of the School July 2019 and a new leadership structure was implemented to include Associate Dean for Academic Affairs, program coordinators and level leads. Dr. Kathleen Richardson was appointed Associate Dean for Academic Affairs in 2020 after serving as Graduate Program Director and as faculty since 2016. Leadership in the SoN includes the FNP Coordinator, Dr. Carrie Ann Matyac; PMHNP Coordinator, Dr. Mary Moller; MSN Coordinator, Jodi Erickson; Senior BSN Lead, Dr. Tracy Holt; Junior BSN Lead, Dr. DelRene Davis, and CCNL Director, Debra Seguin. The SoN has approximately 22 Full-time and 40 Part-time faculty. See Figure 1 for SoN Organization Chart.

PLU SoN's strategic plan: Revised in Spring 2021, the SoN strategic plan supports the four pillars outlined in the [PLU strategic plan](#): identity and messaging, environment and wellbeing, innovation and change, and resources and stewardship. The SoN has placed an emphasis on innovation and change in order to remain nimble in the changing healthcare and educational environments while still adhering to the mission of PLU. The nursing profession embraces values and principles of service which are being further developed through Community Based Clinicals (CBCs). Furthermore, the Doctor of Nursing Practice (DNP) students function as a project manager while conducting the DNP Project in their final year. Translational research is frequently applied to the community identifying and addressing needs of the homeless, underserved children and schools, healthcare. Most of these projects also encompass translational research, committed responsive and proactive leadership, meaningful scholarship and highest quality education that distinguish PLU nursing graduates.

Figure 1. SoN Organization Chart



Revised and Updated Fall 2020

Standard I

Program Quality: Mission and Governance

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program’s mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

I-A. The mission, goals, and expected program outcomes are:

- congruent with those of the parent institution; and
- reviewed periodically and revised as appropriate.

Elaboration: The program’s mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

Program Response: The [Pacific Lutheran University \(PLU\) School of Nursing \(SoN\) mission, vision and guiding principles](#) are based on the [PLU mission and vision and guiding principles](#), and are publicly available. A comparison of the PLU university and SoN mission, vision, and values is found in Table I-A.1. The SoN guiding principles and philosophy can be found at this same site. Expected DNP [program outcomes](#), congruent with [PLUs learning outcomes](#) and professional nursing standards, are publicly accessible on the SoN website as well. The DNP outcomes and the mission and vision were most recently reviewed in 2019 with the DNP and certificate revision and reaffirmed during preparation for the CCNE CIPR Report. These statements are typically reviewed and revised if appropriate every 5 years, more often if indicated with a major change in the direction of the PLU and/or SoN, revision of professional standards, and/or the community of interest (See PLU SoN Systematic Evaluation Plan (See Appendix A_)). These [guiding principles, mission, vision, and philosophy](#) are used to guide SoN strategic planning and are found in the faculty and [student handbooks](#), as well as on the SoN website.

The current mission, vision, goals, and outcomes are sufficient; but given the many changes in healthcare, nursing education, PLU’s updated strategic plan, and potential for improvement recognized during our recent review, revisions will all occur in 2021 to ensure congruence. The review process for revisions began in January 2021. We anticipate completing the process by the closing of the 2020-2021 academic year. Documents related to the review and revision process and current draft can be found in the Virtual Resource Room (VRR). Review incorporates a process of self-reflection and open discussion that involves the SoN Dean, Leadership team, faculty, and staff.

Table I.A.1. PLU Mission, Vision and Values compared to PLU School of Nursing Mission, Vision and Guiding Principles.

	Pacific Lutheran University	PLU School of Nursing (Degree and Certificate Programs)
Mission	PLU seeks to educate students for lives of thoughtful inquiry, service, leadership and care—for other people, for	Pacific Lutheran University School of Nursing is dedicated to... - Exemplary and responsive undergraduate, graduate, and continuing nursing education; - Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world;

	their communities and for the Earth.	- Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship; - Advancing the vision and mission of the University through collaborative partnerships that foster innovation and change.
Vision	As a university of the first rank, Pacific Lutheran University seeks to maximize its mission for all students as the leading example of the Lutheran tradition of higher education, purposefully integrating the liberal arts, professional studies, and civic engagement.	Pacific Lutheran University School of Nursing will be a nationally recognized program of preference and distinction, dedicated to improving health and healthcare for all, enacted through transformational nursing education, committed and responsive leadership, and meaningful scholarship.
Values/ Guiding Principles	<ul style="list-style-type: none"> ● Diversity ● Justice ● Sustainability ● Critical Questioning ● Protecting Freedom ● Liberating Study ● Learning in Community ● Honoring Life on Earth ● Discerning One's Calling ● Serving Wholeness and Health 	<ul style="list-style-type: none"> ● Benevolence, Care, and Compassion for All ● Nourishing Student and Faculty Success ● Celebrating Diversity and Inclusive Excellence ● Fostering Whole Person Development ● Collaborating Intentionally as Teachers, Leaders, and Scholar-Practitioners ● Partnering with Communities for Improved Population Health and Well-Being ● Reaching out Globally for Engaged Service, Learning, and Scholarship ● Contributing to Sustainable Advancement of the Discipline, Profession, and Practice of Nursing ● Cultivating a Dynamic Community of Giving and Learning ● Advancing Health Equity for All

I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:

- The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];
- The Essentials of Master's Education in Nursing (AACN, 2011);
- The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and
- Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2016].

A program may select additional standards and guidelines that are current and relevant to program offerings.

A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.

An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

Program Response: The PLU SoN nursing faculty endeavor to develop and enhance the highest levels of nursing practice knowledge and expertise, cultivation of multiple forms of inquiry, and advanced professional decision making, conforming to multiple national advanced nursing standards and regulations. The PLU Doctor of Nursing Practice (DNP) degree and NP certificate programs prepare nurse practitioners to care for patients across the lifespan consistent with the Consensus Model. Outcomes, for both the degree and certificate programs, were reviewed most recently in 2019 in the CIPR report and found to be consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

The DNP FNP/PMHNP and certificate specialty curriculum meets the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (LACE, 2008) recommendations for advanced practice nursing education. DNP and NP certificate programs program outcomes and the curriculum are influenced by the University and SoN missions and are informed by professional nursing and nursing education standards. The American Association of Colleges of Nursing (AACN) *Essentials of Doctoral Education for Advanced Nursing Practice* (Doctoral Essentials, 2006) provided the guiding framework for development of the PLU DNP program outcomes. Specialty course work for the Family Nurse Practitioner (FNP) and Psychiatric Mental Health Nurse Practitioner (PMHNP) concentrations was developed using the National Association of Nurse Practitioner Faculties (NONPF) *Nurse Practitioner Core Competencies* (2017) and NONPF *Population-Focused Nurse Practitioner Competencies* (2013). The *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force Criteria, NONPF, 2016) were used to ensure the curriculum and teaching meet the quality standards for nurse practitioner education. Furthermore, the *Quality and Safety Education for Nurses* (QSEN) graduate level competencies (2012) were incorporated into DNP and FNP course development. Table 1.B.1 provides evidence of congruence between University, School of Nursing, QSEN and PLU SON DNP outcomes and a comprehensive curriculum crosswalk demonstrating links between the DNP Essentials, program and course outcomes can be found in Appendix B.

The DNP program outcomes are published in the PLU School of Nursing Graduate Student Handbook (<https://www.plu.edu/nursing/wp-content/uploads/sites/96/2020/12/plu-son-graduate-student-handbook-revised-2020.pdf>) on the School of Nursing website (www.plu.edu/nursing), and on the DNP page within the Graduate Nursing Admission website (www.plu.edu/dnp). The DNP program outcomes (<https://www.plu.edu/dnp/program-outcomes/>) are used as the framework for DNP student portfolios demonstrating individual student achievement of program outcomes. Demonstrated by the crosswalk of course objectives and PLU DNP program outcomes/NP certificate outcomes and AACN *Doctoral Essentials*, NONPF DNP Core Competencies, and QSEN Graduate Competencies is found in Appendix B.

Table 1.B.1. Mission and Outcome Congruency

PLU Mission	PLU SON Mission	PLU DNP Outcomes	QSEN Grad Competencies
PLU seeks to educate students for lives of thoughtful inquiry ¹ service ² , leadership and care ³ — for other people, for their communities and for the Earth	Pacific Lutheran University School of Nursing is dedicated to... Exemplary and responsive undergraduate, graduate, and continuing nursing education ¹ ; Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world ² ; - Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship ³ ; - Advancing the vision and mission of the university through collaborative	1. Integrate and actively use science-based theories and concepts in advanced nursing practice ¹ . 2. Develop and/or evaluate effective strategies for improvement in practice including risk assessment and quality care delivery approaches ³ that meet current and future needs of patient populations ² . 3. Integrate and apply current research knowledge ¹ to solve complex practice situations while identifying strategies to continuously incorporate and communicate new knowledge ¹ . 4. Use information systems/technology to support and improve patient care and healthcare systems ³ .	Evidence-based practice Quality/Safety Patient-Centered Care Evidence-Based Practice Informatics, Quality, Safety Teamwork &

	partnerships ² that foster innovation and change ¹ .	5. Assume leadership ³ to design, implement, and advocate for health care policy that addresses issues of access, resource ²	Collaboration Patient-centered Care
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Chapter 18.130 [RCW Regulation of Health Professions-Uniform Disciplinary Act and Washington Administrative Codes \(WACs\) 246-840](#) also informs SoN policy and curriculum. Washington Administrative Code Sections 246-840-300 through 246 840-451 specifically addresses Advanced Practice licensure and Sections [245-840-500](#) through 245-840-583 address nursing education. Key components of the WAC include requirements for [preceptor qualification](#) and ratios, [general faculty qualifications](#), [APRN faculty qualifications](#), and ratios. Preceptors can be licensed NPs, MDs, or PAs; must have at least one year of practice and can precept no more than 2 students at the same time. Nursing faculty must have at least two years of experience and the [clinical faculty to student ratio](#) must not exceed 1:6. The SoN degree and certificate students utilize a shared preceptor pool and information on Clinical placement and preceptor CVs can be located in the virtual resource room.

I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.

Program Response: The PLU SoN community of interest includes a variety of stakeholders: students, faculty, alumni, employers, practice partners, SoN and community advisory councils, and the University. Upon her arrival, Dean Habermann established a leadership structure to improve faculty and student support and promote communication. This structure includes an associate dean, program and level leads. This leadership group meets bi-weekly to address issues, make decisions, and provide counsel. The dean meets weekly with staff and the associate dean. The executive committee, composed of level leads, committee chairs and SoN faculty chair meets monthly to plan SoN meetings and the SoN faculty also meet monthly. These meetings provide the opportunity to formally and informally remain apprised of current issues, receive and provide counsel and promote effective two-way communication.

The Dean's Advisory Board consists of the Dean, Associate Dean of Academics Affairs, School of Nursing Leadership Team, and representatives from the community and meets at least biannually. Meetings provide the opportunity to share updates and information regarding the School of Nursing and get feedback from representatives from the community and remain apprised of updates on curriculum, clinical placements, COVID-19 impacts on learning, and growth of the School of Nursing. Other opportunities to seek counsel and support include membership and participation in the Council on Nursing Education in Washington State (CNEWS), Clinical Placements Northwest (CPNW), National Organization of Nurse Practitioner Faculties (NONPF), and Western Institute of Nursing (WIN).

Student counsel and feedback is also sought. Student assemblies are held each semester for each program and degree level. The dean also meets with each graduating cohort and has an open-door policy. Students representatives are also members of the various committees. Student feedback is frequently accepted informally via course instructors and discussion with key faculty members.

In accordance with the SEP (Appendix A), program reviews occur on a 3-year cycle. Program reviews include information and feedback from all community of interest members. During the program review in 2018, it was evident that course sequencing could be better aligned to facilitate a logical progression of learning and preparation for students. These review findings were supported by student end-of-course feedback and exit interview comments. Specific issues identified included: program sequencing, gaps between last clinical course and FNP program completion and need for additional content. Program sequencing relied heavily upon the old MSN course sequencing and preparation and did not adequately meet the student educational needs. Findings and feedback from our community interest informed curriculum revision of the FNP, PMHNP and DNP curriculum.

The curriculum revision process occurred during the 2018-2019 Academic year. The new curriculum was approved by the SON on 19 SEP 2018 and the University on 05 MAR 2019 (Substantive Change Notification was sent to CCNE on 10 MAY 19 and WA State NCQAC on 14 MAY 2019). The new curriculum was phased in

beginning in Summer 2019 and a Substantive Change was submitted to CCNE on 5/10/19. The final cohort of students progressing through the previous curriculum will graduate in May 2021. See Element III and Appendix B for curriculum specifics.

I-D. The nursing unit’s expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit’s expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

Program Response: SoN faculty teach across both degree and certificate programs and are held to the same standards and expectations. Faculty expectations at both the University and SoN include teaching, scholarship, service. Scholarship of practice is an additional facet of scholarship to meet established criteria for role, licensure, and/or certification. Faculty expectations are defined in the SoN Faculty Handbook I(VRR) and SoN Faculty Orientation Manual (VRR), and are congruent with PLU Faculty Handbook criteria link. At PLU, teaching is emphasized. Course evaluations by students are collected through a web-based system, “Evaluation KIT” which provides student feedback and perspective to inform teaching practice. Additionally, aggregate faculty outcomes include teaching effectiveness, which is measured annually through an online platform, during Spring term. The following table identifies the faculty outcomes for PLU and the SoN.

Table I.D.1. Faculty Expectations: Congruence between PLU and PLU SoN

Tenure Track Faculty and Contingent Faculty >0.5 FTE*	
Pacific Lutheran University	PLU School of Nursing
Teaching <ul style="list-style-type: none"> ● Excellent teaching ● Concern for improving quality of teaching 	Teaching <ul style="list-style-type: none"> ● Excellent teaching ● Concern for improving quality of teaching
Scholarship <ul style="list-style-type: none"> ● Discovery ● Integration ● Application ● Teaching 	Scholarship <ul style="list-style-type: none"> ● Discovery ● Integration ● Application (Practice) ● Teaching
Service <ul style="list-style-type: none"> ● University ● Profession ● Community 	Service <ul style="list-style-type: none"> ● University ● Profession ● Community
Advising Undergraduate, Graduate	Advising Effective, helpful advisor Undergraduate, Graduate, Doctoral
	Credentialing Requirements, Health Requirements, Clinical Onboarding

*Faculty who hold less than a 0.5 FTE are expected to strive for excellence in teaching as well as to maintain their credentialing, health, and clinical requirements.

I-E. Faculty and students participate in program governance.

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.

Program Response: Pacific Lutheran University and the SoN have a long history of shared faculty governance. Bylaws are reviewed annually or more frequently as needed. Faculty and students in the SoN participate actively in program governance by serving on committees and assuming leadership roles. SoN faculty also contribute to the governance of Pacific Lutheran University.

School of Nursing Governance: Faculty and Student Participation: Governance in the SoN is guided by the faculty governance document, *SoN Organization (SNO) Bylaws* (Appendix C). The bylaws describe the purposes, membership, organization, and roles and responsibilities of School of Nursing Organization (SNO). The SNO is comprised of a SoN assembly of the whole, an Executive Council (EC), and four standing committees: Student Recruitment, Admissions, and Progressions committee (RAP); Faculty Recruitment, Advancement, and Development committee (RAD); Curriculum and Instruction committee; and the Program Evaluation Committee (PEC). The EC provides coordinating, planning, and leadership functions, and consists of the elected SNO and standing committee chairs, the SoN dean, and the associate dean for academic affairs. All SoN faculty are members of SNO. Faculty holding ≥ 0.5 FTE are eligible to vote, expected to serve on SNO committees, and eligible to hold office in the School of Nursing Organization. Faculty holding < 0.5 FTE appointments have voice privilege, may vote when present but are not required for quorum, and are eligible to serve on SNO committees. Student membership is included on the RAP, PEC, and CIC committees. Committee chairs attempt to schedule meetings during time frames when students can attend. Table 1-D.1 presents a four-year history of faculty and student membership on the SNO committees. Minutes for SNO and committee meetings are available in the VRR.

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

SNO Committee	2017-18	2018-19	2019-20	2020-21
Executive Council	S. Wood, SNO Chair C. Pepin, Chair Elect S. Wallace, RAD Carrie Park, RAP E. Champ-Gibson, CIC M. Moller, PEC T. Woo, Assoc Dean S. Smith, Dean	C Pepin, SNO Chair M. Robinson, Chair Elect L. Guerrero, RAD R. Knowlton, RAP P. George, CIC D. Zaichkin, PEC T. Woo, Assoc Dean C. Seavor, Interim Dean	M. Robinson, SNO Chair L. Guerrero, Chair Elect J. Schwink, RAD S. Wallace, RAP K. Richardson, CIC D. Zaichkin, PEC B. Habermann, Dean	L. Guerrero, SNO Chair C. Park, Chair Elect T. Holt, PEC J. Erickson, RAP J. Kushner, CIC M. Barta, RAD K. Richardson, Assoc Dean B. Habermann, Dean
Student Recruitment, Admissions, and Progressions committee (RAP)	C. Park, Chair R. Knowlton, Chair Elect C. McMahill M. Robinson M. Barta T. Pitt T. Woo, Assoc. Dean <u>Student members:</u> A. Rios Magallanes	R. Knowlton, Chair S. Wallace, Chair Elect C. Park J. Erickson M. Jorgenson A. Papoff-Wallace T. Stalcup T. Pitt C. Seavor, Interim Dean	S. Wallace, Chair J. Erickson, Chair Elect R. Knowlton K. Pascoe R. Mitchell B. Habermann, Dean <u>Student members:</u> R. Leung R. Schultz	J. Erickson, Chair C.A. Matyac, Chair elect A. Sehmel R. Mitchell S. Wallace B. Habermann, Dean T. Pitt <u>Student members:</u> E. Hobbs V. Kamberi

	J. Miles	<u>Student members:</u> A. Rios Magallanes T. Gratz	J. Brown A. Thompson	C. Rominger R. Schultz J. Wesler
Faculty Recruitment, Advancement, and Development committee (RAD)	S. Wallace, Chair L. Guerrero, Chair Elect R. Mitchell C. Wolfer Q. Kuhn S. Smith, Dean	L. Guerrero, Chair J. Schwinck, Chair Elect R. Mitchell M. Barta B. Kiama C. Seavor, Interim Dean	J. Schwinck, Chair M. Barta, Chair Elect M. Moller S. Perry B. Habermann, Dean	M. Barta, Chair V. Nethercott, Chair Elect S. O'Brien M. Moller B. Habermann, Dean
Curriculum and Instruction committee (CIC)	E. Champ-Gibson, Chair P. George, Chair Elect K. Richardson R. Lizzi S. Smith, Dean <u>Student members:</u> A. Hasenauer- Ahlers K. Foster K. Overly	P. George, Chair K. Richardson, Chair Elect E. Champ-Gibson R. Lizzi J. Kushner C. Wolfer C. Seavor, Interim Dean <u>Student members:</u> J. Kneepkens S. Stacy J. Sahota A. Brown	K. Richardson, Chair J. Kushner, Chair Elect C. Wolfer P. Maturi C. Park M. Morrison B. Habermann, Dean <u>Student member:</u> A. Brown J. Kneepkens L. Trader	J. Kushner, Chair R. Knowlton, Chair Elect C. Wolfer P. Maturi J. Thomas K. Richardson, Assoc. Dean <u>Student members:</u> A. Erickson A. Farley L. Trader
Program Evaluation Committee (PEC)	M. Moller, Chair E. Mize, Chair Elect M. Carr C. Koch D. Zaichkin S. Smith, Dean	D. Zaichkin, Chair Vacant, Chair Elect M. Moller M. Carr Q. Kuhn T. Holt C. Seavor, Interim Dean	D. Zaichkin, Chair T. Holt, Chair Elect R. Allen D. Davis E. Champ-Gibson B. Habermann, Dean <u>Student members:</u> M. Robinson	T. Holt, Chair D. Davis, chair Elect J. Schwinck R. Allen K. Richardson, Assoc. Dean Student member: S. Poppin (ELMSN)

In addition to formal SoN governance structure and process, the Dean works with the SoN Community Advisory Board and also holds Faculty/Student forums every semester. The purpose of these forums is to increase communication between the faculty and students. Initially students at all levels were invited to combined forums. Subsequent requests from students to have focused time on each level led to inviting the different levels, e.g., BSN, MSN, and DNP, to different, level-specific forums starting in Summer 2020. In Fall 2020, the Dean developed a new leadership structure consisting of five level coordinators: D. Davis (BSN Junior), T. Holt (BSN Senior), J. Erickson (MSN), C.A. Matyac (DNP-FNP), and M. Moller (DNP-PMHNP). All work in concert with the Dean and Associate Dean to ensure the needs of each academic level are met and facilitate improved communication across programs and with the community of interest.

SoN Participation in University Governance: All Nursing faculty also participate in university governance, as outlined in the [PLU Faculty Handbook](#). Faculty participate in the monthly university-wide Faculty Assembly and serve in elected positions on university level committees. Table 1-D.2 shows SoN faculty participation in university committees over the past three years.

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

PLU Committee	2018-19	2019-20	2020-21
Admission & Retention of Students			
Campus Life	E. Champ-Gibson		
Educational Policies	M. Robinson	M. Robinson	J. Kushner
Faculty Affairs			
Global Education			
Governance			
Human Participants Review Board	M. Moller J. Schwinck L. Guerrero	M. Moller J. Kushner J. Schwinck	M. Moller J. Kushner J. Schwinck T. Holt
Instructional Resources	L. Guerrero	L. Guerrero	
Rank and Tenure			

I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:

- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed.

Program Response: School of Nursing policies are built upon the [University policies](#) and reviewed every 3 years in accordance with the SoN SEP. In order to comply with accreditation requirements at the national and state level the SoN has additional requirements/policies. The SoN policies can be found in the Faculty Handbook (in VRR) and the [Graduate Student Handbook](#). The Graduate Student Handbook applies to both degree and certificate programs.

Table I.F.1. Recent Review and Revision of handbook include:

Academic Year	Type of Revision
2020-2021	Update to include new leadership structure Position Descriptions Policies
2019-2020	Update to include new Dean
2018-2019	Update to include:

	<p>Policy requiring graduate students to maintain their WA state RN license throughout the program</p> <p>DNP Portfolio Rubric</p>
2017-2018	<p>Update to include: Notice of Deficiency document name changed to “Performance Progression Alert” to convey a more positive context</p> <p>Clarification wording added to social media utilization policy</p> <p>Policy and process for graduate student change of concentration</p>

I-G. The program defines and reviews formal complaints according to established policies.

Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program’s definition of formal complaints includes, at a minimum, student complaints. The program’s definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.

Program Response: The SoN utilizes the [PLU policies for formal complaints](#) and also employs internal processes for situations unique to the nursing program, not covered in PLU policy. The SoN has a petition process for formal complaints. “The petition process allows students to request an exception to policy, permission to step out of the nursing curriculum sequence, address professional conduct issues, or to dispute a grade”. It further describes in detail the steps to be taken, the persons involved, and the role of the Recruitment, Admission, & Progression (RAP) Committee. In addition, it includes a statement that “Students may contact the University Dispute Resolution Committee (UDRC) if they feel the processes for the petition did not follow School of Nursing or University policy”. In addition, the University [Student Code of Conduct Procedures](#) are outlined on the PLU web site and the [SoN Graduate Student Handbook](#) is located on the SoN Website. The petition process is the same for both degree and certificate programs.

I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

Elaboration: References to the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.^{1,2}

If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:

“The (baccalaureate degree program in nursing/master’s degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.ccneaccreditation.org>).”

“The (baccalaureate degree program in nursing/master’s degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is

¹ Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

² Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2016).

accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791.”

Program Response: All documents and publications for the degree and certificate programs are reviewed at least every two years or when a major change has been made for accuracy and congruency between documents and electronic materials. These include the PLU [Catalog](#), [School of Nursing website](#), [Graduate Admissions website](#), program brochures, student handbooks, faculty handbook, and course syllabi. When new curricular or student policies are developed these are presented at SoN Executive Council meetings and the SNO meetings for discussion and vote. They are then placed in the appropriate publications and parties are notified of the changes, usually via email from one of the SoN faculty or student Sakai sites. Copies of the SoN Graduate Student handbook, DNP Project Handbook, DNP and NP course syllabi and a mock-up of a transcript are located in the VRR. In preparation for this report, it was noted that there has been some variance in content included in individual faculty syllabi. Discussion re a standardize syllabus is planned to occur during Spring semester.

Standard II

Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.

II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.

Elaboration: The budget enables achievement of the program’s mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.

A defined process is used for regular review of the adequacy of the program’s fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.

Program Response: The PLU SoN budget is developed and reviewed annually to ensure adequacy to support programs and adjusted accordingly based upon program needs and guidance received from the Associate Vice President of Finance. New program proposals must include budget considerations of potential tuition/fee revenue and expenditures, including faculty salary.

The SoN budget for personnel and operational expenditures are managed through two unrestricted accounts: a general SoN account and SoN Simulation/Lab account. With the general and lab accounts, undergraduate and graduate program expenditures are integrated. The NP certificate program is integrated into graduate funding. A third SoN account funds the CCNL. This third account is managed separately from academic program funding and is not included in monies available to support the SoN degree programs. However, students and faculty benefit from CCNL offerings through discounts and exposure to content.

In addition to these SoN accounts, the PLU SoN received a \$1.4 million 2017-2019 and a \$2.8 Million 2019-2023 HRSA ANEW workforce grant. Though the majority of these funds provided student stipend and tuition monies, a total of \$300K (\$100K first grant and \$200K second) was available to purchase lab and clinical equipment to augment and support student learning. Additional monies were available to support integration of telehealth into DNP curriculum, preceptor continuing education, and development of community based clinicals in rural and underserved communities to augment clinical placements and student clinical experiences. Grant money is also available to augment library resources and to hire personnel to support the DNP program; clinical placement coordinator, clinical preceptor coordinator, and clinical project coordinator. The current HRSA grant concludes on 30 JUN 2023.

Since budget information is confidential, it was not included in the appendix. However, SoN budget/expenditures information for the past three fiscal years can be found in the VRR. Please note that changes to the budget have occurred due to COVID. However, the budget does provide support for current programs.

II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.

Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.

Program Response: The SoN partially occupies two buildings, the top 2 floors of Ramstad Hall and the the Western side of Garfield building. Ramstad was built in 1947 and remodeled in 1986 and skills and simulation labs were remodeled between 2005 and 2009. In 2017 the second-floor assessment lab and a neighboring classroom were upgraded to provide much improved laboratory and classroom learning space. Overall nursing space in Ramstad includes an eight-room administrative suite with four administrator offices, two large administrative assistant areas, and a large kitchen/supply room and mailroom. There are also one 48-seat, two 40-seat, one 25-seat classrooms, a recently renovated 16 seat conference room, and a recently renovated skills/assessment lab on the second floor. Class and conference rooms are equipped with computerized teaching stations, LED projectors, screens and whiteboards. Three classrooms were recently furnished with new 5 X 2' tables and padded chairs with wheels to accommodate multiple configurations for varied teaching methodologies. Additional higher capacity classrooms are also available and utilized in other on-campus university buildings when needed but the majority of classes are held within Ramstad Hall. The third floor includes 23 faculty offices, a 12-bed skills lab, simulation lab, 15-station computer lab, a storage room and student lounge. All full-time tenured/tenure track faculty have a private office, equipped with a desk, chair, bookcase, file cabinet, computer, and phone. All full-time contingent faculty have a private office and all part-time contingent faculty have shared office space with the same equipment.

In 2020, the former PLU Bookstore, located about two blocks from Ramstad in the Garfield Building, was renovated into dedicated nursing space. This space is in addition to the current space we occupy in Ramstad Hall. The first floor (approximately 7,600 sq. ft.) houses a new 16-bed skills lab with support spaces including medication room, clean and soiled room, new restrooms and a student lounge. The second floor (approximately 5,600 sq. ft.) houses a 96-seat classroom, a 48-seat classroom, two simulation suites, office space, and faculty meeting space. The addition of this space provides much improved skill and simulation-based learning as well as additional needed classroom, conference, and office space.

The student wellness center is available during off hours and weekends to conduct FNP Objective Standardized Clinical Evaluations (OSCE). This building includes a front desk, waiting room, kitchen, classroom area with large tables and chairs, and 4 fully equipped primary care clinical examination rooms. The wellness center also has provider offices but they are not utilized for teaching or evaluation. PMHNP OSCE's are held in the Marriage and Family Therapy Center for Couple and Family Therapy clinic Located approximately 3 blocks from Ramstad. The facility has 6 regular therapy rooms, equipped with 2-way mirrors, to observe students and space for debriefing and available for use Monday through Friday, during business hours. Plans are under development to repurpose and renovate the current Ramstad third-floor teaching/learning spaces into a dedicated space for DNP program activities. Plan development paused to facilitate COVID mitigation efforts, but are anticipated to resume after this academic year.

Partnerships are in place with over 251 clinical sites for NP student clinical placement. These sites include primary care, internal medicine, cardiology, dermatology, women's health, pediatrics, developmental pediatrics, physical therapy, orthopedics, geriatrics, correctional medicine, reproductive/infertility, endocrine, pulmonology, telehealth, psychiatric/mental health services. Within these sites there are approximately 355 different preceptors. We continuously look to increase the number of sites and preceptors to provide a solid foundation of experience and training from which our graduates will build their practice. This number of sites and preceptors is sufficient to meet the SoN mission and outcomes by providing ample opportunity for students to complete their clinical hour and course outcomes.

In March 2020, clinical sites paused physical placement of students. The SoN responded with additional simulation, and integration of telehealth rotations to meet student clinical learning needs. Simulated clinical hours did not count toward or replace the 500 core clinical hours necessary to sit for board certification exams. Restrictions on student placements lessened in JUN 2020 and students were able to resume physical placement within clinical sites. Despite this lessening, not all clinical partners have opened to having students return. The SoN continues communication with these sites and anticipate that as COVID vaccinations become more widely available there will be ample clinical placement. Communication with other Schools of Nursing reveals similar experiences and expectations. Regardless of the challenges, number and availability of clinical placement sites remains sufficient.

The process to determine currency, availability, accessibility and adequacy of resources occurs continuously. End of course surveys, preceptor and student feedback surveys, and clinical instructor feedback is reviewed each semester to determine whether to continue utilizing the site and/or preceptor and review whether new or replacement equipment is needed in labs. Review also occurs when faculty complete the annual course review and prepare courses for delivery. Identified needs are shared with program directors and the lab manager for resolution. In addition to SoN evaluation of resource adequacy, PLU Instructional Resources Committee also conducts an annual survey to identify needs and plan improvements.

II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.

Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate.

Program Response: Academic support services include [advising](#), [library](#), [financial aid](#), [center for student success](#) [veteran services](#), [student health and counseling centers](#), tele-mental health, [online bookstore](#), health and fitness equipment, campus safety, campus ministry and a center for diversity and gender equity services. Adequacy of services is evaluated annually when the SoN Annual report is developed at the end of each academic year (AY). However, if needs are identified at other times, the SoN does not wait till the end of the AY to be addressed. If an issue is identified the SoN leadership reaches out to the responsible entity to find resolution.

Advising, academic assistance and Engagement: Advising to assist students as they discover and define their educational, personal, and emergent life goals is available for each student. Academic Assistance provides one-on-one peer tutoring, drop-in labs, group study sessions, language tables, and a variety of student success workshops. The Community Service and Engagement Center coordinates and encourages initiatives for service and involvement at PLU. [Disability Support Services](#) provides classroom accommodations to students with documented disabilities.

In addition to university advising resources, students in the SoN are assigned a SoN faculty advisor. The SoN faculty advisor is knowledgeable about the various SoN programs and policies and is able to provide personalized support and guidance for students. The SoN academic advisor may assist students with navigating academic or administrative issues. In accordance with the student handbook, students have the opportunity to change advisors if needed.

Library and Research: Online databases, indexes, and encyclopedias, and access to most of our periodical collection online. However, breadth and depth of available graduate level professional databases and periodicals is limited. Students are required to heavily rely upon inter-library loan services and visit other regional facilities with medical libraries to support their research. Current graduate level research database and periodical funding at PLU has been supported/augmented by the 2017-2019 and 2019-2023 HRSA ANEW workforce grants which ends on 30 JUN 2023 has not fully met student needs as evidenced by continued reliance on inter-library loan and use of external library facilities. A request for increased scholarly resource funding and additional library resources through university funding has been submitted.

Other library services include: Interlibrary Loan, Computer labs, and Study rooms. The Writing Center assists with writing papers by developing an outline, revising drafts, and demonstrating academic integrity. Based on student and faculty feedback the SoN identified a need to augment writing services with graduate level tutors. In summer 2019, a graduate level writing tutor was added to the writing center staff. The SoN partnered with the writing center and graduate studies office to augment graduate tutor salary. The SoN has also retained the services of a researcher to assist DNP students with their statistical analysis for their scholarly

projects. Finally, the SoN has a designated faculty member serving as a library liaison to assist with communication and facilitate resolution of issues.

[Graduate Programs and Continuing Education](#): The Graduate programs and Continuing Education (GPCE) department, led by the Vice Provost for Graduate Programs, provides support services for graduate academic recruitment, admission and retention. The Graduate Program Council, with representatives from all graduate programs, meets every other month to discuss issues relevant to the graduate programs and provide mutual support. The GPC affords graduate programs at PLU a collective voice in governance and the strategic plan.

[Information and Technology Services](#): University information and technology services (IT) offer the faculty technical support and service and a help desk that is open from 8am to 5pm Monday through Friday and 12pm-5pm on Sundays. Trouble tickets to access IT can be entered via email to help@plu.edu. An automatic email confirms receipt of the submission and IT will respond during working hours of the next business day.

[Office of Sponsored Programs](#): Recognizing the need for assistance in applying for and managing grants in support of research, PLU stood up an office of Sponsored Programs in 2019. The office is staffed with 3 personnel. One of which, has .5 of her FTE paid by and dedicated to manage the \$2.8 million 2019-2023 HRSA ANEW grant. The office supports PLU and the SoN in identifying, writing, and submitting grants.

As mentioned above, academic support and support services are evaluated on an as needed basis. Review may occur during or as a result of: end of course review, annual course assessment, exit surveys, and alumni surveys. Development of new or revision of current courses, increase in course failure rates, drop in certification pass rates or program completion rates would also result in review of student support. An example of such a review occurred in 2018 when it was recognized that DNP students struggled with their ability to write their final scholarly papers. A review revealed that the writing center was staffed with undergraduate students who excelled in literary writing but not scientific writing. The SoN worked with the writing center and subsidized the writing center budget to assist in hire of a student with scientific writing at the graduate level. The SoN has since connected with the GPCE to identify a long-term solution to provide and increase these services in support of the growing number of graduate programs and students.

II-D. The chief nurse administrator of the nursing unit:

- is a registered nurse (RN);
- holds a graduate degree in nursing;
- holds a doctoral degree if the nursing unit offers a graduate program in nursing;
- is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.

Program Response: The Chief Nurse Administrator, Dr. Barbara Habermann was appointed Dean, School of Nursing in July 2019. Dr. Habermann's CV & Dean's Position Description are available in the VRR. This role is comparable to the Chief Administrators in other academic units at PLU and Dr Habermann has the authority to accomplish the mission, goals, and expected program outcomes.

Effective Leadership: The dean has multiple scheduled opportunities to meet and consult with stakeholders within and external to the SoN and University. She also has an open-door policy. Through her interaction with and participation in university and stakeholder meetings and consortium, oversight of SoN operations, support of faculty and students, commitment to developing faculty and nurse leaders, and proactive approach towards sustainability and growth of the SoN Dr Habermann has demonstrated she is an effective leader, both in the SoN and within the greater university and community.

Internal Stakeholders: Upon her arrival, Dean Habermann established a leadership structure to improve faculty and student support and promote improved two-way communication. This structure includes an associate dean, program and level leads. This leadership group meets bi-weekly to address issues, make decisions, and provide counsel. The dean meets weekly with staff and the associate dean. The executive committee, composed of level leads, committee chairs and SoN faculty chair meets monthly to plan SoN meetings and the SoN faculty

also meet monthly. These meetings provide the opportunity to formally and informally remain apprised of current issues, receive and provide counsel and promote effective two-way communication.

Student counsel and feedback is also sought. Student assemblies are held each semester for each program and degree level. The dean also meets with each graduating cohort and has an open door policy. Students representatives are also members of the various committees.

University: The dean is a member of the Provost Advisory Council and a member of the Dean's council. These respective groups meet bi-weekly for strategic visioning and operational implementation.

External Stakeholders: The Community Advisory Board consists of graduates, community leaders, clinical and community partners, and other interested individuals external to PLU and the SoN. It meets at least Biannually. Meetings provide the opportunity for faculty, leadership and community interaction and collaboration. Other opportunities to seek counsel and support include membership and participation in the Council on Nursing Education in Washington State (CNEWS), Clinical Placement North West (CPNW), and membership in nursing and other professional organizations.

II-E. Faculty are:

- **sufficient in number to accomplish the mission, goals, and expected program outcomes;**
- **academically prepared for the areas in which they teach; and**
- **experientially prepared for the areas in which they teach.**

Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a justification for the use of any faculty who do not have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

Program Response: The SoN adheres to the same full-time teaching load as the rest of the PLU faculty. Full-time faculty are on a 9-month contract and the full-time teaching load is the same for both undergraduate and graduate programs. The PLU full-time teaching load, as described in the SoN Faculty Handbook, located in the VRR, is 24 credits per academic year (Fall & Spring semesters). 1 FTE = 24 Weighted Teaching Units (WTU). Summer semester teaching is contracted separately with 8 credits regarded as full-time for summer. Summer teaching load is in addition to the 24 academic year workload. A workload guideline document provides formulas for translating WTU for teaching learning activities that vary from the traditional 1 credit = 1 hour of classroom teaching. A copy of the WTU guidelines is found in Appendix D.

The SoN utilizes both full-time and part-time faculty to ensure the nursing faculty are sufficient in number. All faculty are academically and experientially prepared to fulfill the teaching/scholarly/service roles that are needed to meet our mission, goals, and expected program outcomes. A table showing the academic and experiential preparation of faculty members teaching in the most recent 3 academic years and the courses they taught can be found in appendix E and faculty CVs are available in the VRR. Degree and Certificate program students are taught together by the same faculty.

II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:

- *clearly defined and communicated to preceptors;*
- *congruent with the mission, goals, and expected student outcomes;*
- *congruent with relevant professional nursing standards and guidelines; and*
- *reviewed periodically and revised as appropriate.*

Preceptors have the expertise to support student achievement of expected outcomes. The program ensures that preceptor performance meets expectations.

Program Response: The preceptor model continues to be utilized and remains unchanged for the DNP degree and certificate programs. Preceptors are utilized in PLU graduate clinical courses to provide practice expertise and supervision to the DNP students. The Graduate placement coordinator, in conjunction with program director and course lead, identifies potential preceptors through recruitment, individual provider credential and site vetting. Preceptors are selected based upon their practice expertise and practice setting, based upon student learning needs and course requirements. Preceptor selection criteria are clearly outlined in the PLU SoN preceptor handbook (located in the VRR). Criteria include expert in area of practice, minimum 1 year of clinical practice experience, current license and certification in specialty area. Preceptors may be an APRN (ARNP), PA or Physician. In the PMHNP therapy course social workers, master's prepared therapists, and psychologists also serve as preceptors. The preceptor student ratio is typically 1:1, but may be 1:2 as allowed by WA Nursing Commission. The PLU SON coordinates all student clinical placements to ensure proper match of student, preceptor and site.

Expectations of Preceptors: The preceptor serves as instructor, coach, supervisor, role model and mentor. Preceptors assist students in assimilating into their clinician role. Role responsibilities include: identifying days/times for student rotations, orienting student to clinical site, workflow and electronic health record, reviews course requirements and assists students in identifying and achieving daily and rotation goals, selects patients seen by student, is available for support and consultation during the clinical day, intervenes when appropriate, provides feedback, contacts faculty if there are issues with the student. Preceptors may evaluate student performance and share observations with clinical faculty. However, they do not assign course grades.

Preceptor orientation and support: Preceptors are contacted a minimum of 3 times during each semester they precept. Preceptors receive copies of the preceptor handbook outlining preceptor role and responsibilities, and all clinical document/s forms during their orientation. Updated handbook and syllabus and documents specific to the clinical rotation are provided at the beginning of each clinical placement. Copies of the preceptor handbooks are located in the VRR.

Ongoing support, for all preceptors, includes a [preceptor portal](#) which houses documents and resources in support of preceptors and preceptor activities. Additionally, Preceptors are offered free HRSA grant supported continuing education (CE) courses through CCNL and a discounted rate for all other CE offerings. At least one offering each year pertains to precepting students. The most recent offering covered tele-precepting.

II-G. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.

- *Faculty have opportunities for ongoing development in teaching.*
- *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*
- *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence.*
- *Institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.*

Program Response: As noted earlier, a full-time faculty teaching workload is 24 WTU per AY, or approximately 12 WTU per semester. PLU requires that excellence in teaching be the priority for all faculty, but also requires evidence of scholarship and service (See table 1.D.1 in standard 1). A copy of expectations can be found in the faculty handbook. Faculty are encouraged to consider the Boyer model of scholarship to engage as much as possible in scholarship that will inform one's teaching. The SoN affirms that approach and also encourages faculty to incorporate clinical practice experience within the context of scholarship and service to help inform one's teaching. All full-time faculty who are certified APRNs teaching at the graduate level are given one practice day a week and are credited 3 WTU to facilitate ongoing clinical practice, and ensure maintenance of certification and competency. Faculty are encouraged to take advantage of the large array of development activities provided on campus to improve teaching competencies. Examples of [faculty development workshops](#) provided by PLU include: Balancing Teaching and Scholarship, Engaged Teaching Strategies, Pivotal Pedagogy, and PLU Teaching On-line (PLUTO) training. Furthermore, faculty have the opportunity to apply for [university funds to support scholarly pursuit](#). In addition to university and SoN funds, faculty are able to participate in all [CCNL CE offerings](#) for free. Faculty aggregate outcome data reflect the majority of faculty remain engaged in scholarly and service related activities in addition to their teaching.

Pacific Lutheran University prioritizes teaching, emphasizes service and values scholarship, in its many forms. Support for faculty scholarship continues to grow as the University matures from a predominantly undergraduate university to one with doctoral programs. In 2018, PLU engaged the services of an external panel to evaluate current resources and identify opportunities to better support faculty scholarship. Results from this panel report identified several areas for improvement. Creation of an Office of Sponsored programs was at the forefront of the recommendations and came to be in Fall of 2019.

Standard III

Program Quality: Curriculum and Teaching-Learning Practices

The curriculum is developed in accordance with the program's mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:

- are congruent with the program's mission and goals;
- are congruent with the roles for which the program is preparing its graduates; and
- consider the needs of the program-identified community of interest.

Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.

Program Response: The DNP and NP certificate programs are congruent with the university mission, goals, and the roles for which students are prepared. The SoN has had a MSN NP program since 1993 and in response to the call to educate nurses at the highest level elected to transition from a Master's program to a Doctoral program. The Doctor of Nursing Practice (DNP) curriculum was developed in 2013 to meet the PLU DNP program outcomes and the first DNP students were admitted in 2015. Two cohorts were admitted, a MSN to DNP and a BSN to DNP. Our first DNP students graduated in the spring of 2018. The Psychiatric Mental Health Nurse Practitioner (PMHNP) DNP concentration shortly thereafter and the first DNPs with a PMHNP focus graduated in the spring of 2019.

As the cohorts progressed through the newly launched DNP program, faculty recognized that the learning needs of a BSN to DNP student was very different than that of an MSN to DNP student. They were at different levels of academic preparation and a wide variability of scholarly experience. Review of feedback from faculty, students, and stakeholders regarding the strengths of the program and areas for improvement. Areas for improvement included: course sequencing of the DNP content indicating a need to better prepare students for scholarly activities; a concern for degradation of clinical skills and acumen for FNP students since they did not have any FNP courses or clinicals during the final semester of the program; absence of primary care content for PMHNP students yet knowledge was expected for the boards and clinical practice; and concern regarding

shared courses with the MSN students preparing for roles as clinical nurse leaders not advanced practice clinicians.

This feedback spawned a revision of the core DNP, FNP and PMHNP curriculum and sequencing of courses. During the curriculum revision and planning phase MSN and DNP students were placed into separate course sections so content could focus on preparation for the role of doctorly prepared clinician. Faculty reported the class size was more manageable and the students to be more focused. The new curriculum was implemented with the summer 2019 DNP cohort and the last cohort taught under the old curriculum will graduate in Spring 2021.

The DNP degree outcomes embrace the University’s mission by ensuring that the themes of inquiry, service, leadership, and care form the essential building blocks for student learning experiences in order to foster the connection and application of these concepts in practice as Family Nurse Practitioners and Psychiatric Mental Health Nurse Practitioners. DNP and Certificate program outcomes are congruent with the PLU and SoN Mission as evidenced in tables 3.A.1 and 3.A.2. Furthermore, course descriptions and objectives are linked to program outcomes to ensure that students meet all of the AACN *Doctoral Essentials* and NONPF specialty competencies See Appendix B for curriculum crosswalk. The crosswalk includes information about the old curriculum, since the final cohort has not yet graduated. The new curriculum courses and outcomes are mapped to the PLU DNP and certificate outcomes, NTF standards and DNP essentials. As previously stated, the certificate programs consist of the core specialty (FNP or PMHNP) clinical courses and reviewed and revised in concert with each other.

DNP students are introduced to the DNP program outcomes at new student orientation and develop the framework for an academic portfolio in NURS 700 Advanced Practice Roles. The academic portfolio serves as a repository of exemplars demonstrating program outcome achievement. This portfolio is revisited at the midpoint of the program in NURS 790 and again at the end of the program in NURS 799. DNP students are encouraged to upload key assignments into their electronic portfolio as they complete them throughout the program.

PLU’s FNP and PMHNP programs focus on working with rural and underserved communities. Through the HRSA ANEW (previously ANET) grant awarded to PLU since 2016, the students are provided with tuition and stipend funding to allow them to participate in more rural locations. In addition to scheduled clinicals through coursework students are expected to participate in Community Based Clinicals (CBCs). The CBCs provide school-based comprehensive sports physicals to middle/junior/high school students in primarily underserved locations. This provides underserved students an opportunity to participate in school sports and allows for identification of high-risk students for referral for mental health and physical issues that may not be identified due to lack of consistent primary care. These activities also keep students and faculty connected with the surrounding community and our community of interest.

Table 3.A.1. DNP Program and Mission Congruency

DNP Degree Program Outcomes	Corresponding School of Nursing Mission Component	Corresponding University Mission Component
Integrate and actively use science-based theories and concepts in advanced nursing practice	1. Exemplary and responsive undergraduate, graduate, and continuing nursing education 3. Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship	Inquiry, Care
Develop and/or evaluate effective strategies for improvement in practice including risk assessment and quality care delivery approaches that meet current and future needs of patient populations.	1. Exemplary and responsive undergraduate, graduate, and continuing nursing education 3. Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship 4. Advancing the vision and mission of the University through collaborative partnerships that foster innovation and change	Inquiry, Service, Care

<p>Integrate and apply current research knowledge to solve complex practice situations while identifying strategies to continuously incorporate and communicate new knowledge.</p>	<p>1. Exemplary and responsive undergraduate, graduate, and continuing nursing education</p> <p>3. Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship</p> <p>4. Advancing the vision and mission of the University through collaborative partnerships that foster innovation and change</p>	<p>Inquiry, Service, Leadership</p>
<p>Use information systems/technology to support and improve patient care and healthcare systems.</p>	<p>1. Exemplary and responsive undergraduate, graduate, and continuing nursing education</p> <p>3. Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship.</p>	<p>Inquiry, Care</p>
<p>Assume leadership to design, implement, and advocate for health care policy that addresses issues of access, resource management, and equity in health care.</p>	<p>1. Exemplary and responsive undergraduate, graduate, and continuing nursing education</p> <p>2. Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world</p> <p>4. Advancing the vision and mission of the University through collaborative partnerships that foster innovation and change</p>	<p>Service. Leadership, Care</p>
<p>Effectively collaborate as a member and/or leader of an interprofessional or a multidisciplinary team to improve health outcomes.</p>	<p>1. Exemplary and responsive undergraduate, graduate, and continuing nursing education</p> <p>2. Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world</p> <p>4. Advancing the vision and mission of the University through collaborative partnerships that foster innovation and change</p>	<p>Inquiry, Service, Leadership, Care</p>
<p>Evaluate care delivery models and/or concepts to provide health promotion and risk reduction/illness prevention strategies.</p>	<p>1. Exemplary and responsive undergraduate, graduate, and continuing nursing education</p> <p>2. Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world</p>	<p>Inquiry, Service, Care</p>

Assume the role and distinct skills of the Doctor of Nursing Practice in an area of specialized nursing practice.	<ol style="list-style-type: none"> 1. Exemplary and responsive undergraduate, graduate, and continuing nursing education 2. Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world 3. Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship 4. Advancing the vision and mission of the University through collaborative partnerships that foster innovation and change 	Service, Leadership, Care
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Table 3.A.2. NP Certificate Program and Mission Congruency

DNP Degree & Certificate Program Outcomes	Corresponding School of Nursing Mission Component	Corresponding University Mission Component
Functions as a licensed independent practitioner	<ol style="list-style-type: none"> 1. Exemplary and responsive undergraduate, graduate, and continuing nursing education 2. Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world 	Care, Service, Leadership
Demonstrates the highest level of accountability for professional practice	<ol style="list-style-type: none"> 3. Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship 	Care, Service, Leadership
Practices independently managing previously diagnosed and undiagnosed patients	<ol style="list-style-type: none"> 2. Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world 3. Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship 	Inquiry, Care, Service, Leadership
Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision making	<ol style="list-style-type: none"> 2. Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world 3. Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship 	Inquiry, Care, Service, Leadership

<p>Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care</p>	<ol style="list-style-type: none"> 1. Exemplary and responsive undergraduate, graduate, and continuing nursing education 2. Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world 3. Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship 4. Advancing the vision and mission of the University through collaborative partnerships that foster innovation and change 	<p>Inquiry, Care, Service, Leadership</p>
<p>Collaborates with both professional and other caregivers to achieve optimal care outcomes</p>	<ol style="list-style-type: none"> 2. Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world 3. Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship 4. Advancing the vision and mission of the University through collaborative partnerships that foster innovation and change 	<p>Inquiry, Care, Service, Leadership</p>
<p>Coordinates transitional care services in and across care settings</p>	<ol style="list-style-type: none"> 2. Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world 3. Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship 	<p>Care, Service, Leadership</p>
<p>Participates in the development, use, and evaluation of professional standards and evidence based care.</p>	<ol style="list-style-type: none"> 2. Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world 3. Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship 4. Advancing the vision and mission of the University through collaborative partnerships that foster innovation and change 	<p>Inquiry, Care, Service, Leadership</p>

III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

This key element is not applicable if the baccalaureate degree program is not under review for accreditation.

Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

Program Response: N/A - The BSN program is not under review

III-C. Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

- Master's program curricula incorporate professional standards and guidelines as appropriate.
 - a. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
 - b. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
- Graduate-entry master's program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

This key element is not applicable if the master's degree program is not under review for accreditation.

Elaboration: The master's degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

Master's degree APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Master's degree programs that have a direct care focus but are not APRN education programs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.

Program Response: N/A - The MSN program is not under review

III-D. DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

- DNP program curricula incorporate professional standards and guidelines as appropriate.
 - a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
 - b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).

- Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

DNP APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program deems this necessary.

Program Response: The DNP program incorporates relevant professional nursing standards and guidelines. All students enter the DNP program with at least a BSN, PLU does not have a Graduate-entry program. Available programs include: BSN-DNP in both FNP or PMHNP; and MSN-DNP (non-APRN) in both FNP or PMHNP, or MSN-DNP (APRN-prepared). See Appendix B. These are available as either Part-time or Full-time. Those already prepared as an Advanced Practice Nurse will take DNP specific courses; a gap analysis is conducted with each student per the NTF Criteria to determine their needs for courses to attain the desired degree. We do not offer a non-clinical DNP at this time.

The DNP degree requires BSN-DNP and MSN-DNP (non-APRN) students to complete comprehensive graduate level APRN core courses including Advanced Pathophysiology, Advanced Pharmacotherapeutics, Advanced Physical Assessment and Advanced Health Promotion. These courses are offered separately and content covers patients across the lifespan. Course Syllabi are available in the VRR. Note that the course numbers may show old and new course numbers. The numbers in parentheses indicate mapping to program outcomes.

In the development and revision of the DNP curriculum, the course descriptions and objectives were carefully linked to program outcomes to ensure that students meet all of the AACN *Doctoral Essentials* and NONPF specialty competencies. A crosswalk table of course objectives linked to program outcomes is available in the onsite resource room (Appendix B).

PLU's DNP program and curricula incorporate the NTF criteria. The NP program is coordinated by the Associate Dean (certified as an NP) and each track is led by an NP that is individually certified in the population-focus for their area of practice and leadership. NP faculty provide direct input into the development, evaluation, and revision of the NP curriculum. Minutes from the DNP/NP faculty meetings are available in the VRR.

As indicated in key element I-A, a thorough curriculum review was completed by the Curriculum and Instruction Committee (CIC) in conjunction with the DNP faculty's curriculum committee resulting in the creation of a revised DNP/NP curriculum. These new courses have a designation as 700 level graduate nursing classes. This included all DNP core and FNP clinical classes in addition to two new PMHNP classes. Existing PMHNP courses retained the 600 level numbers due to unavailability of necessary 700 course numbers. There is now a distinction between graduate courses. Now, only Master level courses are designated as 500 level courses and Doctoral or advanced practice certificate courses have 600 or 700 level designation.

These curriculum adjustments allow for increased cohesion, continuity, and for scaffolded learning and skill progression. PMHNP courses were expanded to increase focus on key content including trauma focused care and primary care. Furthermore, clinical practicums are now to occur in the last semester for FNPs

increasing contact with potential employers as students are finishing the program and seeking employment. Students that graduate with an FNP focus are eligible to sit for either the AANP or ANCC FNP board certification exam. Graduates with PMHNP focus are eligible to sit for the ANCC PMHNP board exam.

III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role- and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.

Program Response: The post-graduate FNP and PMHNP certificate programs utilize the same clinical courses within the DNP program. This site visit is the first opportunity for CCNE to review the certificate program.

The NP certificate program requires students to complete or have completed comprehensive graduate level APRN core courses: Advanced Pathophysiology, Advanced Pharmacotherapeutics, Advanced Physical Assessment and Advanced Health Assessment. Students entering the certificate program with a previous advanced practice degree will have a gap analysis completed of previous courses and an Academic Program Contract (APC) completed to identify required courses for the certificate. They will not have to retake Advanced pathophysiology, advanced health assessment, or advanced pharmacology unless those taken had a very specific population focus (i.e. if their courses focused on Pediatrics only they would have to retake for FNP and PMHNP as they have a lifespan focus). The Post-graduate certificate outcomes are listed below, representing focus on primary care. The Certificate programs are consistent with the PLU and SoN mission as evidenced in table 3.A.2 above and evaluated concurrently with the DNP program. Certificate Courses crosswalk can be found in Appendix B and may be referred to as clinical courses.

III-F. The curriculum is logically structured to achieve expected student outcomes.

- **Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.**
- **Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge.**
- **DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.**
- **Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base.**

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced nursing knowledge.

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

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire the doctoral-level knowledge and competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire the master's-level knowledge and competencies delineated in The Essentials of Master's Education in Nursing (AACN, 2011) and, if applicable, Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).

The program provides a rationale for the sequence of the curriculum for each program.

Program Response: The PLU SoN graduate programs require students to, at a minimum, have a BSN degree and have successfully mastered the BSN essentials and competencies. Certificate and Degree programs build upon that foundational knowledge and focus upon developing graduate level skills and competencies across the lifespan associated with the degree, track or certificate program in which they are enrolled. All learning outcomes align with doctoral level knowledge and competencies as defined by The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). The program is based upon an expectation that all students have demonstrated achievement of BSN competencies and expects demonstration of DNP competencies to graduate. Demonstration of how learning outcomes align with doctoral essentials can be found in the table below and a full crosswalk of courses to outcomes is in the VRR. A table reflecting course sequencing is located in appendix F.

Table 3.F.1 Exemplar Crosswalk of select DNP Courses

	DNP Essentials	NONPF Competencies	PLU DNP Program Outcomes
N720 Analytical Methods (Research I) (3)	DNP Essentials: 1,3	NONPF: 1	PLU: 1
N734 Evaluation and Outcomes (Research II) (3)	DNP Essentials: 1,2,3,7,8	NONPF: 1,3,4,5,6,7,8,9	PLU: 1,2,3,7,8
N790 Translating Research (Research III) (3)	DNP Essentials: 1,2,3,4,5,6	NONPF: 1,2,3,4,5,6,7	PLU: 1,2,3,4,5,6

See Appendix B for crosswalk of all courses

Table 3.F.1 Exemplar Crosswalk of select Clinical Courses (Certificate and DNP)

	DNP Essentials	NONPF Competencies	PLU DNP Program Outcomes	PLU Certificate Outcomes
FNP I: Diagnosis and Management of Common Episodic and/or Stable Chronic Illnesses (5)	DNP Essentials: 1,3,6,7,8	NONPF: 1,2,3,4,7,9	PLU: 1,2,6,7,8	Cert: 1,2,3,4,5,6,8
FNP II: Diagnosis and Management of Acute and Complex Health Problems (5)	DNP Essentials: 1,4,6,7,8	NONPF: 1,3,4,5,7,8,9	PLU: 1,4,6,7,8	Cert: 1,2,3,4,5,6,8
FNP III: Diagnosis and Management of Chronic and Complex Health Problems (5)	DNP Essentials: 1,3,6,7,8	NONPF: 1,2,3,7,9	PLU: 1,2,3,6,8	Cert: 1,2,3,4,5,6,8
FNP IV: Diagnosis and Management of Complex Comorbid Patients (4)	DNP Essentials: 1,3,6,7,8	NONPF: 1,2,3,4,7,9	PLU: 1,2,3,6,7,8	Cert: 1,2,3,4,5,6,8
PMHNP I: Psychopathology, Assessment, Diagnosis and Management Across the Lifespan (7)	DNP Essentials: 1,2,5,8	NONPF: 1,3,6,7,8,9	PLU: 1,3,5,8	Cert: 1,2,3,4,8
PMHNP II: Psychopathology, Assessment, Diagnosis and Management Across the Lifespan (7)	DNP Essentials: 1,2,5,8	NONPF: 1,3,6,8,9	PLU: 1,3,5,8	Cert: 1,2,3,4,8
PMHNP III: Psychotherapies Across the Lifespan (5)	DNP Essentials: 1,2,5,8	NONPF: 1,3,6,7,8,9	PLU: 1,3,5,8	Cert: 1,2,3,4,5,6,8

PMHNP IV: Psychotherapies Across the Lifespan (5)	DNP Essentials: 1,5,8	NONPF: 1,3,6,7,8,9	PLU: 1,5,8	Cert: 1,2,4,8
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See Appendix B for crosswalk of all courses

Program Sequencing: The new curriculum (implemented summer 2019) is built upon the premise of scaffolded learning. Courses sequenced to offer a progression of skills and knowledge upon which subsequent courses can build upon. Students begin with a roles course to understand their trajectory, an informatics course to develop skills with databases and electronic platforms, and a theory course provides experience with evidence-based knowledge and exposure to theories to develop critical thinking. Subsequent courses build upon this knowledge preparing students to enter practice and complete scholarly projects. Advanced pathophysiology and pharmacology are offered before Advanced physical assessment and health promotion to provide context and facilitate clinical decision making and all 4 courses are completed prior to the first clinical course. Clinical courses are sequenced to provide knowledge development and clinical competency starting with common acute conditions and progressing to chronic complex conditions. Clinical hours are distributed throughout the semesters to reflect on practice and assimilate into advanced practice roles. See appendix F for DNP and certificate program sequencing Matrix.

The new (current) curriculum (Appendix F) is logically structured and delivery began in Summer 2019. The old curriculum was “taught out” and the final cohort under the old curriculum graduates in May 2021. Core DNP courses are annotated in black and core FNP/PMHNP courses in red. Certificate students take either core FNP or PMHNP courses. If a gap analysis shows any of the 3 P’s are needed then they must be completed prior to starting core FNP/PMHNP courses. Appendix B shows the core certificate courses and may be referred to as clinical courses. Students participate in the same core APRN courses and must achieve the same standards. DNP Completion students take core DNP courses. For MSN prepared students, a gap analysis is conducted prior to program start to determine if credit can be given for any previous courses taken.

III-G. Teaching-learning practices:

- support the achievement of expected student outcomes;
- consider the needs and expectations of the identified community of interest; and
- expose students to individuals with diverse life experiences, perspectives, and backgrounds.

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.

Program Response: One of the primary values of Pacific Lutheran University is teaching excellence, hence the mission of the SoN is centered on exemplary student learning. In the DNP program this is evidenced by approaches appropriate for adult learners at advanced levels of accomplishment. Teaching and learning practices incorporate components of traditional classroom (lecture, discussion, etc), flipped classroom, simulation, adult learning, and apprentice/mentor models. Students are responsible for their own learning and faculty guide and facilitate their learning and development as advanced practice/doctoral level nurses. The apprenticeship/mentor model guides the activities in the clinical setting where students apply knowledge, critical thinking and medical decision making under the guidance of a preceptor.

Classroom Teaching-Learning Environment: SoN faculty create an open learning environment where students are engaged in their learning and free to ask questions, state opinions, or debate in a safe setting. Strategies to achieve student participation include direct question-and-answer methods, discussion forums in the

classroom or online, small group activities, student presentations, seminar, and clinical practica. While most courses are typically didactic content delivered in a classroom, a shift to teaching didactic content in a synchronous virtual classroom occurred in Spring 2020 in response to COVID restrictions. Physically distanced labs and clinical rotations continue in person as of Summer 2020. Didactic content will return to in person delivery as soon as it is determined safe to do so by the state governor and university administration. Faculty teaching online have access to PLUTO training which provides PLU specific training and support to thoughtfully design and implement online learning components (<http://www.plu.edu/pluto/>).

Technology to Support Teaching: All classrooms are equipped with “smart” technology (computer, DVD, document camera) and wireless access. The University learning platform is Sakai. Sakai allows the instructor to tailor course materials for computer access and set up assignments to be submitted electronically. Sakai includes a gradebook, houses a discussion board and email message center, and has other features for teaching and learning. Syllabi and course materials are posted to the course Sakai site. PLU provides support for faculty to use Sakai at its fullest potential, including a [“Faculty Support Pathfinder” website](#) for faculty assistance with Sakai. The University also utilizes and provides faculty with instruction on Google Apps for Education. At this time the DNP NP concentrations utilize OSCEs and components of i-human. Simulations are being developed for the PMHNP program, including comprehensive mental status exam, substance abuse assessment, suicide assessment and intervention, and management of acute delusions and hallucinations.

Clinical Learning Environment: Clinical education is integral to the PLU DNP curriculum. Students have clinical and lab experiences in six of the 9 semester/3 J-terms of the DNP program. Clinical sites are chosen to meet the course objectives and are typically within 50 miles of the PLU campus. A variety of private and health system clinical sites are used for developing NP primary care competencies and community based clinicals (CBC) are also offered to provide sports physicals and care for rural and underserved communities. We work closely with our preceptors and clinical partners to ensure the curriculum adequately prepares the students for clinical rotations and practice and that preceptors are adequately prepared and supported. Several faculty members serve as clinical preceptors and this practice provides additional opportunity to understand student development and influence teaching learning strategies.

DNP Projects: Practicum sites for DNP scholarly projects are individually arranged by our Clinical Project Coordinator and congruent with the student’s project goals and needs. DNP project sites include large healthcare systems, smaller private practice clinics, K-12 and higher education institutions, State Nursing Commission, and numerous other sites. Site Facilitators for the DNP project are chosen for their clinical expertise and willingness to share in the education of DNP students as well as serve as a member of the DNP Project Committee. The Clinical Project Coordinator works closely with community partners to identify projects of value to the organizations. S/he then works with the students and faculty to connect students and community partner projects to ensure a good fit to optimize project and student learning outcomes.

III-H. The curriculum includes planned clinical practice experiences that:

- enable students to integrate new knowledge and demonstrate attainment of program outcomes;
- foster interprofessional collaborative practice; and
- are evaluated by faculty.

Elaboration: To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.

Program Response: The PLU DNP program offers three pathways the DNP: BSN to DNP that requires a minimum of 600 advanced practice clinical hours (PMHNP or FNP) and a minimum of 400 DNP project hours; MSN to DNP non-APRN prepared which requires a minimum of 600 advanced practice clinical hours (PMHNP or

FNP) and a minimum of 400 DNP project hours; MSN prepared APRN to DNP (DNP completion) that reviews the post-baccalaureate APRN clinical hours (typically 500-600) and then the student must complete the remainder of the 1000 clinical hours during their DNP project.

The NP Certificate program courses are taught simultaneously with the degree program courses. Students are held to the same standards and learning outcomes for the FNP and PMHNP courses as their degree seeking peers. Certificate students must obtain a minimum of 600 clinical hours. Additional clinical hours, for both degree and certificate seeking students, can be obtained through independent study if desired. Preceptor student ratios are typically 1:1, but may be 1:2 depending upon student preparation and clinical setting. Clinical faculty to student ratio is 1:6. These practices align with WA State Nursing Commission standards and ensure adequate time for preceptor/faculty/student interaction and support.

Standardized evaluation processes and forms are utilized to evaluate student clinical performance, clinical site and preceptor. These forms include, but are not limited to the following elements: clinical skills and abilities, clinical judgement, interpersonal and leadership skills, and competency. These forms can be found in the FNP & PMHNP preceptor handbooks located in the VRR.

Table 3.H.1 Distribution of clinical practicum hours*

Class	Minimum hours	Running total
FNP Track**		
N772 FNP I	120	120
N773 FNP II	120	240
N774 FNP III	120	360
N776 FNP IV	120	480
N775 Women & Children	120	600
PMHNP Track***		
N653 PMHNP I	180	180
N654 PMHNP II	180	360
N655 PMHNP III	120	480
N656 PMHNP IV	120	600
N657 PMHNP V	180	780
DNP Practicum		
N791 Project Proposal	60	60
N792 Project I	120	180
N793 Project II	120	300
N794 Project III	120	420
N799 Project IV	60	480

*Additional clinical hours can be obtained through independent study if desired

** These courses are taken by both the FNP DNP and FNP certificate students

***These course are taken by both the PMHNP DNP and PMHNP certificate students

Interprofessional Collaboration: Students have the opportunity to participate in interprofessional clinical settings and develop experience working collaboratively with other professions during clinical rotations. WA state also allows physicians and PA's to serve as preceptors/mentors. Many of the clinical locations are integrated clinics. Students have the opportunity to work directly with other specialties, such as clinical pharmacists, behavioral health, dermatology, and nutrition. Students participate in specialty clinical rotations to learn about specialty practice, develop an understanding of what type of patients are cared for, how care is provided and patients are managed and what constitutes an appropriate referral. They have the opportunity to learn components to include in referrals and how to work with those specialties. Students may have clinical rotations with these providers and have exposure to other clinical practice perspectives.

In addition to practice with other clinical specialties, students also learn didactic content from other professions. Advanced pharmacology is taught by a PharmD along with an ARNP to work through case studies. Students have the opportunity to develop a more robust understanding of pharmacotherapeutics, application, and management. They also learn how to communicate with pharmacy professionals and properly prescribe. We also have a PhD prepared physician scheduled to teach Advanced pathophysiology starting Spring 2021. Through this faculty students will have the opportunity to develop a deeper knowledge of pathophysiology and appreciation of medical decision making and the perspective of a clinician. Finally, PMHNP students take courses with Couples and Family Therapy students and from their faculty. They also participate in therapy sessions during this interprofessional experience.

III-I. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

Program Response: Individual student performance is assessed by faculty and preceptors and outcome expectations are consistently applied for didactic and clinical work. The DNP program curriculum consists of various methods of evaluation to measure competencies and efficacy of teaching and learning practices utilized. Types of activities of learning include, but are not limited to lecture, exam, review, group and in-class activities, technology, written and oral case presentations, quizzes, clinical experiences, OSCEs, and group/seminar discussion. Learning activities take place in formal, informal, formative and summative configurations. Students' work is submitted via Sakai and other routes as directed by the instructor and evaluated in a timely manner throughout the course of the semester and program.

In addition to traditional coursework and clinical evaluation methods, students in the DNP program each build a portfolio, submitted during the final semester, to demonstrate individual achievement of program outcomes and DNP essentials. Students are also expected to undergo a defense of their DNP project. A copy of the DNP portfolio grading rubric can be found in appendix G of the Graduate Student Handbook. A copy of the DNP project handbook and clinical evaluations can be found in the VRR.

III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. The curriculum is regularly evaluated by faculty and revised as appropriate.

Program Response: DNP course curriculum is comprehensively reviewed every 3 years in accordance with the Systematic Evaluation Plan (SEP). Each course is also reviewed by the lead faculty to identify areas for improvement, change and practices that should be sustained. The lead faculty also reviews student course

evaluation feedback and enters recommendations into the annual course review. This document and information is available for review and to inform future iterations of the course. In addition, this information is included in the comprehensive curriculum review process. The most recent comprehensive curricular and teaching review was conducted in 2018 and resulted in curriculum revision. Refer to curriculum map, SEP and include information about post course evaluation as well Substantive change notification was submitted to CCNE and WA State NCQAC in May 2019. Implementation of the new curriculum and teach out of old curriculum began in Summer 2019. The final cohort under the old curriculum graduates in MAY 2021.

Each semester faculty are evaluated by their students through course evaluation. This feedback is reviewed by the lead instructor with the following semester's offering.

Tenure-track faculty are expected to participate in intercollegiate mentoring and training in their first two years of teaching. They are expected to provide mentoring and peer reviews as they get more experience. Peer reviews of courses are available to faculty as they teach, this is organized through the Recruitment, Advancement, and Development Committee. Other peer feedback and review opportunities are available by request through the University. An exemplar of guidelines for such peer review can be found in the VRR.

Faculty are required to update their outcomes each year regarding their Scholarship, Service, Teaching, and report their certification and licensure status. This is in conjunction with submission of faculty self-assessment and updated CV. Yearly reports of aggregate faculty outcomes are reviewed by the Dean and included in the annual report submitted to the provost. Annual reports for the past 3 years are available in the VRR.

Standard IV

Program Effectiveness: Assessment and Achievement of Program Outcomes

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

IV-A. A systematic process is used to determine program effectiveness.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:

- *is written, is ongoing, and exists to determine achievement of program outcomes;*
- *is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for data collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

Program Response: The PLU SoN Systematic Evaluation Plan (SEP) is a living document utilized to guide program data collection and determine program effectiveness. (See appendix A). The SEP encompasses data collection and assessment requirements aligned with CCNE Standards I, II, III, and IV, and WAC criteria. formalized SEP review occurs at minimum every two years. It was last reviewed and revised in spring of 2020. Outcome measures include program outcome rates, NP certification rates, employment rates, and aggregate faculty outcomes (AFO). Additional, faculty determined outcomes include key assignments, student portfolios and student preparation for entry into advanced practice. Data collection methods include end of course evaluation by students and faculty, program exit interviews, exit surveys, student portfolios and alumni surveys.

The Program Evaluation Committee (PEC) is tasked with coordination and oversight of data collection and analysis. The committee disseminates findings, along with additional feedback regarding program effectiveness from the Dean's Advisory Council and informal feedback from our stakeholders/community of interest to review and identify program improvement opportunities.

Outcome data is aggregated from year to year to identify trends over time. The data is stored on our secure shared drive along with committee and SNO meeting minutes and other program documents. This information is also saved on Sakai. In an effort to improve outcome data management and accreditation processes, the role of Associate Dean for Academic Affairs was developed to ensure continuity and oversight as committee chairs change annually. Review and change of faculty onboarding, training, and bylaws along with evaluation of responsibilities and practices, in conjunction with our strategic planning, is in progress. This review

will focus on creating a structure that facilitates information and program improvement at the program level, overseen by program leads and supported by committees to assure consistency across programs.

IV-B. Program completion rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program (baccalaureate, master’s, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- *the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- *the completion rate is 70% or higher over the three most recent calendar years;*
- *the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or*
- *the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

Program Response: Degree and certificate completion rates are well above 70% and demonstrate program effectiveness. Student progression is measured based upon the type of enrollment/admission (part-time/full-time), and Program/track (Degree/certificate). Students who change part-time/ full-time status have their completion timeline adjusted. Students who take a leave of absence or repeat a course are considered out of progression. Out of Progression (OOP) students are placed into the cohort that aligns with their newly estimated graduation date.

Table IV.B.1. Expected Program Completion Timelines

Type of student/Track	Expected completion timeline
Part- time BSN-DNP	4-years
Full-time BSN-DNP	3-years
Part-time MSN-DNP	4 -years (varies based on gap analysis)
Full-time MSN-DNP	3-years (varies based on gap analysis)
APRN prepared MSN-DNP	2-years (Student attends part-time)
Certificate (FNP or PMHNP)	2-years (Student attends part-time)

Student completion rates: Student Completion Rates are calculated using a formula. Formula: (DNP grads + OOP grads) / (DNP admissions + OOP joining cohort - OOP leaving cohort - withdrawal for personal reason). The following table reflects program graduation rates.

Table 4.B.2. DNP Program Completion Rates

Year of Admit	Number in Cohort	Completed Program	Left Program Or Leave of Absence	Completion Rate
2015	9	9	0	100%
2016	13	13	0	100%
2017	23	17	6 1 - Family obligations 1 - Relocation 1 - Financial Reasons 1 - Program Change 2 - Personal Reasons	73.9%
2018	27	Pending	2 1 - Financial Reasons 1 - Personal Reasons	Pending
2019	21	Pending	1 1- Financial Reasons	Pending
2020	17	Pending	2 1 – Leave of absence* (return Fall 2021) 1- Family obligations	Pending

*Leave of Absence (return anticipated)

Table 4.B.3. Certificate Program Completion Rates

Year of Admit	Number in Cohort	Completed Program	Left Program Or Leave of Absence	Completion Rate
2018	1	1	0	100%
2019	1	0	1- Personal Reasons	0%

IV-C. Licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:

- *the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

For each campus/site and track, identify which of the above options was used to calculate the pass rate.

Program Response: The DNP (FNP and PMHNP) program students are already licensed RNs and thus have passed the NCLEX. They are required to maintain RN licensure throughout the program. RN licensure maintenance is also required for Advanced Practice Licensure. Advanced Practice Licensure relies upon APRN specialty certification. See Key Element IV-D program response.

IV-D. Certification pass rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not prepare individuals for certification examinations or does not yet have individuals who have taken certification examinations.

Elaboration: The master’s, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:

- *the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*
- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.

Program Response: The certification pass rates for both our degree and certificate programs is 80% or higher for all first-time takers in the past and previous 3 years. The following table demonstrates our certification pass rates for the most recent 3 years. See Table 4.D.1 for certification Pass Rates.

Table 4.D.1 Certification Pass Rates

Certification: 1st time pass rates For each focus By calendar year	Year	FNP DNP Degree		FNP Certification		PMHNP DNP Degree		PMHNP Certification	
	Required 1 st -time Pass Rate ≥ 80% Aspirational 1 st time Pass Rate ≥ 90%	2018	100%	7/7*	n/a	n/a	n/a	n/a	n/a
	2019	100%	11/11	100%	1/1	100%	3/3	n/a	n/a

	2020	100%	11/11	n/a	n/a	100%	4/4	n/a	n/a
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*One FNP student first took the AANP exam and failed, then subsequently took the ANCC exam and passed. Student was a first time pass for ANCC.

While first time pass rates are currently indicative of adequate academic preparation, we continue to evaluate the program to identify deficiencies and areas for improvement based on the SEP, student, preceptor and faculty course evaluations.

IV-E. Employment rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.

- *The employment rate is provided separately for each degree program (baccalaureate, master’s, and DNP) and the post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion.*
- *The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.*

Program Response: DNP and NP certificate graduate employment rates demonstrate achievement of required outcomes. The employment rates are above 70% without excluding graduates who have elected not to be employed. If this exclusion is considered, the employment rate is 100% for the past 3 years. Employment data is collected through a survey process. The school sends out surveys once a year to all graduates so survey data obtained is at approximately 6 months post-graduation. Employment data reflects information at the end of year 2020. It includes both degree and certificate students. As noted we had 2 2018 graduates who delayed employment and are now both working as nurse practitioners. The Program Evaluation committee is in the process of revising the employment survey tool to differentiate between voluntary unemployment (such as delay for school, family, etc) and inability to obtain employment. See Table 4.E.1 for graduate employment rates.

Table 4.E.1. Graduate Employment Rates

Number of graduates employed*	Year	FNP		FNP Certification		PMHNP		PMHNP Certification		DNP only	
	Required employment rate ≥ 70% (within 1 year of graduation)	2018	71%	5/7**	n/a	n/a	n/a	n/a	n/a	n/a	100%
	2019	100%	11/11	100%	1/1	100%	3/3	n/a	n/a	n/a	n/a
	2020	100%	11/11	n/a	n/a	100%	4/4	n/a	n/a	100%	1/1

*Data collected January 2021 for 2019 and 2020 grads via NPI and social media

**One student attended a Pediatric NP certificate program following graduation, a second delayed employment for family reasons and both are now working as an NP. Excluding these 2 students places the employment rate at 100%.

IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.

- *Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

Program Response: The SoN utilizes outcome data to inform program improvement efforts. Within 12 months of program completion, graduates receive a survey requesting information on certifications, employment, and adequacy of preparation via DNP and certificate programs for practice. Qualitative feedback to identify program strengths and areas for improvement is also requested. This information is reviewed by the Program Evaluation Committee to identify themes. The information is reported in the SoN faculty during Evaluation Day meetings, which occur three times during the academic year. Appropriate committees utilize the information to guide decisions for program improvement. Committee involvement in individual programs is limited and data did not always result in committee action.

Review of program outcome data indicates that the DNP and Certificate programs are effective. Program completion rates, certification pass rates, and employment rates all meet or exceed benchmarks. As previously mentioned outcome data is aggregated from year to year to identify trends over time. During preparation for the site visit and self-study, it was noted that DNP faculty were not represented in all SoN committees historically. Efforts to address this have been made for the 2020-2021 year and all committees have DNP faculty representation. We believe that this increased representation will lead to improved review of outcomes for all programs and program improvement efforts.

In addition to committee representation, revision of the FNP and PMHNP program lead responsibilities in 2020-21 has expanded to include quality improvement processes for their respective programs to address program improvement and ensure functional processes are maintained.

Exemplar of Change: Ideally the SoN would like to have all enrolled students complete their program. Review of program completion data indicates that the most common reason for withdrawal is family responsibilities (either military or pregnancy), reasons that cannot be changed. However, some students have indicated they did not realize the commitment they were making even though they had participated in information sessions and opportunities to speak with faculty and current students. Program faculty felt this should be addressed.

In an effort to ensure students have a greater understanding of the requirements of a Doctoral program and are ready/able to succeed, we have reviewed our admission processes and elected to enhance them. Previously, students were interviewed by one faculty member telephonically. Standardized questions were broad and writing evaluation did not occur. This admission cycle for summer 2021 a new process was piloted with FNP applicants. Interviews were conducted via zoom with two faculty members present, new questions with a scoring rubric were employed, and a spontaneous writing component to a prompt was added. The new questions and inclusion of additional faculty provide an improved understanding of the applicant and the writing component helps to identify students who will need assistance. Poor writing performance would not exclude students from admission. It would trigger a requirement to participate in a writing assistance course.

Table IV.F.1. Elements of New Admission Interview

	Reflect pertinent questions	Represent program challenges	Improve internal validity: two evaluators	Improve internal validity: employ evaluation rubric	Evaluate writing capability*
Live Interview	x	x	x	x	x
Written	x		x	x	

*will mandate writing class prior to entrance to program for lower scores based on writing rubric and encourage all students to take a writing class prior to program entrance

Exemplar of change: During the program review in 2018, it was evident that DNP course sequencing could be better aligned to facilitate a logical progression of learning and preparation for students. These review findings were supported by student end-of-course feedback and exit interview comments. Specific issues identified included: program sequencing, gaps between last clinical course and FNP program completion and need for additional content. Program sequencing relied heavily upon the old MSN course sequencing and preparation and did not adequately meet the student educational needs. Findings and feedback from our community interest informed curriculum revision of the FNP, PMHNP and DNP curriculum.

The curriculum revision process occurred during the 2018-2019 Academic year. The new curriculum was approved by the SON on 19 SEP 2018 and the University on 05 MAR 2019 (Substantive Change Notification was sent to CCNE on 10 MAY 19 and WA State NCQAC on 14 MAY 2019). The new curriculum was phased in beginning in Summer 2019 and a Substantive Change was submitted to CCNE on 5/10/19. The final cohort of students progressing through the previous curriculum will graduate in May 2021. See Element III and Appendix B for curriculum specifics.

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations.

Expected faculty outcomes:

- are identified for the faculty as a group;
- specify expected levels of achievement for the faculty as a group; and
- reflect expectations of faculty in their roles.

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.

Program Response: Aggregate Faculty outcomes data are consistent and congruent with University and SoN program expectations. Each year faculty report their contributions, activities and accomplishments. Methods used to acquire and report this data include the University electronic Faculty Activity Report (eFAR), SoN Aggregate Faculty Outcomes (AFO) form, self-assessment report and submission of an updated CV to the Dean. Data from the AFO tool is reported in aggregate and used to assess faculty outcomes identified in our SEP. Data includes data for all >.5 FTE faculty and does not distinguish between programs, levels or specialties. Collected outcome data includes benchmarks for teaching, scholarship, service, and practice. See Table 4.G.1 for key AFOs and VRR for complete data.

As previously stated, all nursing faculty are included in the AFO data. Data reported below was manually extracted for the table. All Advanced Practice faculty maintain an active clinical practice and their CV's can be found in the VRR. Only APRN faculty are required to maintain national certification. During the program review in preparation for this site visit, the faculty determined it would be appropriate to have an additional question asking the programs in which faculty teach to facilitate aggregate data analysis for both the entire school and each program. A change to the data collection tool is pending and will be in place for data collection at the end of AY 2020-2021.

Table 4.G.1 AFO for Full-time Faculty teaching in DNP Degree and NP Certification Programs

Goal	2018-2019	2019-2020	2020-2021
Teaching 75% of all student evaluations for teaching demonstrate agree/strongly agree on overall faculty teaching effectiveness	Met (91.11%)	Met (98.7%)*	Met (87.3%)
Service 90% of faculty will demonstrate Professional faculty service: which includes	Met (100%)	Met (100%)	Met (100%)

university committees, community service and professional services			
Scholarship: "80% of tenure-track and tenured faculty will demonstrate a scholarly product annually."	Met (87.5%)	Met (87.5%)	Met (88.8%)
<i>Practice</i> : "95% of all licensed nursing faculty maintain practice requirement for licensure consistent with Washington State NCQAC continuing competency requirements"	Met (100%)	Met (100%)	Met (100%)
Certification: "70 % of the registered nurse faculty are certified"	Met (92.8%)	Met (90%)	Met (95.8%)

*Spring 2020 data for faculty teaching not available. University end of course evaluations were focused on COVID experience and did not include the faculty effectiveness question.

IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

Elaboration: The program uses faculty outcome data for improvement.

- Faculty outcome data are used to promote ongoing program improvement.
- Discrepancies between actual and expected outcomes inform areas for improvement.
- Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

Program Response: The Recruitment, Advancement, and Development Committee (RAD) is responsible for review and analysis of AFO data and provision of faculty development opportunities. Committee focus includes: integration of support structure to facilitate faculty growth and development, and collect, analyze and report comprehensive AFO data. Data evaluated includes: teaching, service, scholarship, practice and national certification. Student course feedback managed and reported in aggregate at the dean's level. These outcomes are reviewed each semester and fully evaluated annually to identify trends. Findings are shared with faculty and leadership and individually used to inform faculty evaluations.

Methods to develop a more effective and efficient AFO data collection and analysis process were discussed during the January 2021 faculty workshop. It was recommended that we revise the data collection tool to include a question regarding programs/courses taught. Inclusion of this question is planned for future data collection surveys and will start at the end of this 2020-2021 AY.

IV-I. Program outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), employment rates (Key Element IV-E), and faculty (Key Element IV-G).

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

Program Response: Program outcomes demonstrate program effectiveness. The DNP and certificate programs are evaluated through several key program outcome data points including successful completion of key assignments, student portfolios, exit interviews and exit surveys. Program outcome data is collected through completion of key assignments supporting course learning outcomes, which have been mapped to program outcomes. Student portfolios, created by each student, provide student reflection on how outcomes were achieved and selected supporting evidence. Exit survey information identifies the student perspective on how

well the program has prepared them to meet program outcomes. The following tables outline key outcome measures and performance and is current as of 15 DEC 2020.

Table 4.I.1. Key Assignment Data

Program Outcome	Academic Year	Percentage of students meeting the outcome
Key Assignments (KA) 90% of students will achieve a score of 80% or higher on key assignments.	2017-18	95.5%
	2018-19	96.4%
	2019-2020	87.5%*
	Fall 2020	100%
Portfolios 100% of students will receive a rate of accomplished or exemplary on their portfolio compilation	2017-18	100%
	2018-19	100%
	2019-2020	85.7%*
	2020-2021	Due May 2021

*Limited reporting in not meeting thresholds. Efforts to improve processes will include more frequent faculty reminders.

Table 4.I.2. Percentage of Students Indicating Prepared or Well Prepared*

DNP Degree Program Outcomes	AY 17-18** DNP FNP	AY 18-19 DNP FNP/ PMHNP	AY 19-20 DNP FNP/ PMHNP
Benchmark: "75% of graduating students indicate they are prepared or well prepared for each nursing program outcome"			
Integrate and actively use science-based theories and concepts in advanced nursing practice	100	100	88
Develop and/or evaluate effective strategies for improvement in practice including risk assessment and quality care delivery approaches that meet current and future needs of patient populations.	100	80	77
Integrate and apply current research knowledge to solve complex practice situations while identifying strategies to continuously incorporate and communicate new knowledge.	100	80	88
Use information systems/technology to support and improve patient care and healthcare systems.	100	60*	88
Assume leadership to design, implement, and advocate for health care policy that addresses issues of access, resource management, and equity in health care.	100	80	77
Effectively collaborate as a member and/or leader of an interprofessional or a multidisciplinary team to improve health outcomes.	100	60*	100
Evaluate care delivery models and/or concepts to provide health promotion and risk reduction/illness prevention strategies.	100	80	77
Assume the role and distinct skills of the Doctor of Nursing Practice in an area of specialized nursing practice.	100	75	75

*Data is reflective of old curriculum. These outcomes were considered and addressed with the curriculum revision. New curriculum data will be available with 2022 Graduates.

**There were no PMHNP graduates this year

IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: For program outcomes defined by the program:

- *Actual program outcomes are used to promote program improvement.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

Program Response: According to section IV-H of our SEP the Program and Evaluation Committee is responsible for review and analysis of program outcomes. Based on this analysis, the committee is charged with developing a program improvement plan and facilitating faculty and programmatic/administrative or other changes to address the issue. These outcomes are evaluated annually, addressed during the semi-annual program evaluation day and addressed by the applicable committees.

Faculty are engaged in the program improvement process in addition to the program evaluation day. Faculty serve on the various committees and participate in program meetings to review program outcomes and concerns. The DNP curriculum revision process occurred during the program meetings and continues to be evaluated at the program level as it rolls out.

Program improvement efforts are ongoing and led to the DNP program revision to improve sequencing, decrease time between last clinical and graduation, and improve student achievement of program outcomes. Reported student self-report of outcome achievement reflects the old curriculum and the first cohort completing the new curriculum will graduate in Spring 2022. Outcomes data for the new program will be compared to previous data and followed for trends to identify areas for continued program improvement.

During this review we have identified a number of areas across the various programs where current systems are ineffective and not meeting the needs of the SoN. We have had significant turnover in the past 7 years, particularly in the office of the Dean of the SoN and retirement of senior faculty. Institutional knowledge was lost and continuity was compromised. The SoN has a new Dean and Associate Dean and faculty leadership able to provide the oversight and continuity previously lacking. Table 4.J.1 provides our general assessment of current efforts and recommendations.

In addition to implementation of recommendations in Table 4.J.1, we will orient our new faculty to the importance of tracking outcome measures with students, faculty and preceptors to help ensure data is consistently collected and reviewed appropriately. Within each committee, we will clarify descriptions of the committee and chairs for all faculty. Furthermore, a key individual will be identified as a longstanding chair/co-chair to ensure all duties of the committee are met. We currently have many new full-time faculty who are very motivated and eager to engage in systems improvement.

Table 4.J.1. Efficacy of Current Data Collection Methods

Data Collection Method	Effective	Somewhat Effective	Ineffective
Data from DNP student open forums meetings	x Provides real time feedback to facilitate quicker response to student issues. Addresses former request for improved communication. Will continue to monitor		
DNP exit interviews	x Collection of Data is effective. Data availability and analysis by program can be improved. Bylaw		

	revision and integration of new leadership structure in progress. Will continue to monitor.		
DNP end of program surveys	x Collection of Data is effective. Data availability and analysis by program can be improved. Bylaw revision and integration of new leadership structure in progress. Will continue to monitor.		
DNP portfolios		x Portfolios effective in demonstrating student outcome achievement. Processes can be improved. Students complete documents in google. However, the program loses access once student graduates. Recommend: use Typhon portfolio to have a permanent record.	
Graduation rates	x Rates remain good. New admission process piloted. Will continue to monitor		
Certification pass rates for FNP and PMHNP graduates	x Rates remain 100%. Will continue to monitor		
Alumni satisfaction surveys		x poor contact info for graduates and response rates. Nursing alumni association disbanded. Must rely on PLU alumni association for alumni surveys. Students are now asked to make a LinkedIn account so they can be reached for alumni surveys. Process started with 2020 grads. First survey since implementation pending	
Post certification employment via NPI#	x Students now must obtain NPI during the program. Facilitates employment search using NPI if unresponsive to alumni survey.		

APPENDIX

Appendix A. Systematic Evaluation Program

Appendix B. Program Crosswalk

Appendix C. SNO Bylaws

Appendix D. Workload Calculation

Appendix E. DNP/Certificate Faculty

Appendix F. Program Sequencing

Appendix A: Systematic Evaluation Plan

Pacific Lutheran University
School of Nursing
Systematic Evaluation Plan
Revised 04/27/2020

This School of Nursing (SoN) Systematic Evaluation Plan (SEP 2.1) is a revision of the SEP developed in 2016 and revised in 2018. It provides a framework for SoN evaluation/assessment activities as required by the State of Washington Nursing Care Quality Assurance Commission (NCQAC) and by the Commission on Collegiate Nursing Education (CCNE) Accreditation Standards. The purpose of the revision is to realign evaluation activities with 2018 revisions of CCNE standards.

The SEP 2.1 is organized according to the CCNE accreditation standards and key elements. Implementation of the SEP is the shared responsibility of the SoN Dean, Program Evaluation Committee (PEC), All Standing Committees and SoN faculty. Program evaluation/assessment is a shared responsibility of all SoN faculty and administrators, to that end, specific evaluation of each Standard and Element is assigned to specific committees or other entities as indicated within the SEP. In addition, not every element is designated to be evaluated every year. Thus, the workload is spread throughout faculty and staff and over multiple semesters and years.

At the conclusion of the evaluation of each component, as described in the SEP, the responsible entity conducting the process will provide a report that describes whether the component was “met” or “not met”. For any components deemed “not met” the responsible entity will draft a Program Improvement Plan (PIP) designed to move the component toward being “met” based on the data reviewed. The PIP will be sent to the PEC Committee to be reviewed at Evaluation Day

An annual SoN Evaluation Day is held early in fall semester as part of on-going SoN evaluation processes. Evaluation Day provides dedicated time for faculty to receive reports and PIPs from the committees or persons responsible for conducting the evaluation activities related to each component as identified by the SEP 2.1. Evaluation Day provides the opportunity for review and discussion, and if consensus is reached that recommended PIPs should be implemented PEC will forward the PIP to SNO for final approval. If consensus is not reached further discussion and decision for next steps will be developed by SNO.

If PIP is approved by SNO it will be forwarded to the appropriate entity for implementation with a timetable. PEC will follow up to document the implementation of each PIP and include the date of implementation in the PEC minutes. PEC will monitor the outcome of the PIP implementation for the component deemed “not met” in the next cycle of evaluation to note any change in the outcome, thus providing evidence for “closing the loop” on the evaluation cycle for that particular component of the SEP. If PEC finds no improvement as a result of a PIP implemented, the chair of PIP will forward a report to SNO requesting further review of the issue.

The PEC will develop a list of the components to be addressed each semester according to the SEP. The list will be communicated each year at the first SNO meeting so each committee, or other responsible entity is informed of the evaluation activities required and the timetable. PEC will maintain the SEP plan for each semester as well as the regularly collected program surveys and Evaluation Day minutes on a Sakai SoN Program Evaluation Site which will be maintained by the Administrative Assistant to the Dean in consultation with the PEC Chair.

The SEP is a dynamic document and shall be reviewed every two years as directed by Element IV-A and revised as needed.

PLU SON Systematic Evaluation Plan. v2.1

Component to be evaluated (labeled by CCNE Standard & Element of Accreditation criteria)	Activities Required to evaluate the component	Timeline and committee, individual or entity responsible for initiating activities to evaluate component	Expected qualitative or quantitative outcome measure needed to meet satisfactory evaluation decision	Where documentation of results of evaluation of component is documented	Outcome Met or Not Met?	If Not Met what Action was taken? Note: in most cases the answer will be a PIP developed by a responsible entity & sent to PEC. PEC will present PIP at Evaluation Day for consideration & discussion and sent to SNO for final decision.	If Action Taken Where is the action taken Documented? Note: In most cases answer will be: See SNO Minutes (DATE)
STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE							
I-A: SoN mission, vision goals, value statements are: <ul style="list-style-type: none"> • congruent with PLU mission, vision, values and goal statements • reviewed periodically and revised as appropriate 	Review SoN Values, Vision, Mission, Philosophy statements & <u>PLU values, vision, mission & values statements and analyze for congruency</u>	<u>Responsibility:</u> Curriculum Committee (CIC) Q 3 Years and/or with self-studies, CIPR -Fall 2018 w/ CIPR for BSN & MSN and - Fall 2021 - 2023 w/ Self Study -DNP Spring 2019 - Fall 2022	Demonstrated congruence by crosswalk chart Prepared by CIC	Curriculum Committee Minutes (Date) Or in CIPR or Self Study	Met____ Not Met____ (Not Met requires PIP)		
I-A: SoN Mission, Goals and expected program outcomes are: <ul style="list-style-type: none"> • congruent with PLU mission, goals, and expected outcomes • reviewed periodically and 	Review SoN and PLU Mission, Goals & Expected Outcomes and analyze for congruency	<u>Responsibility:</u> CIC Q 3 Years or with self-studies, CIPRs. -Fall 2018 w/ CIPR -Fall 2023 w/ Self Study	Demonstrated congruence by crosswalk chart by CIC	Curriculum Committee with DATE Or in CIPR or Self Study	Met____ Not Met____ (Not Met requires PIP)		

revised as appropriate							
<p>I-B: SoN Mission, Goals and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals</p> <ul style="list-style-type: none"> • Includes AACN <i>Essentials of BSN (2008)</i>, <i>MSN (2011)</i>, and <i>Doctoral (2006) Education</i> • Includes NTF Criteria (2012) • Includes appropriate standards & guidelines for APRN specialties/ concentrations • Additional professional standards and guidelines are identified 	<p>The mission & goals of the SoN are periodically reviewed & reflect the use of professional nursing standards and guidelines.</p> <p>Identify the required Professional Standards & Guidelines used in the Nursing programs:</p> <ul style="list-style-type: none"> • <i>BSN Essentials (2008)</i> • <i>MSN Essentials (2011)</i> • <i>Essentials of Doctoral Education (2006)</i> • <i>NTF Criteria (2012)</i> • Specialty Standards & Guidelines: <p>-<i>Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice</i> (AACN, 2013)</p> <p>-Nurse Practitioner Competencies in Specialty Areas:</p>	<p><u>Responsibility:</u> Curriculum CIC, Dean, Program Coordinators</p> <p>Q 3-4 years, with publication of new standards & guidelines; and major curriculum revisions, self-studies, CIPRs</p> <p>-Fall 2018 for BSN & MSN w/ CIPR</p> <p>-Fall 2021</p> <p>Spring 2019 for DNP w/ CIPR</p> <p>-2023 w/ Self Study</p>	<p>Appropriate professional standards & guidelines are clearly identified and updated and included in curriculum description in catalog, student handbook, web site</p> <p>mission/goals/program outcomes reflect professional standards as evidenced in a crosswalk chart</p>	<p>Curriculum Committee Minutes (DATE) Copy of CIPR or Self Study ? Web Site</p>	<p>Met _____</p> <p>Not Met _____</p> <p>(Not Met requires PIP)</p>		

	<ul style="list-style-type: none"> • Family NP Competencies (2013) • PMHNP Competencies (2013) • NONPF NP Core Competencies (2014) • Additional Professional Standards & Guidelines used as references: <ul style="list-style-type: none"> - <i>Code for Nurses with Interpretive Statements</i> (ANA, 2015); - <i>Nursing: Scope and Standards of Practice, 2nd Ed.</i> (ANA, 2010); - <i>Nursing's Social Policy Statement: Essence of the Profession</i> (ANA, 2010) - <i>End-of-Life Nursing Education Consortium (ELNEC) guidelines</i> (http://www.aacn.nche.edu/elnece/elnece-publications); - <i>Quality and Safety in the Education of Nurses (QSEN) Competencies</i>(http://www.aacn.nche.edu/qsen) 						
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	<p>qsen.org/competencies/)</p> <p>- National Council of State Boards of Nursing (NCSBN) <i>National Council Licensure Examination (NCLEX) Test Plan</i> <i>-Washington NCQAC Administrative Code</i></p>						
I-C: SoN mission and goals & program outcomes reflect the needs and expectations of the community of interest (COI)	<p>Review of the mission & goals of the SoN are periodically reviewed & reflect the needs of the COI</p> <p>The COI is defined as:</p> <ul style="list-style-type: none"> • Students • Faculty • Alumni • Employers • Practice Partners • SoN Advisory Councils • the University 	<p>Responsibility: PEC and Dean</p> <p>Q 3 years and/or with self-studies, CIPRs, new publication of Standards</p> <p>-Fall 2018 w/CIPR -Fall 2021</p>	<p>COI's needs are reflected in curriculum as evidenced by examples of Minutes from advisory councils, student & alumni survey results, preceptor evaluations, examples of university service</p>	<p>Program Evaluation Committee Minutes (DATE) Or in copy of CIPR of Self Study With CIPR 2018 Fall 2021</p>	<p>Met_____</p> <p>Not Met_____</p> <p>(Not Met requires PIP)</p>		
I-D: SoN expectations for faculty:	<p>Review PLU & SON Faculty Handbook to identify individual faculty outcomes, evaluate congruence, accessibility and appropriateness.</p>	<p>RAD Committee Every two years (even) and/or w/ CIPR & Self Study</p> <p>Fall 2018 w/CIPR Fall 2020</p> <p><u>Responsibility:</u> -RAD Committee</p>	<p>Review & analysis shows outcomes are identified, communicated and congruent with PLU outcomes as evidenced by written report from RAD to SNO</p>	<p>-RAD Minutes (DATE) Or in CIPR or SS</p>	<p>Met_____</p> <p>Not Met_____</p> <p>(Not Met requires PIP)</p>		

<p>I-E: Faculty and students participate in program governance.</p>	<p>Review of SON By-Laws related to committee structures and purpose to see faculty & student roles in governance Random Review of minutes of all committees in recent 3 years and report to SNO</p>	<p>Exec Committee Every two years (odd) or w/CIPR/SS Fall 2018 w/ CIPR Fall 2021 Fall 2013 w/ ss</p>	<p>Analysis of review shows faculty & student participation in governance as evidenced by written Exec comm report to SNO</p>	<p>SNO minutes includes report from Exec Committee Or in CIPR/SS Reports</p>	<p>Met _____ Not Met _____ (Not Met requires PIP)</p>		
<p>I-F: Academic Policies of PLU and SON are congruent & support mission/goals/ & expected program outcomes. Policies are:</p> <ul style="list-style-type: none"> • Fair & equitable • Published & Accessible • Reviewed & Revised as necessary to foster program improvement <p>Policies include: Student Recruitment Policies</p> <ul style="list-style-type: none"> • Admission Policies • Retention Policies • Progression Policies • Student Hearing Policies • Disciplinary Action Policies • Other Academic Policies 	<p>Review of policies in catalog, on website, in recruitment material, on social media, faculty handbook, student handbook, faculty orientation manual, syllabi, and any other place policies are published.</p>	<p>RAP Committee Annually in late spring or summer</p>	<p>Academic policies support M/G/O, are fair, equitable, published, accessible, reviewed & revised as needed; Fair and equitable; Published and accessible, and Congruent with PLU/prof standards. As evidenced by chart provided by chair of RAP to SNO</p>	<p>SNO minutes (DATE) include report from RAP</p>	<p>Met _____ Not Met _____ (Not Met requires PIP)</p>		
<p>I-G: The program defines and reviews formal</p>	<p>Review of SON policy to determine there is a definition of what</p>	<p>RAP Committee in consultation with</p>	<p>-Complaint policy and procedures (student grievances, petitions)</p>	<p>RAP Minutes (DATE) and SNO minutes</p>	<p>Met _____</p>		

<p>complaints according to established policies.</p>	<p>constitutes a formal complaint from students and/or others. There is A process for maintaining accurate records of formal complaints, and procedures for filing are communicated to constituents. Formal complaint procedures are congruent with PLU policy. Review of timely responsiveness and due process to complaints.</p> <p>- Compile record of formal complaints, grievance, and petitions</p>	<p>Coordinator of admissions. Every three years Spring 2015 Fall 2018 w/ CIPR Fall 2021 Fall 2023 w/ SS</p>	<p>are communicated in PLU and SON documents (handbooks, catalog, web site) -A record of Formal Complaints, grievances & petitions is complete, and secure.</p>	<p>(DATE) will include a report from RAP with results of review and analysis.</p>	<p>Not Met____ _ (Not Met requires PIP)</p>		
<p>I-H: Documents and Publications are accurate</p> <p>A process is used to notify constituents about changes in documents and publications.</p> <p>(examples: Catalog -Program offerings -Outcomes -Accreditation statements -Calendar -Recruitment & Admission Policies -Grading Policies -Degree/Cert requirements -Tuition -Fees</p>	<p>Review of documents & pubs for accuracy and currency. Documents to be reviewed: -SON Website -Faculty Handbook -Student Handbooks -Recruitment & Marketing Brochures -Social Media sites -Faculty Orientation Handbook Review policy to document processes for notifying constituents of changes.</p>	<p><u>Responsibility:</u> Dean or designee in consultation with Committee Chairs, Admissions Coord, Clinical Placement Coord, Lab Coordinator, Program Coordinators</p> <p>Annually in Summer</p>	<p>Documents are accurate and current as evidenced by Written Report from Dean to SNO annually in September</p>	<p>SNO Minutes to include report from Dean in Sept.</p>	<p>Met____ Not Met____ (Not Met requires PIP)</p>		

-Licensure & Certification eligibility info -Transcripts, etc.							
STANDARD II: PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES							
II-A: Fiscal & Physical Resources are sufficient to fulfill M/G/EO and is reviewed periodically and modified as needed	Dean, and SoN administrative team review Budget for recent 3 years for sufficiency to fulfill M/G/O, Review faculty & student satisfaction data	-Dean, Administrators & Exec Committee (EC) Every 3 years (odd) or with CIPR/SS CIPR 2018 Fall 2021	Budget is sufficient, M/G/O are achieved, supports evaluation, provides adequate faculty & staff, supports recruitment & retention, provides adequate salaries (Achieve mean of AACN salary data for Religious Institutions, Western Region), provides adequate space (classrooms, labs, offices), supplies, equipment, classroom & Lab technology, as evidenced by Dean's report to SNO	SNO minutes (DATE) Includes written report of state of resources to SNO	Met____ Not Met____ (Not Met requires PIP)		
II-B: Physical Resources and clinical sites are sufficient to fulfill M/G/EO	Dean, and SoN administrative team review Budget for	-Dean, Administrators &	(NOTE: Requires development. Some to move from II-A)				

and adequacy is reviewed periodically, and resources are modified as needed	recent 3 years for sufficiency to fulfill M/G/O, Review faculty & student satisfaction data	Exec Committee (EC) Every 3 years (odd) or with CIPR/SS CIPR 2018 Fall 2021					
II-C: Academic support services are sufficient to meet program and student needs & are evaluated on a regular basis	Dean & EC review academic support services for recent 3 years for sufficiency Including: Library, Technology, Data mgmt. system, research/ scholarship, admission, advising, etc. Review Student, Faculty Satisfaction data	Dean and EC Every 3 years (even) or w/ CIPR & SS CIPR 2018 Spring 2021 SS 2023	All needed services are provided and meet program, faculty and student needs as evidenced by analysis in written report provided by EC to SNO	SNO minutes (DATE)	Met____ Not Met____ (Not Met requires PIP)		
II-D: The Chief Nurse Administrator of the SoN: <ul style="list-style-type: none"> is a registered nurse (RN) holds a grad degree in nursing holds a Doctorate is vested the administrative authority to accomplish M/G/EO provides effective leadership 	EC reviews CV, collects faculty and student satisfaction survey data, Reviews accomplishments of Dean	EC Every 3 years (odd) or w/ CIPR/SS CIPR 2018 Spring 2021 SS 2023	Chief Nurse Administrator meets qualifications as evidenced by written report provided by EC to SNO	SNO Minutes (DATE) To include EC written report to SNO	Met____ Not Met____ (Not Met requires PIP)		
II-E: Faculty are: <ul style="list-style-type: none"> -Sufficient in Number -Academically prepared for areas in which they teach 	RAD Committee Chair -Identifies formula and calculate FTEs & Faculty to student ratios & analyzes sufficiency	RAD Committee Every 3 years (odd) Or w/ CIPR/SS Fall CIPR 2018 Fall 2021 SS 2023	-Faculty are sufficient in number to deliver all courses (according to workload formula), achieve all committee work, meet individual	SNO Minutes (DATE) To include RAD written report to SNO	Met____ Not Met____ (Not Met requires PIP)		

<ul style="list-style-type: none"> -Experientially prepared for areas in which they teach 	<p>-Creates chart to show education, certification & experience compared to academic areas they teach and analyzes appropriateness Review student satisfaction data</p>		<p>& aggregate expected outcomes, -faculty-to-student ratio is similar to other SON -Qualifications are adequate and match teaching assignments As evidenced by RAD report to SNO</p>				
<p>II-F: Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.</p>	<p>Review of program and course documents that describe roles and qualifications of Preceptors (Faculty & Student Handbooks, Course Syllabi, Course Documents, WAC regulations,</p>	<p>Course Coordinators & Clinical Placement Coordinator Every two years (even) or w/ CIPR & SS CIPR 2018 Spring 2020</p>	<p>-Preceptors meet WAC and CCNE requirements -Roles, qualifications and Responsibilities are clearly described in program and course documents as evidenced by analysis in written report from Clinical Placement Coordinator to SNO</p>	<p>SNO Minutes (DATE) will include report from Clinical Placement Coordinator</p>	<p>Met____ Not Met____ (Not Met requires PIP)</p>		
<p>II-F: PLU & SON provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.</p>	<p>Review of support and resources available for on-going faculty development at university & SON levels Review of individual and aggregate faculty outcomes Review of faculty satisfaction data</p>	<p>RAD Committee Every two years (odd) or with CIPR/SS CIPR 2018 Spring 2019 Spring 2021</p>	<p>Faculty have opportunities for scholarship of teaching -The institution provides resources to support scholarship -Faculty have opportunities to support clinical practice Service expectations are defined</p>	<p>RAD Minutes (DATE & SNO Minutes (DATE) Include written report of analysis from RAD to SNO</p>	<p>Met____ Not Met____ (Not Met requires PIP)</p>		
<p>STANDARD III: Program Quality – Curriculum and Teaching-Learning Practices</p>							

<p>III-A: The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:</p> <ul style="list-style-type: none"> • are congruent with the program's mission and goals; • are congruent with the roles for which the program is preparing its graduates; and • consider the needs of the program-identified community of interest. 	<p>Develop Tables to show congruence for Unit, Course, Program Outcomes with M/G for each track of each program.</p>	<p>Curriculum Committee (CIC)</p> <p>Every three years (odd) or w/ CIPR or SS Fall 2018 w/CIPR Fall 2021</p>	<p>Tables show congruence among outcomes and reflect appropriate roles for program graduates</p>	<p>CIC Minutes (DATE) & SNO Minutes (DATE) to include Congruence Table sent from CIC</p>	<p>Met____ Not Met____ (Not Met requires PIP)</p>		
<p>III-B: Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p> <ul style="list-style-type: none"> • Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008). 	<p>Develop crosswalk tables to show incorporation of relevant Professional Standards and <i>BSN, Essentials</i>.</p> <p>Develop Crosswalk Tables to show how curriculum components reflect evidence of required professional standards. (EX: Course objectives, portfolios, key assignments, N499 capstone projects)</p> <p>Review of Curriculum plan</p>	<p>CIC in consultation with appropriate lead faculty for each track of each program. Every two years (even) of w/ CIPR or SS Fall 2018 w/ CIPR Fall 2020</p>	<p>Crosswalk tables show congruency between PO & M/G and examples of curriculum components reflect evidence of Prof Standards/Guidelines</p> <p>Student surveys show student satisfaction with meeting program outcomes</p> <p>Faculty surveys show faculty satisfaction with students meeting program outcomes</p>	<p>Curriculum Committee minutes (DATE) And SNO minutes (DATE) to include report of results sent by CIC to SNO</p>	<p>Met____ Not Met____ (Not Met requires PIP)</p>		
<p>III-C: Master's curricula are developed, implemented, and revised to reflect</p>	<p>Develop crosswalk tables to show incorporation of</p>	<p>CIC in consultation with appropriate lead faculty for each</p>	<p>Crosswalk tables show congruency between PO & M/G</p>	<p>Curriculum Committee minutes (DATE)</p>	<p>Met____ Not</p>		

<p>relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p> <ul style="list-style-type: none"> Master's program curricula incorporate professional standards and guidelines as appropriate. <p>a. All master's degree programs incorporate The Essentials of Master's Education in Nursing (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.</p> <p>b. All master's degree programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).</p> <ul style="list-style-type: none"> Graduate-entry master's program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate 	<p>relevant Professional Standards, guidelines and <i>BSN and MSN Essentials</i>.</p> <p>Develop Crosswalk Tables to show how curriculum components reflect evidence of required professional standards. (EX: Course objectives, portfolios, key assignments, N596 capstone projects, scholarly inquiry papers, scholarship projects). <i>NTF applicable?</i> Review of Curriculum plan</p>	<p>track of each program. Every two years (even) of w/ CIPR or SS Fall 2018 w/ CIPR Fall 2020</p>	<p>and examples of curriculum components reflect evidence of Prof Standards/Guidelines</p> <p>Student surveys show student satisfaction with meeting program outcomes</p> <p>Faculty surveys show faculty satisfaction with students meeting program outcomes</p>	<p>And SNO minutes (DATE) to include report of results sent by CIC to SNO</p>	<p>Met _____ (Not Met requires PIP)</p>		
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graduate program standards and guidelines.							
<p>III-D: DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p> <ul style="list-style-type: none"> • DNP program curricula incorporate professional standards and guidelines as appropriate. <p>a. All DNP programs incorporate The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.</p> <p>b. All DNP programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).</p> <ul style="list-style-type: none"> • Graduate-entry DNP program curricula incorporate The Essentials of Baccalaureate 	<p>Develop crosswalk tables to show incorporation of relevant Professional Standards, Guidelines, <i>DNP Essentials</i>, and <i>NTF Criteria</i>.</p> <p>Develop Crosswalk Tables to show how curriculum components reflect evidence of required professional standards. (EX: Course objectives, portfolios, key assignments, scholarly inquiry papers, DNP projects)</p> <p>Review of Curriculum plan</p>	<p>CIC in consultation with appropriate lead faculty for each track of each program. Every two years (even) of w/ CIPR or SS Fall 2018 w/ CIPR Fall 2020</p>	<p>Crosswalk tables show congruency between PO & M/G and examples of curriculum components reflect evidence of Prof Standards/Guidelines</p> <p>Student surveys show student satisfaction with meeting program outcomes</p> <p>Faculty surveys show faculty satisfaction with students meeting program outcomes</p> <p>Curriculum includes 3-Ps separate courses for APRN</p>	<p>Curriculum Committee minutes (DATE) And SNO minutes (DATE) to include report of results sent by CIC to SNO</p>	<p>Met____ Not Met____ (Not Met requires PIP)</p>		

<p>Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate program standards and guidelines.</p>							
<p>III-E: Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p> <ul style="list-style-type: none"> • Post-graduate APRN certificate programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016). 	<p>Develop crosswalk tables to show incorporation of relevant Professional Standards, Guidelines, and <i>NTF Criteria</i> in certificate outcomes.</p> <p>Develop Crosswalk Tables to show how curriculum components reflect evidence of required professional standards.</p> <p>Review of Curriculum plan</p>	<p>CIC in consultation with appropriate lead faculty for each track of each program. Every two years (even) of w/ CIPR or SS Fall 2018 w/ CIPR Fall 2020</p>	<p>Crosswalk tables show congruency between PO & M/G and examples of curriculum components reflect evidence of Prof Standards Guidelines</p> <p>Student surveys show student satisfaction with meeting program outcomes</p> <p>Faculty surveys show faculty satisfaction with students meeting program outcomes</p> <p>Curriculum includes 3-Ps separate courses for APRN</p>	<p>Curriculum Committee minutes (DATE) And SNO minutes (DATE) to include report of results sent by CIC to SNO</p>	<p>Met____ Not Met____ (Not Met requires PIP)</p>		
<p>III-B+C+D+E: Curriculum of each program is designed to meet NCQAC WAC criteria as described in WAC Nursing Program Standards: -246-840-541 Pre-Licensure -246-540- -246-840-542 RN-MSN -246-840-543 ARNP</p>	<p>-Review designated curricular components for congruence with criteria and develop charts/tables to show how each program meets each designated standard:</p> <ul style="list-style-type: none"> • BSN • RN-MSN 	<p>CIC in consultation with the lead faculty of each program. Every 3 years (odd) Spring 2016 Spring 2019 Spring 2022 & CIPR & SS</p>	<p>Charts/Tables and analysis demonstrates compliance with designated criteria EX: clinical hours tracked, gap analysis id, student records up to date, content & clinical req. met</p>	<p>CIC Minutes (DATE) and SNO minutes (DATE) that include report sent by CIC to SNO</p>	<p>Met____ Not Met____ (Not Met requires PIP)</p>		

<p>-246-840-544 Grad Nur Ed -246-840-531 Clinical & Practice Exp for all programs.</p>	<ul style="list-style-type: none"> • ELMSN • MSN • BSN-DNP • MSN-DNP • Post-Graduate APRN Certificate programs 						
<p>III-F: Curriculum is logically structured to achieve expected Student Outcomes: -BSN is built on foundation of the arts, sciences, humanities -RN-MSN and ELMSN programs demonstrate how students acquire the <i>AACN Baccalaureate Essentials (2008)</i> and the <i>AACN Master's Essentials (2011)</i>. -Masters and DNP curriculum builds on a foundation of baccalaureate level nursing knowledge & Build to Essentials of Doctoral Ed for ANP -</p>	<p>Review of BSN Curriculum to demonstrate for foundation of arts/science/humanities RN-MSN and ELMSN program review Review of Masters & DNP curricular For analysis & evidence that students have knowledge & competencies of BSN level and meet Masters & DNP Essentials & roles of FNP, PMHNP, and DNP Review of curriculum for post grad cert show how students build on grad level</p>	<p>CIC in consultation with BSN, MSN, DNP lead faculty Every three years or w/ CIPR & SS Fall 2019 Fall 2022</p>	<p>Curriculum Requirements reflect foundation of arts/ Science/ humanities Required courses -Faculty and Student Surveys reflect value of arts/science/ Humanities -Key assignments & Portfolios reflect value of arts/science Humanities Curriculum analysis shows logical progress to achieve Baccalaureate level essentials -Portfolio and capstone projects reflect progress to outcomes Admission criteria reflects required BSN level knowledge & competencies -MSN & DNP curriculum shows logical progression of course work that builds on BSN to</p>	<p>Curriculum Committee minutes (DATE) And SNO minutes (DATE) will include reports from CIC with analysis, charts & rationale supporting how programs build on each level and meet appropriate essentials at graduation.</p>	<p>Met____ Not Met____ (Not Met requires PIP)</p>		

<p>Post Graduate APRN cert programs build on MSN or DNP level nursing knowledge & comp.</p>	<p>comp to achieve APRN outcomes</p>		<p>DNP level of essentials. Scholarly projects reflect Essentials Post grad cert programs Required courses Demonstrate how students build on graduate knowledge & competencies</p>				
<p>III-G: Teaching-Learning practices:</p> <ul style="list-style-type: none"> • support the achievement of expected student outcomes for BSN, RN-MSN, ELMSN, DNP, Post Grad cert programs • consider the needs and expectations of the identified community of interest; and • expose students to individuals with diverse life experiences, perspectives, and backgrounds. 	<p>Review of T-L practices throughout programs Review of student & faculty surveys & End of course evaluations</p> <p>Review of data from constituents in COI for evidence of reflection of their needs being met EX: feedback from preceptors Feedback from employers and representatives of practice partners on Advisory Council Feedback from students Alumni feedback</p>	<p>RAP Committee Every three years & w/ CIPR & SS</p> <p>Fall 2018 w/ CIPR Fall 2021 Fall 2023 w SS</p> <p>PEC Committee Every three years & w/ CIPR & SS Fall 2018 w/ CIPR Fall 2021</p>	<p>Examples of A variety of teaching learning practices utilized show achievement of outcomes as evidenced by an inventory of practices used in courses and analysis of achievement of outcomes</p> <p>-Key Assignments Examples -Portfolio Examples -Scholarly Project Examples -75% of Course Evaluations indicate agree or strongly agree that teaching effectiveness supports achievement of outcomes -75% of exit surveys show students felt well or extremely well prepared for each end of program outcome.</p>	<p>RAP Committee Minutes (DATE) And SNO Minutes (DATE) will include report, examples, and analysis sent to SNO by RAP committee</p> <p>PEC Committee Minutes (DATE) and SNO minutes (DATE) will include report from PEC Committee with analysis of COI needs met</p>	<p>Met_____</p> <p>Not Met_____</p> <p>(Not Met requires PIP)</p>		

			<p>Preceptors feedback about curricular & TL practices is solicited each semester</p> <ul style="list-style-type: none"> -75% of Preceptor surveys reflect satisfaction with the curricular & TL practices -Feedback is used for improvement -75% of students report satisfaction with curricular & TL practices, including preceptors -Student feedback is used for improvement -Feedback about curricular & TL needs is solicited from the Advisory Council periodically Alumni surveys reflect satisfaction w/ curricular & TL practices 				
<p>III-H: The curriculum includes planned clinical practice experiences that:</p> <ul style="list-style-type: none"> -Enable students to integrate knowledge and demonstrate attainment of program outcomes <p>And</p> <ul style="list-style-type: none"> Foster interprofessional collaborative practice 	<p>Review of all clinical practice experiences in each program to evaluate the opportunity for students to achieve course and program outcomes</p> <p>And that clinical practice experiences align with the outcomes</p> <p>Review of all courses/programs for</p>	<p>RAP Committee every 4 years & w/ CIPR & SS</p> <p>Fall 2019</p> <p>Fall 2023 w/ SS</p>	<p>Tables that show clinical experience of courses & programs that meet WAC requirements</p> <ul style="list-style-type: none"> -Analysis that shows experiences align with course/program outcomes -Review of Evaluation Tools show relationship to course outcomes. <p>Charts and analysis show clinical experiences align</p>	<p>RAP Minutes (DATE) and SNO Minutes will include report with analysis from RAP committee to SNO</p>	<p>Met_____</p> <p>Not Met_____</p> <p>(Not Met requires PIP)</p> <p>Met_____</p> <p>Not Met_____</p>		

And are evaluated by faculty	clinical experience evaluation methods Review of evaluation tools		with role and specialty competencies Student & Faculty surveys reflect satisfaction with clinical based experience 75% of student end of course clinical evaluations reflect satisfaction w clinical exp. Examples of clinical evaluation tools for each program and Description of evaluation practices Reflect consistency & effective evaluation practices Faculty & Student surveys reflect satisfaction with clinical evaluation methods Clinical evaluation records for all students are maintained on file		(Not Met requires PIP)		
III-I: Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied	Review of student performance evaluation practices including clinical evaluation, Kaplan testing, Key Assignments relationship to outcomes, test grading, paper	RAD Committee Every two years & w/ CIPR & SS Fall w/ CIPR Fall 2020 Fall 2022	Policies are clearly stated in all syllabi and in student handbooks -Example of Rubrics used reflect clarity, consistency & achievement of goal -Kaplan tests are implemented	RAD Minutes (DATE) and SNO Minutes will include report from RAD to SNO with analysis of performance evaluation practices and	Met____ Not Met____ (Not Met requires PIP)		

	grading, intervention with at-risk student processes for evidence that they reflect achievement of expected outcomes, are defined clearly and consistently applied		consistently and according to policy -Portfolio review shows achievement of clinical hours, outcomes, Essentials -Faculty surveys reflect evaluation policies are clear, consistent and reflect intended outcome -Student surveys reflect evaluation policies of class & clinical are clear, consistent, and reflect intended outcome -Interventions of faculty with at risk students are related to outcomes, clear, consistent, and consistently applied.	evaluation of their clarity, consistency and relationship to intended outcomes.			
III-J: Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement	Review of regular evaluation of curriculum and TL practices that foster ongoing improvement EX: Faculty & Student Course Evaluations, Annual course summaries, cyclical evaluation practices as CIPRs and SS, Faculty Assemblies, Exit Interviews, Alumni Surveys, Link between Key Teaching-Learning Assignments &	CIC Every 3 years 2016 2019 2022	-Course evaluations are completed at the end of every course by students & faculty -Student Faculty Assembly is held every semester to solicit program feedback -Preceptor surveys are solicited at the end of every course to solicit program feedback -Students evaluation preceptor experience at the end of every precepted course to	CIC Minutes (DATE) and SNO Minutes (DATE) will include report with analysis from CIC committee with degree to which regular curricular & TL practices are implemented and whether evaluation data is utilized appropriately to foster program improvement	- Met____ Not Met____ (Not Met requires PIP)		

	course obj and program outcomes:		<p>solicit program feedback</p> <p>-Key Course assignments are reviewed and deemed to be related to course & program obj.</p> <p>-Feedback from students, faculty, preceptors, COI, is utilized to make program improvements</p>				
STANDARD IV: PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES							
IV-A: A written on-going & periodically reviewed Systematic Process to Determine Program Effectiveness	Review of the Systematic Evaluation Plan (SEP) and processes to determine its completeness, periodic review, and effectiveness as evidenced by its documentation that shows outcomes are met and ongoing program improvement is achieved. PEC insures timely administration and distribution of all program surveys	Chairs of PEC, RAD, RAP, & SNO & Dean Every 3 years & w/ SIPR & SS 2016 2020 2023 w/ SS	SEP is clearly written, includes required outcomes measures for all program components, identifies qualitative & quantitative benchmarks for all components, timelines, and is periodically reviewed.	SNO Minutes (DATE) At the conclusion of three-year review of SEP the Chair of PEC will send a report w/analysis of review indicating the degree to which SEP is complete, and effective in determining program effectiveness.	Met ____ ____ Not Met ____ (Not Met requires PIP)		

<p>IV-B: Program completion rates demonstrate program effectiveness.</p>	<p>Review of Graduation Rates defined as per cent of students who enter the program and complete curriculum without interruption.</p>	<p>Dean, Chair of PEC, in consultation with Admission Coordinator, & Admin Asst to the Dean</p> <p>Every two years. Or w/ CIPR, SS. 2016 2018 w/ CIPR 2020 2022</p>	<p>Completion rates will be 70% or higher for each degree program and APRN certificate program.</p> <p>-At least 70% of: BSNs will graduate in 6 semesters from enrolling in first nursing course</p> <p>-ELM students will complete in 27 calendar months (9 academic terms)</p> <p>-MSN students will complete in 15 months (5 academic terms)</p> <p>-BSN to DNP students will complete in 4 calendar years</p> <p>-MSN to DNP students will complete in 3 calendar years</p>	<p>PEC Minutes (DATE) and SNO minutes (DATE) will include a report from PEC to SNO indicating analysis of completion rate and if below 70% will provide a written (Not Met requires PIP) explanation with documentation for the variance.</p>	<p>Met _____ Not met _____</p> <p>-</p>		
<p>IV-C: Licensure pass rates demonstrate program effectiveness.</p>	<p>Review of NCLEX-RN pass rates defined as the number of graduates in a graduating cohort, the number of those students who take NCLEX, and the percent of the first-time takers who achieve 80% or higher, and a review of pattern of passing over the past 3 years.</p>	<p>RAP Committee in consultation with Dean and Dean Admin Assistant Annually in fall semester</p>	<p>NCLEX pass rates will be 80% or higher each year</p> <p>Database for tracking NCLEX rates is continually maintained</p>	<p>The Rap Committee Minutes (DATE) and the SNO Minutes (DATE) will include a report from the RAP Committee and from the Faculty Lead of Graduate Program with analysis of NCLEX Pass Rate each year</p>	<p>Met _____ Not Met _____ (Not Met requires PIP)</p>		

				during fall semester for the previous year and three-year pattern.			
IV-D: Certification pass rates demonstrate program effectiveness.	Review of Certification pass rates by identifying the number of graduates in a cohort, the number of graduates who take certification exams in that cohort, and the percent of takers who pass at 80% or higher and a review of the pattern of pass rates for the last 3 years.	Faculty Lead of Graduate Program in consultation with the Dean and Admin Assistant to Grad programs.	Database for tracking Certification pass rates is continually maintained Certification pass rates will be 80% or higher each year.	The Rap Committee Minutes (DATE) and the SNO Minutes (DATE) will include a report from the RAP Committee and from the Faculty Lead of Graduate Program with analysis of Certification Pass Rate each year during fall semester for the previous year and three-year pattern.	Met____ - Not Met____ (Not Met requires PIP)		
IV-E: Employment rates demonstrate program effectiveness	Review of employment rates of all graduates at end of program to determine employment rate and report to SNO	EC and PEC Committee Every three years Fall 2018 w CIPR Fall 2021 2023 w/ SS	Employment rates for each BSN, ELMSN, MSN, and DNP degree program are 70% or higher within 12 months of program completion.	PEC Committee minutes (DATE) and SNO minutes will include reports showing rate and analysis if needed.	Met____ Not met____ (Not Met requires PIP)		
IV-G: Aggregate faculty outcomes, demonstrate program effectiveness. Aggregate Faculty Outcomes in: <ul style="list-style-type: none"> • Teaching • Service • Practice • Scholarship 	Review of PLU & SON documents that define aggregate expected Faculty Outcomes. Review degree to which aggregate faculty meet expected outcomes.	RAD Committee in consultation with EC Committee Every three years Fall 2018 w/ CIPR Fall 2021 Fall 2023 w/ SS	-PLU & SON Criteria for faculty outcomes are congruent - 75% of student evals will demonstrate agree/strongly agree on "teaching effectiveness".	RAD Committee Minutes (DATE) and SNO minutes will include reports/tables/analysis from the RAD committee describing individual and	(Not Met requires PIP)		

-PLU Faculty Handbook	Review processes of faculty evaluation.		<p>90% of continuing faculty over 0.5 FTE will submit an annual self-assessment in annual Faculty Activity Reports & Self-Assessment (FARSA)</p> <p>90% of over 0.5 FTE will demonstrate prof development by annual FARSA</p> <p>80% of Tenure/TT will demonstrate scholarship by annual FARSA</p> <p>90% of continuing over 0.5 FTE faculty will demonstrate participation in at least one SON committee/special project & one prof service commitment by annual FARSA</p> <p>75% of continuing over 0.5 FTE faculty will demonstrate engagement in practice relevant to their faculty role by annual FARSA</p>	aggregate faculty outcomes.			
IV-H: Aggregate faculty outcome data are analyzed and use, as appropriate, to foster program improvement	Needs development	Needs development	Needs development	Needs development			

<p>IV-I: Program outcomes demonstrate program effectiveness in addition to completion, pass, and employment rates</p>	<p>Review of additional processes in place to demonstrate student achievement of program outcomes.</p> <p>Examples: -Review of Key Assignment rubrics & alignment with Program Outcomes and review degree to which students meet program outcomes in the aggregate. - Review of Student Portfolio rubrics and process and alignment with program objectives for indication of degree to which students meet program outcomes in the aggregate. -Random Review of scholarly papers/projects of graduate student for evidence of alignment with program outcomes and for evidence that reflects students meet outcomes in the aggregate. - Review of BSN, MSN, and DNP exit surveys, and alumni surveys, to evaluate</p>	<p>EC and PEC Committee Every two years Spring 2016 Fall 2018 w/ CIPR Fall 2020 Fall 2022</p>	<p>90% of students will achieve a score of 80% or higher on each key assignment</p> <p>100% of students attain a rate or “accomplished” or “exemplary” on portfolio evaluation rubric</p> <p>Exit Surveys show 75% of the graduating students indicate they are “Well Prepared” or “Extremely Well Prepared” for each SoN program outcome</p>		-		
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	<p>metrics that reflect satisfaction</p> <p>-Review minutes of Community Advisory Council (CAC) for evidence of satisfaction with program</p>		<p>Alumni Surveys show 80% "satisfied" or "extremely satisfied" with their program:</p> <p>Minutes of CAC reflect evidence of satisfaction with the program.</p>				
<p>IV-J: Program outcome data are used, as appropriate, to foster ongoing program improvement.</p> <p>Faculty Engagement in Program Improvements is evident</p>	<p>Review of how the program uses findings of the evaluation of all program components is used for program improvement. Review w SEP processes designated for subsequent years to determine how those "not met" were addressed and PIPs implemented. EX: Review all components evaluated in the previous two years and create a table of those not met, PIPs, and implementation of action plans to foster program improvement. Review of implementation of SEP to demonstrate broad based faculty engagement in evaluation processes</p>	<p>PEC Committee in consultation with EC Committee Every two years Spring 2016 Fall 2018 w/ CIPR Fall 2020 Fall 2022 or 2023 w SS</p>	<p>All program components that were evaluated as "not met" was submitted to Evaluation Day with PIP followed by action recommendation to SNO, -PEC & SNO minutes document implementation of PIP for relevant components</p> <p>-components that have had PIPs Implemented show improved outcomes in subsequent evaluation cycles.</p> <p>Examples of documented processes show adherence to appropriate faculty engagement via</p>	<p>SNO minutes (DATE) demonstrate program improvement initiatives implemented or in process as evidenced by report and analysis from PEC committee and provides evidence of faculty engagement</p>	<p>Met _____ Not Met _____ (Not Met requires PIP)</p>		

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3/8/2015 Ad Hoc PEC revisions
 3/31/2015 Ad Hoc PEC revisions
 4/13/2015 Ad Hoc PEC revisions
 4/27/2015 Ad Hoc PEC revisions
 5/12/2015 Ad Hoc PEC revisions
 5/27/2015 SNO Meeting, Reviewed & Accepted
 1/6/2016 Updates added, sks
 6/14/2016 Updates/revisions, mm/sks
 10/19/2018 Revised to become SEP II, cs & dz
 4/27/2020 Updated to integrate 2018 CCNE standard revisions

Appendix B: Program Crosswalk

This Crosswalk includes information regarding the old DNP/NP curriculum in addition to the new curriculum. The new curriculum was initiated with the Summer 2019 cohort. The last cohort under the old curriculum will graduate in May 2021. Both curriculum have been included because program evaluation data reflects elements from each.

2019 Revision Course Number	2018-2021 Course Number	2019 Revision Title (Credits)	2018-2021 Title (Credits)	2019 Revision Description (new)	2018-2021 Description (old)	2019 Revision Outcomes (new)	2018 - 2021 Outcomes (old)	Key Assignments	Competencies Crosswalk AACN DNP Essentials (D) NONPF Population Competencies (N) PLU Program Outcomes (P) Certificate Outcomes (C)
691	591	Independent Study (1-4)	Independent Study (1-4)	Opportunities for advanced study in selected topic related to student's area of interest. Consent of the Dean required.	Opportunities for advanced study in selected topic related to student's area of interest. Consent of the Dean required.	1. Communicate the individual learning objectives and timeline to course faculty at the beginning of semester. 2. Demonstrates effective professional communication and interprofessional collaboration while performing independent study.			N/A
700	523	Advanced Practice Roles (3)	Roles of the Advanced Nurse (3)	This course is designed to provide the	Facilitates the development and transition into the	1. Compare and contrast the roles, scope of practice	1. Compare and contrast the roles, scope of practice	523 Five Year Plan Portfolio	DNP Essentials: 1,4,5,6,8

				<p>student a foundational understanding of the roles of the DNP prepared Advanced Practice Nurse and educator within healthcare. The student will explore advanced practice nursing roles through the analysis of ethical, professional, social and practice perspectives.</p>	<p>advanced nursing roles through analysis of ethical, professional, social, and practice perspectives.</p>	<p>and competencies of advanced nursing roles. (D1,5,8; N1,6; P1,8) 2. Analyze the role of the advanced nurse as a change agent for evidence-based practice, quality, safety, and information management. (D4,5; N4; P2,8) 3. Analyze the concepts of advocacy and ethical concepts pertinent to advanced nursing including ethnic, racial, gender, and age differences. (D1,5; N4,8; P3,5) 4. Define interprofessional collaboration and discuss its importance in facilitating positive health outcomes. (D1,6; N1,4; P6) 5. Design strategies that promote lifelong learning and incorporate professional nursing standards and accountability for practice. (D8; N9; P8)</p>	<p>and competencies of advanced nursing roles. (DNP Essential 1 & 5; NONPF Core Competency Scientific Foundations and Independent Practice) 2. Analyze the role of the advanced nurse as a change agent for evidence-based practice, quality, safety, and information management. (DNP Essential #2; NONPF Competency Scientific Foundations and Leadership) 3. Analyze the concepts of advocacy and ethical concepts pertinent to advanced nursing including ethnic, racial, gender, and age differences. (DNP Essential #5; NONPF Core Competency Practice Inquires and Policy and Ethics) 4. Define interprofessional collaboration and</p>	<p>– Setting up structure</p>	<p>NONPF: 1,4,6,8,9 PLU: 1,2,3,5,6,8</p>
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							discuss its importance in facilitating positive health outcomes. (DNP Essential # 6; NONPF Core Competency Scientific Foundation, Leadership, Practice Inquiries and Health Delivery Systems)) 5. Design strategies that promote lifelong learning and incorporate professional nursing standards and accountability for practice. (DNP Essential #1)		
701	525	Theoretical Foundations and Evidence Based Practice (2)	Theoretical Foundations (3)	This course is designed to advance student understanding of the foundational nursing, scientific and theoretical underpinnings of advanced practice. Students in this course will explore, critique, integrate, and apply relevant theories from nursing and other disciplines.	Preparation for critique, evaluation, and use of a range of relevant theories that provide guiding perspectives for the provision of client-centered, clinically measurable advanced nursing practice.	1. Identify the role of theory in the evolution of the discipline of nursing and nursing research. (D1; N1; P1) 2. Examine the process and utility of concept analysis for advanced nursing practice. (D1; N1; P1) 3. Establish criteria for the analysis and evaluation of nursing models/theories to include ethics,	1. Compare and contrast the roles, scope of practice and competencies of advanced nursing roles. 2. Analyze the role of the advanced nurse as a change agent for evidence-based practice, quality, safety, and information management. 3. Analyze the concepts of advocacy and ethical concepts pertinent to	525 & 701 Concept analysis paper and Theorist presentation	DNP Essentials: 1, 2 NONPF Competencies 1, 3, 7, 8 PLU Outcomes: 1,7

				These theories provide guiding perspectives for the provision of evidence based, patient-centered, clinically measurable healthcare outcomes.		economics, and utility. (D1; N1,7,8,9; P1) 4. Analyze nursing and related family theories applicable to advanced nursing practice. (D1,2; N1,3; P1,7)	advanced nursing including ethnic, racial, gender, and age differences. 4. Define interprofessional collaboration and discuss its importance in facilitating positive health outcomes. 5. Design strategies that promote lifelong learning and incorporate professional nursing standards and accountability for practice.		
702	623	Information Systems and Patient Care Technology (3)	Information Systems and Patient Care Technology (3)	This course is designed to provide the student with the knowledge and skills regarding the uses of information technology to support evidence-based nursing practice. The course focuses on the development of knowledge and technical skills to use data management systems and technological resources for decision-making,	This course is designed to provide the student with the knowledge and skills regarding the uses of information technology to support evidence-based nursing practice. The course focuses on the development of knowledge and technical skills to use data management systems and technological resources for decision-making,	1. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology. (D4; N5; P4) 2. Evaluate and gain a basic understanding of clinical, administrative, and enterprise information systems in the healthcare field. (D2; N5; P4) 3. Analyze ethical and legal issues	1. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology. 2. Evaluate and gain a basic understanding of clinical, administrative, and enterprise information systems in the healthcare field. 3. Analyze ethical and legal issues within healthcare	623 1. Technology of the future paper 2. Critical analysis paper	DNP Essentials: 2,4 NONPF: 3, 5, 8 PLU: 4

				implementation of quality improvement initiatives, and evaluation of patient care technologies. The course includes use of systems analysis, decision theory, consumer use of informatics for health care information, and consideration of ethical, regulatory, and legal issues.	implementation of quality improvement initiatives, and evaluation of patient care technologies. The course includes use of systems analysis, consumer use of informatics for health care information, and consideration of ethical, regulatory, and legal issues.	within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology. (D4,5; N5,8; P4) 4. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness in meeting the client's needs. (D4; N3; P4)	systems relating to the use of information, information technology, communication networks, and patient care technology. 4. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness in meeting the client's needs.		
703	526	Organizational and Systems Leadership (3)	Nursing Leadership and Management (3)	This course is designed to provide the student with organizational and systems leadership knowledge. This course explores leadership, and organizational structures, models, and principles within the context of healthcare delivery models and organizational, political, cultural, and economic policies and	Introduction to policy, organization, and financing of health care. Preparation for provision of quality cost-effective care, participation in the design and implementation of care, and assumption of the leadership role in managing resources	1. Analyze local, state, national and international socioeconomic and health policy issues and trends that impact nursing practice and health outcomes. (D7; N6; P3) 2. Articulate the interaction between national patient safety initiatives, regulations, and quality management with the healthcare system. (D5; N3; P7) 3. Analyze leadership behavior	1. Analyze local, state, national and international socioeconomic and health policy issues and trends that impact nursing practice and health outcomes. 2. Articulate the interaction between national patient safety initiatives, regulations, and quality management with the healthcare system. 3. Analyze leadership behavior as shaped by complexity, environment, and	526 1. Health Policy Impact Statement 2. Creation of integrated care clinic-Workbook Project	DNP Essentials: 1,2,4,5,7 NONPF: 1,2,3,5,6 PLU: 1,2,3,4,5,7

				sustainability. Designed to prepare the student for provision of quality cost-effective care, participation in the design and implementation of care, assumption of the leadership role, and managing resources within a healthcare organizational setting.		as shaped by complexity, environment, and values to create a just culture of safety and quality. (D5; N6; P2) 4. Evaluate management and leadership theories that contribute to the provision of culturally responsive, high-quality nursing care. (D1; N1,2; P1) 5. Articulate the role of the nursing leader including communication, care collaboration, delegation, & conflict resolution within the interprofessional team. (D2; N2,3; P5) 6. Analyze current and emerging technologies that support the design, delivery and evaluation of quality cost-effective care (D4;N5,P4)	values to create a just culture of safety and quality. 4. Evaluate management and leadership theories that contribute to the provision of culturally responsive, high-quality nursing care. 5. Articulate the role of the nursing leader including communication, care collaboration, delegation, & conflict resolution within the interprofessional team. 6. Analyze current and emerging technologies that support the design, delivery and evaluation of quality cost-effective care.		
704	627	Policy and Politics: Implications for Health Care (3)	Policy and Politics: Implications for Health Care (3)	This course focuses on the principles of policy and the influence of the political process	Principles of policy and the influence of the political process as a systematic approach to	1. Demonstrate an understanding of the interdependence of policy, politics, and practice. (D5; N7;	1. Demonstrate an understanding of the interdependence of policy, politics, and practice.	627 Health Policy Project (controversial topic) 704 Literature review on	DNP Essentials: 5 NONPF: 6,7 PLU: 5

				<p>as a systematic approach to health care in the United States and internationally. The interdependence of policy and practice will be evaluated, with a focus on the challenges of engaging and influencing health policy locally, nationally and globally. Students will analyze the ethical, legal, economic, and sociocultural factors influencing policy development. Health policy frameworks are analyzed from governmental, organizational, and clinical practice perspectives.</p>	<p>health care in the United States and internationally. The interdependence of policy and practice will be evaluated, with a focus on the challenges of engaging and influencing health policy locally, nationally and globally. Students will analyze the ethical, legal, economic, and sociocultural factors influencing policy development. Health policy frameworks are analyzed from governmental, organizational, and clinical practice perspectives</p>	<p>P5) 2. Analyze ethical, legal, economic, and sociocultural factors influencing policy development. (D5; N6; P5) 3. Analyze health policy proposals, health policies and related issues to identify the intended and unintended impact on population health outcomes locally, nationally and globally. (D5; N6; P5) 4. Analyze the interdisciplinary implications of health policy within the frameworks of access, safety, quality, and efficacy. (D5; N6; P5) 5. Evaluate the impact of globalization on healthcare policy development. (D5; N6; P5) 6. Advocate for the development and implementation of institutional, local, state, federal, and/or international health policy. (D5; N6; P5)</p>	<p>2. Analyze ethical, legal, economic, and sociocultural factors influencing policy development. 3. Analyze health policy proposals, health policies and related issues to identify the intended and unintended impact on population health outcomes locally, nationally and globally. 4. Analyze the interdisciplinary implications of health policy within the frameworks of access, safety, quality, and efficacy. 5. Evaluate the impact of globalization on healthcare policy development. 6. Advocate for the development and implementation of institutional, local, state, federal, and/or international health policy.</p>	<p>legislative topic and letter to legislature</p>	
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705	530	Clinical Resource Management (3)	Resource Management (3)	This course builds upon the resource management concepts first explored in Leadership and develops foundational financial cost and budgeting concepts necessary to enact an advance clinical practice role, including awareness of reimbursement and population health initiatives.	Management of resources in the planning, coordination, and/or delivery of health care with an outcome perspective at the system level. Financial and human resources and systems management will be examined from a quality perspective.	<ol style="list-style-type: none"> 1. Analyze the social, economic, legal and political factors that influence the development, organization, and financing of health care delivery systems. (D1,5; N3,6,7; P5) 2. Apply fundamental cost accounting principles and methodology in planning, organizing, analyzing and controlling health care programs and the management of outcomes. (D2; N3,7; P5) 3. Evaluate intended and unintended outcomes of public, fiscal, and human resource policy, including potential social, ethical and health impacts. (D2; N3,7; P5) 4. Develop operating and capital budgets for a health care program and/or department, providing evidence-based rationale for proposals. (D2; 	<ol style="list-style-type: none"> 1. Analyze the social, economic, legal and political factors that influence the development, organization, and financing of health care delivery systems. 2. Apply fundamental cost accounting principles and methodology in planning, organizing, analyzing and controlling health care programs and the management of outcomes. 3. Evaluate intended and unintended outcomes of public, fiscal, and human resource policy, including potential social, ethical and health impacts. 4. Develop operating and capital budgets for a health care program and/or department, providing evidence-based rationale for proposals. 5. Examine selected information 	530 1. Case-based final exam 2. Budget Development Project	DNP Essentials: 1,2,5,8 NONPF: 3,6,7,9 PLU: 5,8
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						<p>N3,7; P5)</p> <p>5. Examine selected information management processes, including cost-benefit analysis, risk management, utilization management, interoperability, and marketing. (D3; N3,7; P5)</p> <p>6. Demonstrate an understanding of basic billing, coding, and quality indicators for fiscal management and reimbursement. (D8; N9; P8)</p>	<p>management processes, including cost-benefit analysis, risk management, utilization management and marketing.</p>		
712	N/A	Trauma Informed Care (3)	N/A	This course is designed to provide care providers an understanding of trauma informed care.	N/A	<p>1. Apply the core principles of trauma informed care in professional clinical practice. (D8; N9; P8; C2)</p> <p>2. Develop understanding of the effects of trauma on normal growth and development processes. (D1,8; N1,9; P1,8; C4,5,7,8)</p> <p>3. Demonstrate an understanding of both risk and protective factors. (D1,8; N1,9; P1,8)</p>	N/A		<p>DNP Essentials: 1,8</p> <p>NONPF: 1,9</p> <p>PLU: 1,8</p> <p>Cert: 2,4,5,7,8</p>

						4. Differentiate between trauma specific and trauma informed care. (D1; N1; P1; C2)			
720	630	Analytical Methods (Research I) (3)	Analytical Methods for Evidence-Based Practice (3)	Students will develop and demonstrate skills in the use of analytical methods required to distinguish research design and analytical methods (qualitative, quantitative, mixed) and quality improvement, and critique and evaluate validity and applicability of research to guide evidence-based practice. Students locate, critically evaluate and synthesize evidence from research studies that support the improvement of outcomes in diverse populations. Students will identify practice questions and determine the appropriate	Use of analytical methods required to evaluate research to guide evidence based practice. Students locate, critically evaluate and synthesize evidence from qualitative and quantitative studies to support improvement of outcomes in diverse populations.	<ol style="list-style-type: none"> 1. Demonstrate skills to critically evaluate research findings from qualitative and quantitative and mixed methods studies. (D1,3; N1; P1) 2. Determine which analytical technique is appropriate to interpret data. (D1; N1; P1) 3. Apply statistical methods and procedures to analyze research data. (D1; N1; P1) 4. Identify a practice problem and translate into a Topic, Statement of Purpose, PICOT, Research Question, and Hypothesis. (D1; N1; P1) 5. Determine appropriate study design(s) to address selected research questions. (D1; N1; P1) 	<ol style="list-style-type: none"> 1. Demonstrate skills to critically evaluate research findings from qualitative and quantitative studies. 2. Determine which analytical technique is appropriate to interpret data. 3. Apply statistical methods and procedures to analyze research data. 4. Identify a practice problem and translate into a research question. 5. Determine appropriate study design(s) to address selected research questions. 	630 Evidence table with preliminary concepts	DNP Essentials: 1,3 NONPF: 1 PLU: 1

				method(s) to design and evaluate outcomes.					
721	625	Epidemiology and Biostatistics (3)	Applied Epidemiology and Biostatistics for Nursing Practice (3)	This course develops the student's ability to analyze epidemiological, biostatistical, occupational, and environmental data in the development, implementation, and evaluation of clinical prevention and population health. Students will analyze epidemiological, biostatistical, environmental, and other appropriate data related to infectious diseases, emergency/disaster, and individual, aggregate, and population health as it relates to local, regional, national, and international goals of improving global health.	Application of epidemiology and biostatistics to guide evidence-based practice in health care, analysis of epidemiological, biostatistical, environmental, and other appropriate data related to individual, aggregate, and population health. Using public data sources to understand and to address health concerns, students will design population-based health promotion and disease prevention activities to support national and international goals of improving global health.	1. Explore the evolution and application of epidemiology in nursing practice and population health. (D7; N7; P7) 2. Identify designs and methods utilized in epidemiology and their application in population health. (D1,7; N1; P1,7) 3. Identify factors that contribute to validity, reliability, and generalizability of epidemiological studies. (D1; N1; P1) 4. Apply analytical techniques to epidemiological data sets to interpret results and implications. (D1; N1; P1) 5. Critically analyze the strengths and limitations of selected epidemiological research studies. (D1; N1; P1)	1. Explore the evolution and application of epidemiology in nursing practice and population health. 2. Identify designs and methods utilized in epidemiology and their application in population health. 3. Identify factors that contribute to validity, reliability, and generalizability of epidemiological studies. 4. Apply analytical techniques to epidemiological data sets to interpret results and implications. 5. Critically analyze the strengths and limitations of selected epidemiological research studies.	625 1. Case-based Final Exam: Stats & Epi, Part 2 & 3 of three parts. 2. Epidemiology Research Critique paper	DNP Essentials: 1,7 NONPF: 1,7 PLU: 1,7

730	580	Advanced Pathophysiology (3)	Advanced Pathophysiology (3)	This course is designed for the advanced practice student and focuses on normal physiologic and pathologic mechanisms of disease. It provides primary components of the foundation for clinical assessment, decision-making and management of patients across the lifespan.	Focuses on normal physiologic and pathologic mechanisms of disease. Primary components of the foundation for clinical assessment, decision making, and management.	<ol style="list-style-type: none"> 1. Analyze the relationship between normal physiology and alterations that occur in specific systems as a result of genetics, disease processes, and abnormal health conditions. (D1,8; N1,9; P1,8; C8) 2. Integrate the etiology, pathogenesis, and clinical manifestations of frequently-occurring disease processes. (D1,8; N1,9; P1,8; C8) 3. Correlate pathophysiology with signs and symptoms of disease and with laboratory data. (D1,8; N1,9; P1,8; C8) 4. Apply general pathophysiologic concepts to specific diseases and selected clinical situations. (D1,8; N1,9; P1,8; C8) 5. Predict effects that specific cellular dysfunction will have on an organ/systemic physiology. (D1,8; N1,9; P1,8; C8) 	<ol style="list-style-type: none"> 1. Analyze the relationship between normal physiology and alterations that occur in specific systems as a result of genetics, disease processes and abnormal health conditions. 2. Integrate the etiology, pathogenesis, and clinical manifestations of frequently-occurring disease processes. 3. Correlate pathophysiology with signs and symptoms of disease and with laboratory data. 4. Apply general pathophysiologic concepts to specific diseases and selected clinical situations. 5. Predict effects that specific cellular dysfunction will have on an organ/systemic physiology. 	<ol style="list-style-type: none"> 1. Advanced Patho Exam #1 (course objectives 1, 2, 4, 5) 2. Advanced Patho Exam #2/Packet (1, 2, 3, 4) 3. Advanced Patho Exam #3 (1, 2, 3, 4) 4. Advanced Patho Final Exam (course objectives 1, 2, 4, 5) 5. Pathophysiology Disease Presentation #1 (1, 2, 3, 4) 6. Pathophysiology Disease Presentation #2 (1, 2, 3, 4) 	DNP Essentials: 1,8 NONPF: 1,9 PLU: 1,8 Cert: 8
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731	583	Advanced Pharmacotherapeutics (3)	Clinical Pharmacotherapeutics (3)	This course prepares the advanced practice student for prescriptive authority and focuses on the pharmacokinetic basis for and pharmacotherapeutic management of simple and complex disease processes. Includes ethical, legal, and procedural aspects of prescriptive authority.	Focuses on the pharmacokinetic basis for and pharmacotherapeutic management of simple and complex disease processes. Includes ethical, legal, and procedural aspects of prescriptive authority. Prerequisite or corequisite: NURS 580.	<ol style="list-style-type: none"> 1. Apply the fundamentals of pharmacology: pharmacokinetics, pharmacodynamics, pharmacotherapeutics, pharmacogenetics, and ethnopharmacology. (D1; N1; P1; C8) 2. Discuss drug interactions, allergies and adverse drug reactions to minimize risk. (D1,8; N1,9; P1,8; C8) 3. Study specific pharmacotherapeutic treatment of selected diseases, with focus on pharmacodynamics of selected drug classes. (D1; N1; P1; C8) 4. Introduce updated evidence-based guidelines for drug therapy and prescribing practices. (D1,3,8; N1,3,9; P1,2,8; C8) 5. Discuss legal requirements for writing prescriptions. (D5,8; N6,9; P5,8; C2,8) 6. Evaluate the 	<ol style="list-style-type: none"> 1. Build on the fundamentals of pharmacology: pharmacokinetics, pharmacodynamics, pharmacotherapeutics, pharmacogenetics, and ethnopharmacology. 2. Discuss drug interactions, allergies and adverse drug reactions to minimize risk. 3. Study specific pharmacotherapeutic treatment of selected diseases, with focus on pharmacodynamics of selected drug classes. 4. Introduce updated evidence-based guidelines for drug therapy and prescribing practices. 5. Discuss legal requirements for writing prescriptions 6. Evaluate the pharmacoeconomic impact of prescribing decisions. 	<p>583</p> <ol style="list-style-type: none"> 1. Midpoint Exam- Short Answer to Patient Cases 2. Final Exam - Oral Presentation of Complex Cases <p>731</p> <ol style="list-style-type: none"> 1. Weekly group case studies 2. Final Exam - Oral Presentation of Complex Cases 	<p>DNP Essentials: 1,3,5,8 NONPF: 1,3,6,7,9 PLU: 1,2,5,8 Cert: 2,5,8</p>
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						pharmacoeconomic impact of prescribing decisions. (D5,8; N3,6,7,9; P5,8; C5,8)			
732	582	Advanced Physical Assessment (4)	Advanced Health Assessment (3)	Development and performance of the skills needed for advanced health assessment of individuals, families, or communities throughout the lifespan	Development and performance of the skills needed for advanced health assessment of individuals, families, or communities throughout the lifespan. Includes clinical practicum of 30 hours. Prerequisite: basic health assessment skills	1. Elicit age appropriate, culturally sensitive comprehensive and episodic health histories using appropriate interview techniques. (D8; N9; P8; C4,8) 2. Perform comprehensive physical and mental health assessments of clients across the lifespan. (D8; N9; P8; C4) 3. Accurately record and analyze pertinent dimensions of clients' symptomatology and health status, including laboratory data, in determining health status of clients. (D8; N9; P8; C8) 4. Incorporate nursing, family, and other related theories when conducting health assessments of clients across the	1. Elicit age appropriate, culturally sensitive comprehensive and episodic health histories using appropriate interview techniques. 2. Perform comprehensive physical and mental health assessments of clients across the lifespan. 3. Accurately record and analyze pertinent dimensions of clients' symptomatology and health status, including laboratory data, in determining health status of clients. 4. Incorporate nursing, family, and other related theories when conducting health assessments of clients across the lifespan. 5. Integrate risk assessment and	582 Comprehensive physical exam	DNP Essentials: 1,7,8 NONPF: 1,3,9 PLU: 1,7,8 Cert: 4,8

						lifespan. (D8; N9; P8; C8) 5. Integrate risk assessment and appropriate screening strategies for diverse populations. (D7,8; N3,9; P7,8; C4,5,8) 6. Apply current research findings in the assessment of clients' health status. (D1,8; N1,9; P1,8; C8)	appropriate screening strategies for diverse populations. 6. Apply current research findings in the assessment of clients' health status.		
733	524	Advanced Health Promotion (2)	Advanced Health Promotion (2)	This course is designed to focus on identification of health risks and protective strategies for diverse populations as an advanced practice nurse and clinician.	Identification of health risks and protective strategies for diverse populations.	1. Define the role of the advanced practice nurse in the design and delivery of healthcare that promotes health, reduces risk of illness, and prevents disease. (D1,8; N1,7,9; P1,2,8; C8) 2. Use epidemiological, social, and environmental data to draw inferences regarding the health of patient populations. (D1,7; N1; P1; C8) 3. Identify culturally responsive strategies for advancing equitable and	1. Define the role of the advanced nurse in the design and delivery of care that promotes health, reduces risk of illness, and prevents disease. 2. Use epidemiological, social and environmental data to draw inferences regarding the health of client populations. 3. Identify culturally responsive strategies for advancing equitable and efficient health care services for a defined population. 4. Examine	524 Health Promotion Video and APA Paper	DNP Essentials: 1,5,7,8 NONPF: 1,6,7,8,9 PLU: 1,2,5,8 Cert: 4,5,8

						efficient healthcare services for a defined population. (D1,7; N1,8; P1,5; C4,5) 4. Examine frameworks for addressing, local, regional, national, and global health issues. (D1,5; N1,6; P1; C8)	frameworks for addressing local, national, and global health issues.		
734	527	Evaluation and Outcomes (Research II) (3)	Evaluation and Outcomes Research (3)	This course prepares the student with the knowledge and skills to measure and assess the impact of interventions on healthcare. Students explore the development and use of relevant outcome measures to evaluate research, quality improvement, and programs in order to inform and use new knowledge to provide, change, and evaluate delivery of healthcare initiatives focused on client-centered, clinically	Preparation for the critique and use of new knowledge to provide, change, and evaluate advanced nursing practice focused on client-centered, clinically demonstrable care.	1. Analyze the relationships among client-centered outcomes, process-oriented data analysis, and advanced practice nursing. (D1,3,8; N1,7,9; P1,3,8) 2. Examine the effectiveness of advanced nursing in the design, delivery, and evaluation of care outcomes for individuals and/or aggregate populations using health information systems and data sources. (D1,3,7,8; N1,5,6,7; P1,3,8) 3. Critically evaluate nursing research literature and related data to determine the applicability of findings to	1. Analyze the relationships among client-centered outcomes, process-oriented data analysis, and advanced nursing practice. 2. Examine the effectiveness of advanced nursing in the design, delivery, and evaluation of care outcomes for individuals and/or aggregate populations using health information systems and data sources. 3. Critically evaluate nursing research literature and related data to determine the applicability of findings to advanced nursing practice.	Quality improvement project Poster & presentation	DNP Essentials: 1,2,3,7,8 NONPF: 1,3,4,5,6,7,8,9 PLU: 1,2,3,7,8

				demonstrable care.		<p>advanced nursing practice. (D1,3,8; N1,4,9; P1,3,8)</p> <p>4. Examine ethical issues related to research and practice changes. (D1,2,3,8; N1,4,8,9; P1,8)</p> <p>5. Examine the transferability of practice changes for improvement within organizations and systems. (D1,3,8; N1,3,7,9; P1,7,8)</p> <p>6. Compare and contrast appropriate quality improvement models which affect safety and improve patient outcomes. (D3,7,8; N3,9; P3,7,8)</p> <p>7. Develop relevant outcomes measurements to assess the impact of a quality improvement project/intervention. (D2,3,7; N4,5; P2,3)</p>	<p>4. Examine ethical issues related to research and practice changes.</p> <p>5. Examine the transferability of practice changes for improvement within organizations and systems.</p> <p>6. Compare and contrast appropriate quality improvement models which affect safety and improve patient outcomes.</p> <p>7. Participate in the planning, conduct, and dissemination of a quality improvement project as appropriate to the level of the advanced nurse.</p>		
Above	531	Above	Care and Outcomes Manager Practicum, I (3)	Above	Direct and/or indirect care given in a defined specialty setting with focus on evaluation and outcomes.	N/A	1. Apply concepts and evidence from nursing and related sciences into the delivery of advanced nursing care to diverse	531 Poster Presentation	OLD CURRICULUM

					Includes clinical practicum of 120 hours.		populations. 2. Assume a leadership role in the design, delivery, and evaluation of patient safety and quality improvement initiatives within the context of the interprofessional team. 3. Analyze current and emerging technologies to support safe practice environments to optimize patient safety, cost effectiveness, and health outcomes. 4. Based on a comprehensive assessment, direct quality improvement methods to promote culturally responsive, safe, timely, effective, efficient, equitable, and patient-centered care.		
750	N/A	Primary Care Essentials for Psychiatric-Mental Health Nurse	N/A	Provides the PMHNP DNP student knowledge and skills to assist in	N/A	1. Integrate pathophysiology, pharmacology, and health assessment knowledge of	N/A	750 Weekly Case studies	DNP Essentials: 1,4,6,8 NONPF: 1,2,7,9

		Practitioners (2)		<p>the primary care management of co-morbid medical conditions commonly occurring in patients with psychiatric-mental health disorders. This course builds on the foundations of advanced pathophysiology, advanced clinical pharmacotherapeutics, and advanced health assessment and focuses on the attainment of positive clinical outcomes for the major chronic illnesses of diabetes, chronic obstructive pulmonary disease, asthma, hypothyroidism, and congestive heart failure.</p>		<p>illness and disease to share in the acute and chronic disease management plan for selected comorbid medical diseases to promote and preserve health for individuals with mental health conditions. (D1,8; N1,9; P1,8; C8)</p> <p>2. Collaborate with the interprofessional team to assist in the provision of acute and chronic disease management of individuals with psychiatric-mental health conditions across health care settings in collaboration with clients, providers, payers and agencies. (D6,8; N2,7,9; P6,8; C6,7,8)</p> <p>3. Use the Chronic Care Model to improve disease self-management, quality of life, and cost containment through effective resource utilization including identification of</p>		<p>PLU: 1, 3,6,7,8 Cert: 2,3,4,6,7,8</p>
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						<p>current resources for individuals with psychiatric-mental health conditions who are living with chronic medical illnesses. (D1,4,8; N1,7,9; P1,3,7,8; C4,8)</p> <p>4. Describe the PMHNP role in co-management of patients with acute and chronic medical conditions, including monitoring for adverse effects of medications and/or drug interactions. (D8; N9; P8; C3,6,7,8)</p> <p>5. Recognize medical emergencies and be familiar with the process for referral for emergency treatment. (D8, N9; P8; C2)</p>			
Above	540	Above	Chronic Illness and Disease Management	Above	In this evidenced based course the student will gain historical value as well as an overview of illness and disease management models and shifts in care over past	N/A	<ol style="list-style-type: none"> 1. Integrate pathophysiology, pharmacology, and health assessment knowledge of illness and disease to develop nursing interventions that promote and preserve health. 2. Navigate care across health care 	540 Group project-Improvement in Chronic Health Management	NOT CONTINUE D

					decades. Team approach emphasis and financial rising healthcare cost impacts for the chronic disease management process will be explored. Proactive empowerment process for your patients to engage in self-management activities. Focus on evidence-based guidelines for chronic medical condition management.		settings in collaboration with clients, providers, payers, and agencies. 3. Use the Chronic Care Model to improve disease self-management, quality of life, and cost containment through effective resource utilization. 4. Identify current resources for the care of populations with chronic illness.		
770	563	Primary Care Procedures and Diagnostics (3)	Primary Care Procedures (1)	Provide the family nurse practitioner student with a range of office-based skills including the ability to understand, manage and perform common primary care procedures.	Provide the family nurse practitioner student with a range of office-based skills including the ability to understand, manage, and perform common primary care procedures.	1. Identify the indications and contraindications for the procedure. (D8; N9; P8; C8) 2. Demonstrate the ability to safely perform the procedure. (D8; N9; P8; C8) 3. Attend to patient safety and education throughout the procedure. (D8; N9; P8; C4,8) 4. Demonstrate accurate	1. Identify the indications and contraindications for the procedure. 2. Demonstrate the ability to safely perform the procedure. 3. Attend to patient safety and education throughout the procedure. 4. Demonstrate accurate documentation of procedure,	Skill demonstration and written examination. Students will perform a certain number of pre-designated skills and then complete a procedure note for each procedure	DNP Essentials: 8 NONPF: 9 PLU: 8 Cert: 2,4,8

						documentation of procedure, including billing and coding. (D8; N9; P8; C2,8)	including billing and coding.		
771	561	Psych for Primary Care (2)	Management of Mental Health Conditions in Primary Care (2)	This course is designed to provide foundational knowledge and skills to facilitate recognition and management of mental health conditions in the primary care setting. Focuses on the evaluation and management of common mental health issues in primary care including mood disorders, anxiety, ADHD, substance use/abuse, suicidal intent, self-injurious behavior, etc. Assessment tools, primary care management and criteria for referral to be included.	Evaluation and management of common mental health issues in primary care including mood disorders, anxiety, ADHD, substance use/abuse, suicidal ideation and self-injurious behavior, etc. Assessment tools, primary care management and criteria for referral to be included.	1. Formulate appropriate diagnoses for clients experiencing acute and chronic mental health conditions based on interview, observation, history-taking and evidence-based screening tools. (D1,8; N1,9; P1,8; C) 2. Plan appropriate management for clients experiencing acute and chronic mental health conditions including supportive care, pharmacologic interventions, complementary/alternative therapies, client education and referral to specialty mental health care. (D6,8; N6,7,9; P7,8) 3. Discuss the application of crisis intervention to clients experiencing maturational, situational or adventitious crises.	1. Formulate appropriate diagnoses for clients experiencing acute and chronic mental health conditions based on interview, observation, history-taking and evidence-based screening tools. 2. Plan appropriate management in the primary care setting for clients experiencing acute and chronic mental health conditions including supportive care, pharmacologic interventions, complementary/alternative therapies, client education and referral to specialty mental health care. 3. Discuss the application of crisis intervention to clients experiencing maturational, situational or adventitious crises 4. Recognize	561 1. Rating Scale Assignment 2. Primary Care Management Paper	DNP Essentials: 1,5,6,7,8 NONPF: 1,4,6,7,9 PLU: 1,2,5,6,7,8

						(D1,6,8; N1,4,9; P1,6,8) 4. Discuss the role of the primary care provider in helping to navigate community health issues, funding, access to care and social problems (e.g. substance abuse, poverty, violence, victimization, etc.) as they impact the mental health of clients and families at risk. (D5; N6; P5) 5. Recognize psychiatric emergencies and be familiar with the process for referral for evaluation for emergency detention/hospitalization. (D8; N9; P8)	psychiatric emergencies and be familiar with the process for referral for evaluation for emergency detention/hospitalization. 5. Discuss the role of the primary care provider in helping to navigate community health issues, funding, access to care and social problems (e.g. substance abuse, poverty, violence, victimization, etc.) as they impact the mental health of clients and families at risk.		
772	584	FNP I: Diagnosis and Management of Common Episodic and/or Stable Chronic Illnesses (5)	Family Nurse Practitioner I (5)	This course is the first of four courses designed to teach the application of theory and research, diagnostic reasoning related to health care conditions, and the management of health problems	Application of theory and research in the management of health problems across the lifespan. Demonstration of diagnostic reasoning related to health care conditions. Includes clinical practicum of 195 hours.	1. Provide health protection and disease prevention intervention strategies to improve or maintain optimum health for all family members. (D1,7,8; N1,3,4,7,9; P1,2,8; C1,4,8) 2. Demonstrate diagnostic reasoning and symptom analysis skills consistent	1. Provide health protection and disease prevention intervention strategies to improve or maintain optimum health for all family members. (AACN I, III, VII, VIII; NONPF Scientific Foundations, Quality, Practice Inquiry, Technology and Information	584 1.Shadow Health SOAP Note Assignment (Chest Pain) 2.Critical Reflection of CLINICAL SOAP Note #1 (#2 is required if the first attempt is less than 80%)	DNP Essentials: 1,3,6,7,8 NONPF: 1,2,3,4,7,9 PLU: 1,2,6,7,8 Cert: 1,2,3,4,5,6, 8

				across the lifespan.		<p>with assessment data. (D1,3,8; N1,3,4,9; P1,2,7,8; C1,3,8)</p> <p>3. State rationale for selection of diagnostic tests and other screening procedures used to differentiate among potential health problems. (D1,3,8; N1,3,4,9; P1,2,7,8; C1,2)</p> <p>4. Individualize evidence-based practice guidelines for the management of common episodic and/or stable chronic illnesses. (D1,3,8; N1,3,4,9; P1,8; C3,8)</p> <p>5. Provide patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making. (D3,8; N3,4,9; P8; C4,5)</p> <p>6. Provide anticipatory guidance, teaching, counseling, and education for self-care for the patient and family. (D3,8; N3,4,9; P8; C2,5,6)</p> <p>7. Demonstrate caring that</p>	<p>Literacy Competencies, Health Delivery System Competencies, Ethics Competencies, and Independent Practice Competencies)</p> <p>2. Demonstrate diagnostic reasoning and symptom analysis skills consistent with assessment data. (AACN I, III, IV, VIII; NONPF Scientific Foundations, Quality, Practice Inquiry, Technology and Information Literacy Competencies, Independent Practice Competencies</p> <p>3. State rationale for selection of diagnostic tests and other screening procedures used to differentiate among potential health problems. (AACN I, III, VII, VIII; NONPF Scientific Foundations, Quality, Practice Inquiry, Independent</p>	<p>772</p> <p>1. Comprehensive clinical SOAP note</p> <p>2. OSCE</p>	
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						<p>facilitates ethical decision-making about health. (D8; N8,9; P8; C1,2,8)</p>	<p>Practice Competencies 4. Individualize evidence-based practice guidelines for the management of common episodic and/or stable chronic illnesses. (AACN I, III, VIII; NONPF Scientific Foundations, Quality, Practice Inquiry, Independent Practice Competencies 5. Provide patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making. (AACN II, III, VI, VIII; NONPF Quality, Practice Inquiry, Health Delivery System Competencies, Ethics Competencies, Independent Practice Competencies 6. Provide anticipatory guidance, teaching, counseling, and education for self-care for the</p>		
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							patient and family. (AACN III, IV, VI, VIII; NONPF Practice Inquiry, Technology and Information Literacy Competencies, Health Delivery System Competencies, Independent Practice Competencies) 7. Demonstrate caring that facilitates ethical decision-making about health. (AACN VIII; NONPF Ethics Competencies and Independent Practice Competencies)		
773	585	FNP II: Diagnosis and Management of Acute and Complex Health Problems (5)	Family Nurse Practitioner II (5)	This course is the second of four courses designed to teach the application of theory and research, diagnostic reasoning related to health care conditions, and the management of health problems across the lifespan.	Application of theory and research in the management of increasingly complex health problems across the lifespan. Demonstration of diagnostic reasoning for a wide range of acute and chronic conditions. Seminar and clinical. Includes	1. Demonstrate clinical competence, knowledge and skills related to primary care. (D1,7,8; N1,2,3,7,9; P1,7,8; C1,2,3,8) 2. Individualize evidence-based practice guidelines for the management of complex episodic and chronic illnesses. (D3,8; N3,4,9; P2,3,8; C1,8)	1. Demonstrate clinical competence, knowledge and skills related to primary care. 2. Individualize evidence-based practice guidelines for the management of complex episodic and chronic illnesses. 3. Formulate comprehensive differential diagnoses in the	585 1.Complex Patient Soap Note #1 (#2 is required if the first attempt is less than 80%) 2.Summative OSCE #2 (1st time incorporating summative OSCEs for DNP courses. No mandatory retake if score was less than	DNP Essentials: 1,4,6,7,8 NONPF: 1,3,4,5,7,8, 9 PLU: 1,4,6,7,8 Cert: 1,2,3,4,5,6, 8

					clinical practicum of 195 hours.	3. Formulate comprehensive differential diagnoses in the management of increasingly complex primary care patients. (D1,8; N1,9; P1,8; C1,2,3) 4. Demonstrate effective interprofessional communication to promote safety and quality of care. (D6; N7; P6; C6) 5. Demonstrate knowledge and skill in addressing sensitive topics with patients and families. (D8; N9; P8; C4,5) 6. Demonstrate accountability for professional Family Nurse Practitioner practice. (D8; N2,9; P8; C1,2,8)	management of increasingly complex primary care patients. 4. Demonstrate effective interprofessional communication to promote safety and quality of care. 5. Demonstrate knowledge and skill in addressing sensitive topics with patients and families. 6. Demonstrate accountability for professional Family Nurse Practitioner practice.	80%) (Formative OSCE #1 was for feedback only and all students received 100% for participation). 773 1. Comprehens sove clinical SOAP note 2. OSCE	
774	562	Women and Children in Primary Care (4)	Primary Care Management of Women and Children (4)	This course covers common problems unique to women and children (pregnancy, postpartum care, gynecological conditions, perimenopausal, menopausal care, well-child,	This course covers common problems unique to women and children including pregnancy, postpartum care, gynecological conditions, perimenopausal, menopausal care, well child &	1. Demonstrate clinical competence, knowledge and skills related to the primary care of women and children. (D1,7,8; N1,2,3,7,9; P1,7,8; C1,2,8) 2. Provide anticipatory	1. Demonstrate clinical competence, knowledge and skills related to the primary care of women and children. 2. Provide anticipatory guidance, teaching, counseling, and	562 1. Grand Rounds Presentation 2. Peer Review	DNP Essentials: 1,3,6,7,8 NONPF: 1,2,3,4,7,9 PLU: 1,2,3,6,7,8 Cert: 1,2,3,4,5,6,7,8

				<p>adolescent care, preventive care), common behavioral and developmental problems in children & adolescents (developmental delay, learning disabilities, autism, school issues, etc.), and cultural variations in parenting. Family and role transitions across the lifespan are explored.</p>	<p>adolescent care, preventive care, and common behavioral and developmental problems in children & adolescents (developmental delay, learning disabilities, autism, school issues, etc.), and cultural variations in parenting. Family and role transitions across the lifespan are explored. Includes clinical practicum of 120 hours.</p>	<p>guidance, teaching, counseling, and education for self-care for the patient and family. (D8; N9; P8; C4,5,8) 3. Incorporate cultural and spiritual preferences, values and beliefs into shared decision making with clients. (D8; N9; P8; C4,5) 4. Demonstrate incorporation of current wellness screening and health promotion guidelines for women and children. (D8; N9; P8; C1,2) 5. Individualize evidence-based practice guidelines for the management of conditions common to women and children. (D3,8; N3,4,9; P2,3,8; C1,2,3,8) 6. Identify conditions that require referral or co-management by specialty care providers. (D6,8; N7,9; P6,8; C6,7) 7. Demonstrate effective interprofessional</p>	<p>education for selfcare for the patient and family. 3. Incorporate cultural and spiritual preferences, values and beliefs into shared decision making with clients. 4. Demonstrate incorporation of current wellness screening and health promotion guidelines for women and children. 5. Individualize evidence-based practice guidelines for the management of conditions common to women and children. 6. Identify conditions that require referral or co-management by specialty care providers.</p>		
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						<p>communication to promote safety and quality of care. (D6; N7; P6; C6,7)</p> <p>8. Demonstrate knowledge and skill in addressing sensitive topics with patients and families. (D8; N9; P8; C4,5,8)</p> <p>9. Demonstrate accountability for professional Family Nurse Practitioner practice. (D8; N2,9; P8; C1,8)</p>			
775	N/A	FNP III: Diagnosis and Management of Chronic and Complex Health Problems (5)	N/A	This course is the third of four courses designed to teach the application of theory and research, diagnostic reasoning related to health care conditions, and the management of health problems across the lifespan.	N/A	<p>1. Demonstrate clinical competence, knowledge and skills related to primary care. (D1,7,8; N1,2,3,7,9; P1,7,8; C1,2,3,8)</p> <p>2. Individualize evidence-based practice guidelines for the management of chronic and complex illnesses. (D3,8; N3,4,9; P2,3,8; C1,2,3,8)</p> <p>3. Formulate comprehensive differential diagnoses in the management of increasingly complex primary care patients.</p>	N/A	<p>775</p> <p>1. Comprehensive clinical SOAP note</p> <p>2. OSCE</p>	<p>DNP Essentials: 1,3,6,7,8</p> <p>NONPF: 1,2,3,7,9</p> <p>PLU: 1,2,3,6,8</p> <p>Cert: 1,2,3,4,5,6,8</p>

						(D1,8; N1,9; P1,8; C1,2,3,8) 4. Demonstrate effective interprofessional communication to promote safety and quality of care. (D6; N7; P6; C6) 5. Demonstrate knowledge and skill in addressing sensitive topics with patients and families. (D8; N9; P8; C4,5) 6. Demonstrate accountability for professional Family Nurse Practitioner practice. (D8; N9; P8; C2) 7. Integrate the use of the Chronic Care Model to improve disease self-management, quality of life, and cost containment through effective resource utilization. (D1,8; N1,9; P1,8; C2,3,4,5)			
776	594	FNP IV: Diagnosis and Management of Complex Comorbid Patients (4)	Family Nurse Practitioner Clinical Capstone (3)	This course is the fourth of four courses designed to teach the application of theory and research, diagnostic	This clinical course and seminar are designed as the culminating clinical course in the Family Nurse Practitioner program.	1. Demonstrate clinical competence, knowledge and skills related to primary care. (D1,7,8; N1,2,3,7,9; P1,7,8; C1,2,8) 2. Formulate	1. Demonstrate clinical competence, knowledge and skills related to primary care. (NONPF Scientific Foundation and	594 Student Presentations on specific case topics 775 1. Comprehensive clinical SOAP note 2.OSCE	DNP Essentials: 1,3,6,7,8 NONPF: 1,2,3,4,7,9 PLU: 1,2,3,6,7,8 Cert:

				<p>reasoning related to health care conditions, and the management of health problems across the lifespan. It is designed as the culminating clinical course in the Family Nurse Practitioner program. Students will demonstrate the ability to provide novice-level primary care to chronic, complex patients with multiple co-morbidities.</p>	<p>Students will demonstrate the ability to provide novice-level primary care to chronic, complex patients with multiple co-morbidities. Professional practice issues are included. Students will develop an individual learning plan for clinical practicum that includes identifying gaps in Family Nurse Practitioner competencies. This course includes 120 clinical hours.</p>	<p>comprehensive differential diagnoses in the management of complex primary care patients. (D1,8; N1,9; P1,8; C1,2,3,8) 3. Demonstrate clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve outcomes in complex primary care patients with chronic illnesses and co-morbidities. (D3,8; N3,4,9; P2,3,8; C1,2,3,8) 4. Demonstrate effective interprofessional communication to promote safety and quality of care. (D6; N7; P6; C4,5,6) 5. Demonstrate knowledge and skill in addressing sensitive topics with patients and families. (D8; N9; P8; C4,5) 6. Demonstrate accountability for professional Family Nurse Practitioner</p>	<p>Technology and Ethics and Independent Practice; DNP Essential #1,4,6,7,8) 2. Formulate comprehensive differential diagnoses in the management of complex primary care patients. (NONPF Scientific Foundation and Independent Practice; DNP Essential 1,7,8_) 3. Demonstrate clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve outcomes in complex primary care patients with chronic illnesses and co-morbidities. (NONPF Leadership and Policy and Ethics and Independent Practice; DNP Essential #2, 3,6,7,8) 4. Demonstrate</p>	<p>1,2,3,4,5,6,8</p>
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						practice. (D8; N2,9; P8; C2)	accountability for professional Family Nurse Practitioner practice (NONPF Leadership and Ethics and Independent Practice; DNP Essential #2,5,8)) 5. Describe FNP role in co-management of patients with serious mental illness (e.g. schizophrenia, PTSD, bipolar disorder, disruptive, impulse control and conduct disorders) including monitoring for adverse effects of psychotropic medications and/or drug interactions. (NONPF Scientific Foundations and Health Care Delivery Systems; DNP Essential #1,6,7,8)		
790	631	Translating Research (Research III) (3)	Translating Research: Improving Practice and Outcomes (3)	This course is designed to build upon previous courses and provide students a structured environment to begin the DNP project proposal.	Student will develop strategies for translating research findings into sustainable improvements in patient and clinical outcomes	1. Assess the practice environment and identify a clinical practice problem. (D1,2; N1,3,4; P1,2) 2. Critically appraise existing	1. Assess the practice environment and identify a clinical practice problem. 2. Critically appraise existing evidence related to the identified	631 Final Project Paper	DNP Essentials: 1,2,3,4,5,6 NONPF: 1,2,3,4,5,6,7 PLU: 1,2,3,4,5,6

				<p>Students will develop strategies for translating research findings into sustainable improvements in patient and clinical outcomes for a diverse population. The use of information technology and interprofessional collaboration will be emphasized. Models used to guide the process of implementing and evaluating evidence-based practice change will be examined. This course runs concurrently with DNP Scholarly Project I which serves to inform the translational research project proposal developed within this course.</p>	<p>for a diverse population. The use of information technology and inter-professional collaboration will be emphasized. Models used to guide the process of implementing and evaluating evidence-based practice change will be examined.</p>	<p>evidence related to the identified practice problem. (D1,3; N1,4; P1,2) 3. Identify the goal(s) of the translational research project. (D1,2,3; N1,2,3,7; P1,2,3) 4. Differentiate models and frameworks used in translating research into practice (TRIP). (D1; N1; P1) 5. Apply a translation framework to the clinical practice problem. (D1,2; N1,2; P1,3,5) 6. Develop an implementation and evaluation plan for a clinical practice problem. (D2,3,4,5,6; N2,3,4,5,6,7; P2,3,4,5,6) 7. Identify and plan for social, organizational and structural barriers to implementation. (D2,5; N2,4,7; P2,3,5)</p>	<p>practice problem. 3. Identify the goal(s) of the translational research project. 4. Differentiate models and frameworks used in translating research into practice (TRIP). 5. Apply a translation framework to the clinical practice problem. 6. Develop an implementation and evaluation plan for a clinical practice problem. 7. Identify and plan for social, organizational and structural barriers to implementation.</p>		
791	681	Proposal Seminar (1)	DNP Scholarly Proposal	This is the proposal planning course	Development, planning, and refinement of	1. Students will identify an area of interest for their	1. Develop, plan and refine a Scholarly Project to	681 Project Proposal	DNP Essentials: 1,2,3,6

			Seminar: Planning (2)	for the DNP Scholarly Project series. This course is taken in conjunction with Translating Research (790) Students will identify their practice area and location. Throughout this sequence the DNP Student will plan, implement, evaluate, and disseminate the results of a DNP Scholarly Project.	students' D.N.P Scholarly Proposal. A D.N.P. Scholarly Project must evaluate outcomes of practice, practice patterns, policies and/or systems of care within a practice setting, healthcare organization, or community. Students will complete 30 clinical hours related to project planning. Prerequisites NURS 630, 631.	DNP Scholarly Project. (D1,2,3; N1,2,3,4,7; P1,2,6,7) 2. Communicate the individual learning objectives and timeline for project proposal to Scholarly Project Chair and course faculty at the beginning of semester. (D2; N2; P5) 3. Demonstrates effective professional communication and interprofessional collaboration while planning project. (D1,2,6; N1,2,7; P1,5,6)	promote safe, timely, effective, efficient, equitable, and person-centered care based on an assessment of need and critical review of the literature. 2. Incorporate ethical, legal and organizational concerns when developing the Scholarly Project. Identify key stakeholders who will be involved with the Scholarly Project. 3. Prepare Scholarly Project for PLU Human Participants Review Board submission and other Institutional Review Board(s) as appropriate. 4. Formally present Scholarly Project proposal and implementation timeline to DNP Scholarly Project Chair and Committee.		NONPF: 1,2,3,4,7 PLU: 1,2,5,6,7
792	N/A	DNP Scholarly Project I (2)	N/A	This is the first course in the DNP Scholarly Project series.	N/A	1. Students will identify an area of interest for their DNP Scholarly	N/A		DNP Essentials: 1,2,3,6 NONPF:

				Throughout this sequence the DNP Student will plan, implement, evaluate, and disseminate the results of a DNP Scholarly Project.		Project. (D1,2,3; N1,2,3,4,7; P1,2,6,7) 2. Communicate the individual learning objectives and timeline for project proposal to Scholarly Project Chair and course faculty at the beginning of semester. (D2; N2; P5) 3. Demonstrates effective professional communication and interprofessional collaboration while planning project. (D1,2,6; N1,2,7; P1,5,6)			1,2,3,4,7 PLU: 1,2,5,6,7
793	682	DNP Scholarly Project II (3)	DNP Scholarly Project: Implementation I (3)	This is the second course in the DNP Scholarly Project series. Throughout this sequence the DNP Student will plan, implement, evaluate, and disseminate the results of a DNP Scholarly Project.	Collaboration with key stakeholders to implement student's evidence-based D.N.P. project. Students will incorporate change theory and other relevant theories to guide implementation and overcome anticipated and emerging barriers. Students will	1. Use change theory and other relevant theories to progress through the Scholarly Project. (D1,2,3; N1,2,3; P1,2,6) 2. Communicate the individual learning objectives and timeline for project to Scholarly Project Chair and course faculty at the beginning of semester. (D2; N2; P5) 3. Demonstrates effective	1. Use change theory and other relevant theories to implement the Scholarly Project. 2. Communicate the individual learning objectives and timeline for project to Scholarly Project Chair and course faculty at the beginning of semester. 3. Demonstrates effective professional communication and interprofessional	682 Project Update	DNP Essentials: 1,2,3,6 NONPF: 1,2,3,7 PLU: 1,2,5,6

					complete 120 clinical hours related to project implementation.	professional communication and interprofessional collaboration while working on the scholarly project. (D1,2,6; N1,2,7; P1,5,6)	collaboration while implementing project.		
794	683	DNP Scholarly Project III (3)	DNP Scholarly Project: Implementation II (2)	This is the third course in the DNP Scholarly Project series. Throughout this sequence the DNP Student will plan, implement, evaluate, and disseminate the results of a DNP Scholarly Project.	D.N.P. students will complete the implementation phase of their scholarly project. Seminar is dedicated to review and critique of the implementation process and proposed evaluation strategy. Students will complete 30 clinical hours related to project completion.	1. Use change theory and other relevant theories to continue to progress through the Scholarly Project. (D1,2,3; N1,2,3; P1,2,6) 2. Communicate the individual learning objectives and timeline for project to Scholarly Project Chair and course faculty at the beginning of semester. (D2; N2; P5) 3. Demonstrates effective professional communication and interprofessional collaboration while working on the scholarly project. (D1,2,6; N1,2,7; P1,5,6)	1. Complete the implementation of the Scholarly Project. 2. Communicate the individual learning objectives and timeline for project to Scholarly Project Chair, relevant stakeholders and course faculty at the beginning of semester, including adjustments made in the implementation process. 3. Demonstrate effective communication and interprofessional collaboration consistently through Scholarly Project completion.	683 Project Implementation update	DNP Essentials: 1,2,3,6 NONPF: 1,2,3,7 PLU: 1,2,5,6
795	695	Transition to DNP Practice (1)	Transition to DNP Practice	Transition and socialization into the Doctorate of Nursing Practice (DNP) role is explored. Role	Transition and socialization into the Doctorate of Nursing Practice role, to include the D.N.P.'s	1. Demonstrate competency in all domains of DNP practice through reflection on evidence that	1. Demonstrate competency in all domains of DNP practice through reflection on evidence that	695 1.Portfolio 2.5-year plan	DNP Essentials: 1, 2, 3, 4, 5, 6, 7,8 NONPF: 1,2,3,4,5,6,

			<p>transition includes the DNP's professional responsibility and accountability for advancing professional nursing practice. The DNP scholarship portfolio will be completed and evaluated. The portfolio will include reflection on evidence that demonstrates the student is a clinical scholar and documents competency in all domains of DNP practice as outlined in the American Association of Colleges of Nursing (AACN) Essentials of Doctoral education for Advanced Nurse Practice, the DNP Core Competencies by the National Association of Nurse Practitioner Faculties (NONPF) and</p>	<p>professional responsibility and accountability for social justice locally and globally. The D.N.P. scholarship portfolio will be completed and evaluated. The portfolio will include reflection on evidence that demonstrates the student is a clinical scholar and documents competency in all domains of D.N.P. practice as outlined in the American Association of Colleges of Nursing (AACN) Essentials of Doctoral Education for Advanced Nursing Practice and the D.N.P. Core Competencies by the National Association of Nurse Practitioner Faculties (NONPF). Prerequisites or co-requisites: Taken</p>	<p>shows the student is a clinical scholar via portfolio review. (D1,2,3,4,5,6,7,8; N1,2,3,4,5,6,7,8,9; P1,2,3,4,5,6,7,8) 2. Design a personal plan for transition into the role of a DNP prepared nurse that includes lifelong learning and service (D1,8; N1,9; P1,8) 3. Demonstrate accountability for professional practice including obligations for certification and licensure as an independent provider. (D8; N9; P8)</p>	<p>shows the student is a clinical scholar via portfolio review. 2. Design a personal plan for transition into the role of a DNP prepared nurse that includes lifelong learning and service 3. Demonstrate accountability for professional Family Nurse Practitioner practice including obligations for certification and licensure as an independent provider.</p>	<p>7,8,9 PLU: 1,2,3,4,5,6, 7,8</p>
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				PLU School of Nursing Doctoral Program Outcomes.	concurrently with NURS 684 and NURS 699, all other DNP coursework must be completed				
796	690	DNP Clinical Practicum (1-4)	Doctor of Nursing Practice Clinical Practicum (1-4)	The DNP student will develop further practice or DNP competencies through clinical practicum experience. May be repeated up to 3 times. Pass/Fail grading. Consent of the dean and associate dean of graduate nursing programs.	The D.N.P. student will develop further practice or D.N.P. competencies through clinical practicum experience. May be repeated up to 3 times. Pass/Fail grading. Prerequisite: consent of the dean and associate dean of graduate nursing programs.	1. Communicate the individual learning objectives and timeline to course faculty at the beginning of semester. 2. Demonstrates effective professional communication and interprofessional collaboration while developing Advanced Practice competencies.			DNP Essentials: NONPF: PLU:
799	684	DNP Scholarly Project IV (3)	DNP Scholarly Project: Evaluation and Dissemination (4)	This is the final course in the DNP Scholarly Project series. Throughout this sequence the DNP Student will plan, implement, evaluate, and disseminate the results of a DNP Scholarly Project. A primary focus of this class will be dissemination of results including	D.N.P. students will systematically organize and interpret data employing quantitative and/or qualitative methodologies to evaluate the project's impact on health outcomes. Students will disseminate their findings through an oral	1. Use change theory and other relevant theories to complete and assess the DNP Scholarly Project. (D1,2,3; N1,2,3; P1,2,6) 2. Communicate the individual learning objectives and timeline for project completion to Scholarly Project Chair and course faculty at the beginning of	1. Systematically evaluate the Scholarly Project by employing quantitative and/or qualitative methodologies to organize, interpret and present data and/or project outcomes. 2. Develop and submit an abstract of the Scholarly Project findings to a relevant professional	684 Project Presentation to Key Stakeholders	DNP Essentials: 1,2,3,6 NONPF: 1,2,3,7 PLU: 1,2,5,6

				final scholarly paper, presentation of results to community organization, and creation of a manuscript for submission for publication in a peer-reviewed professional journal.	presentation to the key stakeholders and by submitting an abstract to a relevant professional organization. Students will complete 120 + clinical hours related to project evaluation and dissemination.	semester. (D2; N2; P5) 3. Demonstrates doctoral writing through completion of scholarly project paper and creation of journal article for submission. (D1,2,3; N1,2,3; P1,2,6) 4. Demonstrates effective professional communication and interprofessional collaboration while completing the scholarly project. (D1,2,6; N1,2,7; P1,5,6)	organization. 3. Disseminate findings of Scholarly Project to clinical agency and stakeholders. 4. Formally present Scholarly Project to Scholarly Project Chair and Committee.		
Above	699	Above	DNP Scholarly Project: Capstone (2)	Above	Development and submission of a manuscript related to the D.N.P. Scholarly Project for publication in a peer-reviewed, professional journal or other approved scholarly venue. The course includes an intensive, systematic approach to the publication process. Capstone course.	Above	1. Submit a manuscript of the DNP Scholarly Project to a professional journal or other venue (Examples: practice guideline, policy, Nursing Commission Rules) using the appropriate publication guidelines.D3; N;P1,3,3,5 2. Prepare for the professional editorial review process via peer review and critique of scholarly	1. Manuscript for publication	OLD CURRICULUM

							manuscripts while meeting deadlines. 3. Discuss ethical issues involved in publishing.		
No Change	651	No Change	Psychopharmacology Across the Lifespan (3)	No Change	NURS 651 focuses on the principles of psychiatric pharmacotherapy across the lifespan, biological mechanisms of action of psychotropic drugs and the role of the advanced practice psychiatric nurse prescriber. The neurobiological underpinnings of symptom etiology and treatment will form the basis of clinical decision-making in all phases of psychopharmacological treatment, for child/adolescent, adult, and geriatric populations.	No Change	1. Apply pharmacokinetic and pharmacodynamic characteristics of psychopharmacological agents used for treatment of mental health and psychiatric disorders. (D1,8; N1,9; P1,8; C8) 2. Differentiate mechanisms of action based on neurobiology of the major categories of psychotropic medications and complementary/alternative medications, and how they affect psychiatric and behavioral symptoms. (D1,8; N1,9; P1,8; C8) 3. Develop psychopharmacological treatment plans that consider symptom remission, side effect management, augmentation strategies, cost,	651 Weekly Logs-Prescribing Through the Ways of Knowing	DNP Essentials: 1, 8 NONPF: 1,2,3,4,5,6, 7,8,9 PLU: 1,2,7,8 Cert: 1,2,3,4,8

						<p>treatment trajectory, drug safety and patient education. (D1,8; N1,9; P1,8; C1,8)</p> <p>4. Utilize principles of health and mental health assessment to formulate an accurate differential in order to identify symptoms that are the focus of pharmacologic treatment, and minimize health risks from psychopharmacologic agents. (D1,8; N1,9; P1,8; C1,2,3,8)</p> <p>5. Choose treatment guideline resources such as evidence-based sources, federal legislation, consensus-based panels, and treatment algorithms to base selection of psychopharmacological agents. (D1,3,8; N1,3,9; P1,8; C2,8)</p> <p>6. Develop client-centered treatment plans based on ethical, rational, economic, and informed principles</p>		
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							of pharmacotherapy. (D1,5,7,8; N1,2,3,4,5,6,7,8,9; P1,2,7,8; C1,2,3,4,8) 7. Select appropriate rating scales for monitoring progress, evaluating side effects, and determining outcomes. (D1,8; N1,9; P1,8; C1,8)		
No Change	652	No Change	Management of Substance-related and Addictive Disorders (2)	No Change	Provides an integrated approach to the neurobiology, assessment, diagnosis, and clinical management of substance-related and addictive disorders across the lifespan.	No Change	1. Examine the neurobiology of substance-related and addictive disorders. (D1; N1; P1; C8) 2. Select appropriate substance use screening tools. (D1,8; N1,9; P1,8; C1,2,8) 3. Develop client-centered treatment plans based on ethical, rational, economic, legal and neurobiological principles. (D1,3,5,8; N1,2,3,4,5,6,7,8,9; P1,3,5,8; C1,2,3,8) 4. Identifies the role of the PMHNP in risk-mitigation strategies in the	652 Complex Patient Case Presentation	DNP Essentials: 1,3,5,7,8 NONPF: 1,2,3,4,5,6,7,8,9 PLU: 1,3,5,7,8 Cert: 1,2,3,8

							areas of opiate use and substance abuse clients. (D1,7,8; N1,6,7,8,9; P1,7,8; C1,2,8)		
No Change	653	No Change	PMHNP I: Psychopathology, Assessment, Diagnosis and Management Across the Lifespan (7)	No Change	Provides an integrated approach to the assessment, diagnosis, and clinical management of psychopathology across the lifespan. An in-depth exploration of the neurobiological underpinnings of mental health problems and psychiatric disorders will serve as the framework of the course. Students will apply principles of neurodevelopment to the assessment, diagnosis, and treatment of individuals across the lifespan with anxiety disorders; depressive disorders; obsessive-compulsive and related disorders;	No Change	<ol style="list-style-type: none"> 1. Discuss the role and scope of the advanced practice psychiatric nurse in providing safe, recovery-oriented care. (D1,8; N1,9; P1,8; C1,2,8) 2. Evaluate legal and ethical issues involved in mental health and psychiatric treatment. (D1,5,8; N1,3,6,7,8,9; P1,5,8; C2,8) 3. Explore the neurobiological psychopathology of mental health problems and psychiatric disorders. (D1; N1; P1) 4. Examine the principles of neurodevelopment across the lifespan in the assessment, differential diagnosis, and treatment of individuals with selected mental health and psychiatric disorders. (D1,8; 	653 1. Clinical Case Presentation 2. DSM-5 Challenge	DNP Essentials: 1,2,5,8 NONPF: 1,3,6,7,8,9 PLU: 1,3,5,8 Cert: 1,2,3,4,8

				<p>bipolar and related disorders; sleep-wake disorders; feeding and eating disorders; elimination disorders; and trauma- and stressor-related disorders. The role and scope of advanced psychiatric nursing practice including foundational legal and ethical issues are incorporated throughout the course. Co-requisite: NURS 651 psychopharmacology</p>	<p>N1,9; P1,8; C1,2,3,8) 5. Implement an integrated approach to the assessment, diagnosis and clinical management of patients with selected acute and chronic mental health and psychiatric disorders across the lifespan, based on neurobiology, neurodevelopment and psychopharmacology. (D1,8; N1,9; P1,8; C1,2,3,4) 6. Assess the impact of trauma and other chronic, comorbid disorders on mental health and psychiatric disorders. (D1,8; N1,9; P1,8; C1,2) 7. Incorporates the patient and family in planning and implementing care. (D8; N7,9; P8; C4,5) 8. Identify professional boundaries to preserve the integrity of the therapeutic</p>		
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							process. (D8; N8,9; P8; C1,2,8)		
No Change	654	PMHNP II: Psychopathology, Assessment, Diagnosis and Management Across the Lifespan (7)	PMHNP II: Psychopathology, Assessment, Diagnosis and Management Across the Lifespan (6)	No Change	Provides an integrated approach to the assessment, diagnosis, and clinical management of complex psychopathology across the lifespan. Students will apply concepts covered in PMHNP I to the assessment, diagnosis and treatment of individuals across the lifespan with schizophrenia spectrum and other psychotic disorders; neurocognitive disorders; disruptive, impulse control and conduct disorders; personality disorders; dissociative disorders; somatic symptoms and related disorders; and sexual,	No Change	<p>1. Examine the role and scope of the advanced practice psychiatric nurse in providing safe, recovery-oriented care. (D1,8; N1,9; P1,8; C2,8)</p> <p>2. Analyze the role of the advanced practice psychiatric nurse in forensic mental health care. (D1,8; N1,9; P1,8; C2,8)</p> <p>3. Evaluate legal and ethical issues involved in mental health and psychiatric treatment. (D1,2,5,8; N1,3,6,8,9; P1,3,5,8; C2,8)</p> <p>4. Apply neurobiological psychopathology to the management of mental health problems and psychiatric disorders across the lifespan. (D1,8; N1,9; P1,8; C1,2,3,8)</p> <p>5. Implement an integrated approach to the assessment, diagnosis and</p>	654 1. Clinical Case Study 2. DSM-5 Challenge	DNP Essentials: 1,2,5,8 NONPF: 1,3,6,8,9 PLU: 1,3,5,8 Cert: 1,2,3,4,8

				<p>gender, and paraphilic disorders. The role and scope of advanced psychiatric nursing practice is expanded from what is covered in PMHNP I to include forensic mental health care. (pre-requisite NURS 653 PMHNP I). (Didactic 2.5, lab/seminar 0.5 credits, clinical 3 credits).</p>		<p>clinical management of selected acute and chronic mental health and psychiatric disorders across the lifespan, based on neurobiology, neurodevelopment and psychopharmacology. (D1,8; N1,9; P1,8; C1,2,3,8) 6. Assess the impact of trauma and other chronic, comorbid disorders on mental health and psychiatric disorders. (D1,8; N1,9; P1,8; C1,2,3,8) 7. Identify professional boundaries to preserve the integrity of the therapeutic process. (D8; N9; P8; C1,2) 8. Provide psychoeducation to individuals, families, and groups regarding mental health problems and psychiatric disorders. (D8; N7,9; P8; C4,8)</p>		
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No Change	655	PMHNP III: Psychotherapies Across the Lifespan (5)	PMHNP III: Family and Group Therapy Across the Lifespan (4)	No Change	Examines methods and major conceptual frameworks of group and family psychotherapy. Group dynamics, systems theory and group therapy models will be applied to the treatment of psychiatric disorders in a variety of settings. An overview and critical analysis of family theories and conceptual models will inform psychotherapy with children, adolescents, adults, elders and their families. (Pre-requisites: NURS 654 PMHNP II). (Didactic 2 credits, clinical 2 credits)	No Change	<ol style="list-style-type: none"> 1. Identify professional boundaries to preserve the integrity of the therapeutic process (D8; N9; P8; C1,2) 2. Analyze legal and ethical issues in group and family therapy. (D1,2,5,8; N1,3,6,8,9; P1,3,5,8; C2,8) 3. Assess the interrelationship of family structure, dynamics, traditions, and function, on the risk for family dysfunction. (D8; N7,9; P8; C4,8) 4. Examine major conceptual frameworks of group and family psychotherapy. (D1; N1; P1; C8) 5. Conduct group psychotherapy, with an emphasis on group theory and methods. (D1,8; N1,9; P1,8; C1,2,3,6) 6. Conduct family psychotherapy, with an emphasis on family theory and methods. (D1,8; N1,9; P1,8; C1,2,3,6) 7. Demonstrate 	655 <ol style="list-style-type: none"> 1.Genogram 2.Family Case presentation 3.Group Therapy Process Analysis 4.Community Group Process Analysis 	DNP Essentials: 1,2,5,8 NONPF: 1,3,6,7,8,9 PLU: 1,3,5,8 Cert: 1,2,3,4,5,6,8
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							cultural awareness in conducting psychotherapies with groups and families. (D8; N7,8,9; P8; C4,5)		
No Change	656	PMHNP IV: Psychotherapies Across the Lifespan (5)	PMHNP IV: Psychotherapies Across the Lifespan (4)	No Change	An overview of the major schools of personality theory, psychological development, and derived individual psychotherapy treatment modalities, to better understand the dynamics of the patient and the therapeutic 1:1 relationship. Students will engage in the therapy process with individuals across the lifespan by implementing selected psychotherapeutic techniques.	No Change	<p>1. Discuss the role and scope of the advanced practice psychiatric nurse in conducting individual therapy. (D1,8; N1,9; P1,8; C1,2,8)</p> <p>2. Identify professional boundaries to preserve the integrity of the therapeutic process. (D8; N9; P8; C1,2)</p> <p>3. Analyze legal and ethical issues in individual psychotherapy. (D1,5,8; N1,3,6,7,8,9; P1,5,8; C1,2)</p> <p>4. Discriminate among major psychotherapeutic modalities of care across the lifespan to encompass theoretical foundations, treatment assumptions, and major interventions. (D1,8; N1,9; P1,8; C1,2,8)</p>	656 1.MI project 2.Standardized psychotherapy training 3. final psychotherapy project	DNP Essentials: 1,5,8 NONPF: 1,3,6,7,8,9 PLU: 1,5,8 Cert: 1,2,4,8

							<p>5. Demonstrate cultural awareness in conducting psychotherapy with individuals. (D8; N7,8,9; P8; C2,4)</p> <p>6. Apply principles of supportive, psychodynamic, cognitive-behavioral, and other evidence-based psychotherapies in individual therapy. (D1,8; N1,9; P1,8; C1,2,8)</p> <p>7. Provide psychoeducation to individuals, families and groups regarding mental health problems and psychiatric disorders. (D8; N9; P8; C1,2)</p>		
No Change	657	No Change	PMHNP Capstone (4)	No Change	In this culminating clinical course students will demonstrate increased competency and accountability in the provision of comprehensive psychiatric-mental health care. Students will gain expertise by	No Change	<p>1. Synthesize and apply expanded knowledge and skills about advanced psychiatric-mental health nursing with individuals, families, groups, communities or systems, integrating leadership and direct patient care activities. (D1,8; N1,9; P1,8;</p>	<p>657 NONPF Gap Analysis Practice Management Project Clinical leadership project Typhon Summary Analysis</p>	<p>DNP Essentials: 1,2,8 NONPF: 1,2,9 PLU: 1,5,8 Cert: 1,2,3,6,8</p>

				<p>working with an identified population of choice and implementing selected psychotherapeutic and pharmacological interventions. Students will develop an individual learning plan to address any gaps in the attainment of required Psychiatric Mental Health Nurse Practitioner competencies. Professional practice issues including contract negotiation and requirements for certification and licensure are included. (Prerequisite NURS 656 PMHNP IV). (Seminar 1 credit, Clinical 3 credits).</p>	<p>C1,2,3,8) 2. Integrate theory and skills related to the indirect care activities of consultation, supervision, education, leadership, and peer review in implementation of the PMHNP role. (D1,2,8; N1,2,9; P1,5,8; C2,6,8) 3. Applies individual, group, family therapy techniques in the provision of advanced practice psychiatric nursing care. (D8; N9; P8; C1,2,3,8) 4. Discuss professional practice issues including contract negotiation, practice management, certification and licensure. (D8; N9; P8; C2) 5. Develop an individual learning plan to address gaps in PMHNP competencies. (D1,8; N1,9; P1,8; C2,8)</p>		
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Overall Analysis: Meeting all the competencies from AACN DNP Essentials, NONPF Population Competencies, and PLU Program Outcomes. It is noted that the objectives related to Information systems and technology are met through objectives in fewer courses than the others.

Action Plan: Review Objectives in all courses, but specifically in the clinical courses and ensure the information technology is addressed in the objectives.

AACN DNP Essentials (D)

- | | |
|---|--|
| 1 | I. Scientific Underpinnings for Practice |
| 2 | II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking |
| 3 | III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice |
| 4 | IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care |
| 5 | V. Health Care Policy for Advocacy in Health Care |
| 6 | VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes |
| 7 | VII. Clinical Prevention and Population Health for Improving the Nation's Health |
| 8 | VIII. Advanced Nursing Practice |

NONPF Population Competencies (N)

- | | |
|---|---|
| 1 | I. Scientific Foundation Competencies |
| 2 | II. Leadership Competencies |
| 3 | III. Quality Competencies |
| 4 | IV. Practice Inquiry Competencies |
| 5 | V. Technology and Information Literacy Competencies |
| 6 | VI. Policy Competencies |
| 7 | VII. Health Delivery System Competencies |
| 8 | VIII. Ethics Competencies |
| 9 | IX. Independent Practice Competencies |

PLU Program Outcomes (P)

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

2	Develop and/or evaluate effective strategies for improvement in practice including risk assessment and quality care delivery approaches that meet current and future needs of patient populations.
3	Integrate and apply current research knowledge to solve complex practice situations while identifying strategies to continuously incorporate and communicate new knowledge.
4	Use information systems/technology to support and improve patient care and healthcare systems.
5	Assume leadership to design, implement, and advocate for health care policy that addresses issues of access, resource management, and equity in health care.
6	Effectively collaborate as a member and/or leader of an interprofessional or a multidisciplinary team to improve health outcomes.
7	Evaluate care delivery models and/or concepts to provide health promotion and risk reduction/illness prevention strategies.
8	Assume the role and distinct skills of the Doctor of Nursing Practice in an area of specialized nursing practice.

PLU ARNP Certificate Outcomes (C)

1	Functions as a licensed independent practitioner.
2	Demonstrates the highest level of accountability for professional practice.
3	Practices independently managing previously diagnosed and undiagnosed patients.
4	Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.
5	Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care.
6	Collaborates with both professional and other caregivers to achieve optimal care outcomes.
7	Coordinates transitional care services in and across care settings.
8	Participates in the development, use, and evaluation of professional standards and evidence-based care.

Appendix C: SNO Bylaws

School of Nursing Organization (SNO) By-Laws

- I. **Name:** The organization will be known as the School of Nursing Organization (SNO) of Pacific Lutheran University.
- II. **Purpose:** Within the framework and philosophy of Pacific Lutheran University and the School of Nursing, the purposes of this organization will be to:
 - A. Participate in the process of strategic planning for the School of Nursing (SoN).
 - B. Develop, implement, and evaluate the curricula for the SoN.
 - C. Develop and recommend SoN student and faculty policies.
 - D. Promote professional growth and development of students and faculty.
 - E. Foster program evaluation and continuous quality improvement for the School of Nursing.
- III. **Membership:** Membership includes the SoN Dean, Associate Dean(s) / Program Coordinator(s), faculty, Student Placement Coordinator(s), and the Advising, Admissions, and Student Support Coordinator. Faculty holding a 0.5 FTE or greater appointment in the School of Nursing are eligible to vote, must serve on SNO committees, and eligible to hold office in the School of Nursing Organization. Faculty holding less than a 0.5 FTE appointment have voice privilege and may vote when present but are not required for quorum, and may volunteer to serve on committees. Electronic voting is permitted when needed at the discretion of the SNO chair.
- IV. **Officers:** Officers shall consist of Chair and Chair-Elect of the SNO; Chair and Chair-Elect of the standing committees: Recruitment, Admissions, and Progressions Committee (RAP); Curricula and Instruction Committee (CIC); the Faculty Recruitment, Achievement, and Development Committee (RAD); and the Program Evaluation Committee (PEC). SNO officers will be elected annually at the May SNO meeting. Faculty serving in administrative leadership roles are not eligible to serve as officers.

Roles and Responsibilities of the SNO Officers:

A. The SNO Chair:

1. Represents and provides leadership for the SNO membership.
2. Presides at the SNO and Executive Council (EC) meetings.
3. Prepares the SNO Agenda with input from EC.
4. Coordinates faculty forums with the EC and RAD Committee Chair.
5. Ensures that proper records of SNO meetings are maintained, with SoN administrative staff support.
6. Serves a term of one year.

B. The SNO Chair-Elect:

1. Assumes the duties of the SNO Chair in her/his absence.
2. Ensures that proper records of EC meetings are maintained.
3. Guides parliamentary procedures at SNO and EC meetings and serve as a procedural consultant to SNO committees.
4. Serves a term of one year, and proceeds to Chair of SNO.

C. Committee Chairs:

1. Preside at committee meetings.
2. Prepare the agenda for the committee.
3. Submit goals for the academic year to EC for review and coordination prior to presentation to the faculty at the October SNO meeting.
4. Submit an annual report by May 30th, or final committee meeting of the academic year, in the committee folder of the SAKAI SoN Program site that reflects:
 - a. Annual goals.
 - b. The achievement and evaluation of those goals.
 - c. The contributions of individual members in the achievement of those goals.
5. Serve a term of one year as committee chair.
6. Collaborate with other committees as needed.

7. With committee recommendation, organize and ascertain student members as required.

D. Committee Chair-Elect

1. Assist the Chair in the performance of her/his responsibilities.
2. Serve as recorder if staff support not available and ensure that proper records of committee meetings are maintained and posted.
3. Assume the duties of the Chair in her/his absence.

V. Election Procedures: Elections will be conducted as follows:

1. An announcement of the available positions for each committee as well as the SNO Chair-Elect position will be provided to the faculty from the EC before the SNO meeting in April each academic year.
2. Faculty will be invited to self-nominate for any available position if eligible. If serving on a committee or in a leadership position faculty must complete their obligated term in that position before beginning to serve in another. Nominations will be accepted if received on or before the SNO meeting in April. The names of those who are willing to serve will be presented at the April SNO meeting.
3. Nominations will also be accepted from the floor at this meeting with the permission of the nominee. All eligible nominees for each position will be placed on the ballot. At least one name must be on the ballot for each position. If this is not accomplished the EC will be responsible for selecting an eligible candidate for the position. Faculty recommendations will be considered.
4. Elections will take place at the May SNO meeting.
5. Confirmation of the final SNO committee slate will occur at the first SNO meeting of the academic year during University Conference.

VI. SNO Meetings:

- A. SNO meetings will be held at least once a month during the academic year and as needed.
- B. Special meetings may be called by the Chair upon the request of any member.
- C. SNO minutes will be recorded by SoN administrative support staff. Minutes will be posted electronically and maintained in hard copy.
- D. Quorum is defined as a majority of all the members described in section III, above, representing faculty with 0.5 FTE appointment or above and in attendance at that meeting. A sign-in sheet will identify members with employment status of 0.5 FTE or greater in order to determine whether a quorum is present for voting.

VII. Committees: The standing committee(s)/council(s) will be: The Executive Council (EC); Student Recruitment, Admissions, and Progressions (RAP) Committee; Curricula and Instruction Committee (CIC); Faculty Recruitment, Advancement, and Development (RAD) Committee; and the Program Evaluation Committee (PEC).

A. Committee Membership:

1. Committee officers and members will be elected by the SNO membership at the May SNO meeting and a final slate confirmation at the first SNO meeting of the academic year during University Conference.
2. Each will have a Chair, Chair-Elect, and other members as needed. Each year the SNO will elect a Chair-Elect, and other members as needed. Additional appointments may be made from within the committee as needed.
3. Those elected to the committee as Chair-Elect will serve in this position for one year and will then become the committee Chair.
4. All committee terms will be for a minimum of 3 years.

B. Executive Council (EC)

The purpose of the Executive Council (EC) is to: Coordinate the governance of the School of Nursing Organization, to facilitate the achievement of the SoN mission, goals, and program outcomes as set forth by the faculty.

Membership will consist of:

1. SNO Chair, who will serve as Chair of EC.
2. SNO Chair-Elect
3. Chairs of standing committees.
4. Associate Dean(s) / Program Coordinator(s).
5. Dean.

Functions and responsibilities of the EC include but are not limited to:

1. Facilitate strategic planning and identification of annual priorities for the SNO.
2. Coordinate and evaluate the work of the standing committees.
3. Communicate with the faculty the activities of the Executive Council.
4. Identify and recommend additional resources required to accomplish the work of the standing committees.
5. Ensure the business of SNO is completed and recorded, including SNO minutes, committee/council minutes, goal statements, annual reports, and any related attachments.
6. Annually review SoN strategic initiatives and indicators, and present to faculty for appropriate action.
7. Review the SNO by-laws annually and make recommendations for revision at the May SNO meeting.
8. Annually present the slate for SNO committee officers.
9. Proposed committee membership will be presented to SNO at the April SNO meeting. The slate will include the faculty representative to the PLU Nursing Alumni Board, Library Liaison, and Delta Iota Chi Faculty Advisor.

C. Student Recruitment, Admissions, and Progressions Committee (RAP)

The purpose of the Student Recruitment, Admissions, and Progressions Committee (RAP) committee is to: Facilitate the development, maintenance, and implementation of School of Nursing (SoN) recruitment, admissions, and progressions policies and procedures; foster student development; and coordinate development of School of Nursing policy relating to students.

Membership will consist of:

1. A minimum of four faculty members, at least one of whom will be tenured/tenure track and faculty representation from both undergraduate and graduate programs.
2. Advising, Admissions, and Student Support Coordinator.
3. Associate Dean(s) / Program Coordinator(s).
4. Four students: One undergraduate, one Entry Level Masters, one post-licensure Masters, and one doctoral representative will be selected by the RAP committee.
5. Student Placement Coordinator(s) serves in an advisory capacity.

Functions and responsibilities of the RAP committee include but are not limited to:

1. Develop, update, and implement policies and procedures for recruitment, admissions, and program progressions. These may include: retention, probation, disciplinary actions, progression, graduation, recognitions, and the awarding of scholarships.
2. Develop and update documents and forms used in recruitment, admissions, and progressions.
3. Facilitate the student recruitment process.
4. Review and recommend to the Dean applicants for admission to the undergraduate and graduate programs.
5. Implement policies and procedure(s) regarding health requirements, contractual obligations of students, and other issues that affect the academic progress of students.
6. Facilitate due process for academic progressions.
7. Maintain School of Nursing student handbooks and communicate approved policies and procedure(s) to persons responsible for appropriate school and university publications.
8. Communicate updates and revisions of student policies to the students.
9. Coordinate student recognition programs.
10. Assure appointment of a Faculty Advisor to Delta Iota Chi

A quorum for RAP is defined as:

1. Four or more RAP members in attendance.
2. Of the four members, three must be faculty.
3. Representation of the relevant academic program must be present for student hearings.

RAP Application and Scholarship Review Sub-committee:

The purpose of the RAP Application and Scholarship Review sub-committee is to: Assist in the application and scholarship review process.

Membership will consist of:

1. A minimum of three faculty.

2. A maximum of two students.
3. Advising, Admissions, and Student Support Coordinator serves as facilitator of RAP Application and Scholarship Review sub-committee.
4. Approval of RAP sub-committee membership will rest with RAP.
5. Any School of Nursing faculty, at any appointment level, may be a member. A three-year commitment is not required.

Functions and responsibilities of the RAP Application and Scholarship Review sub-committee include but are not limited to:

1. Review and recommend to the Dean applicants for admission to the undergraduate and graduate nursing programs.
2. Review and recommend to the Dean recipients for scholarships or awards.
3. Applications to advanced clinical practice programs must be reviewed by advanced clinical practice faculty members.

D. Curricula and Instruction Committee (CIC)

The purpose of the Curricula and Instruction Committee (CIC) is to: Develop, monitor, update, and evaluate the SON curriculum and teaching/ learning methods. The CIC is responsible for policies related to curriculum and teaching/learning, including but not limited to: testing, grading, textbook policies, simulation, computer assisted learning, and curriculum evaluation and revision.

Membership will consist of:

1. A minimum of four faculty members, at least one of whom will be tenured/tenure track.
2. Faculty representation from the BSN, MSN, and DNP programs will be attempted.
3. Representation of the practice areas will be attempted, but may be provided by invitation as needed.
4. Dean and/or Associate Dean(s) / Program Coordinator(s)
5. Four students: two undergraduate, one masters, and one doctoral representatives will be selected by the committee, based on faculty recommendation.

Functions and responsibilities of the CIC committee include but are not limited to:

1. Provide leadership in establishing the end-of-program outcomes for the SoN academic programs.
2. Develop and evaluate curricula in accordance with the established undergraduate/ graduate program outcomes and professional standards and guidelines.
3. Provide leadership for the development, maintenance, updating, and revision of documents on curricular threads and content mapping.
4. Direct and conduct the Quality Cycle for Course and Curriculum Review, as outlined in the School of Nursing Systematic Evaluation Plan.
5. Conduct formal reviews of courses and of the curriculum, and inform faculty of findings annually and/or as indicated.
6. Monitor textbooks and teaching/learning resources.
7. Assure appointment of a Library Liaison.
8. Develop SON academic policy related to: testing, grading, textbook policy, simulation, computer assisted learning, and curriculum evaluation and revision.

E. Faculty Recruitment, Advancement, and Development (RAD) Committee

The purpose of the Faculty Recruitment, Advancement, and Development (RAD) Committee is to: Collaborate in the recruitment of tenure track faculty; support the advancement and development of all faculty; facilitate team-building within the School of Nursing; and foster collaborative alumni relations.

Membership will consist of:

1. A minimum of three faculty members, at least one of whom will be tenured/tenure track.
2. Recommend a minimum of three (3) tenure track faculty
3. Dean or his/her designee.
4. One post-licensure graduate student.

Functions and responsibilities of the RAD committee include but are not limited to:

1. Coordinate recruitment of tenure-track nursing faculty, including collaboration on position descriptions and outreach, facilitating candidate screening and interviews, facilitating stakeholder involvement, and aggregating input for making recommendations to the Dean regarding hire.
2. Provide input on the recruitment and screening of benefitted contingent faculty as needed.
3. Provide an orientation program and ongoing mentoring process for new faculty members.
4. Facilitate faculty development.
5. Coordinate J-term faculty retreats and issues forums.
6. Facilitate the tenure and promotion process for the SoN faculty, articulating expectations for:
 - a. Teaching excellence
 - b. Scholarly activities
 - c. Service
 - d. Practice
7. Coordinate the development, revision, and maintenance of a School of Nursing faculty handbook.
8. Facilitate the process of selection of affiliate faculty for recommendation to the Dean.
9. Coordinate and administer recognition of special occasions, awards, and recognitions for faculty and staff.
10. Coordinate faculty-related components of program evaluation.
11. Collaborate with CIC and relevant faculty in the development of preceptor policies and handbooks.
12. Assure a faculty Alumni Representative
13. Collaborate with the faculty alumni representative to advance alumni relations.
14. Assure PLU Sigma Theta Tau International Counselors have been selected.

F. Program Evaluation (PEC) Committee

The purpose of the Program Evaluation (PEC) Committee is to: Facilitate the development, maintenance, and implementation of School of Nursing (SoN) evaluation/assessment and improvement activities and processes.

Membership will consist of:

1. A minimum of three faculty members, at least one of whom will be tenured/ tenure track.
2. Dean or his/her designee.
3. One post-licensure graduate student

Functions and responsibilities of the PEC committee include but are not limited to:

1. Develop, review, and monitor SoN program evaluation, assessment of student learning, and quality improvement processes and activities.
2. Coordinate nursing program assessment and evaluation activities, as described in the SoN Systematic Evaluation Plan.
3. Review the effectiveness of plans and practices for program evaluation and assessment of student learning.
4. Collaborate with SoN administration, committees, and support staff in regard to preparing, distributing, recording, collating, and maintaining assessment/evaluation data and materials.
5. Receive and review processed evaluation data, identifying trends and patterns.
6. Collaborate with appropriate SoN committees for the review and analysis of evaluation reports, and with the SoN for discussion, analysis, and quality improvement decision making.
7. Recommend SoN improvement initiatives based on the analysis of assessment/evaluation data.
8. Collaborate with SoN administration and committee chairs for the planning and implementation of an annual SoN Evaluation Day.
9. Facilitate articulation of SoN assessment/evaluation initiatives with those of the University.
10. Follow-up regarding effectiveness of quality improvement initiatives.
11. Monitor and propose revisions to the SoN Systematic Evaluation Plan.

G. Committee meetings/records

1. The minutes of SNO and standing committee meetings will be available to all SNO members. Original/corrected copies are kept on file in the SoN file.
2. Dates and agenda of committee meetings will be communicated appropriately so the other SNO faculty members may attend or provide input.
3. Committee minutes will include: topics, decisions made, and actions. Accountable persons will be identified. Attachments and/or documents will be included.
4. Recommendations for SNO consideration will be distributed to SNO members at least five (5) days in advance of the SNO meeting.

VIII. Parliamentary Procedure

Robert's Rules of Order (Revised) will be the guide for the conduct of all meetings and the authority for matters not covered here-in.

IX. Amendment of Bylaws

Rules and regulations may be amended at any SNO meeting by a two-thirds majority vote providing:

1. The proposed change(s) have been presented to the members in writing at least two (2) weeks prior to the time of the meeting, and
2. The proposed change is congruent with University policy.

Revision/Approval History:

5/27/2015 SNO

9/1/2016 SNO

5/17/2017 SNO

5/16/2018 SNO

5/15/2018 SNO

9/3/2019 SNO

Appendix D: Workload Calculation (excerpt from faculty handbook)

Essential Considerations:

Teaching is the primary mission of the university and is the primary basis for the quantitative determination of faculty load. In accord with the PLU Faculty Handbook, the workload for each academic year is generally described in terms of 24 equated semester hours or workload teaching units (WTUs). The expectation of 24 semester hours is the guideline used in assigning course and clinical teaching.

Faculty role expectations for service, advising, and scholarship are also included in the faculty member's scope of responsibility, in addition to the required teaching load. At this time the SoN does not have sufficient allocated resources to award workload credit for these additional responsibilities.

A faculty practice day and 3 credit release per AY is provided to faculty who are required to maintain practice for national certification.

Course release for administrative responsibilities, strategic initiatives, and funded grants and programs is individually determined.

Required nursing education regulatory standards and guidelines adhered to in this document include: Commission on Collegiate Nursing Education (CCNE) Accreditation Standards (2018); National Task Force Guidelines for Nurse Practitioner Education (2016); current State of Washington Nursing Commission Quality Care administrative code (NCQAC WAC); and Licensure, Accreditation, Certification, and Education guidelines (LACE, 2011). Other nursing education regulatory standards and guidelines are consulted as necessary.

Graduate Courses:

Didactic Course Instruction:

1 course credit hour = 1 contact hour = 1 WTU

1 course credit seminar = 2 contact hours = 100 minutes = 1.5 WTU

In courses taught by more than one faculty member, the WTUs are split proportionately, based on the percentage of instruction provided.

In team-taught courses and at the discretion of the Dean, the course lead/course coordinator receives an additional 0.5-1.0 WTU, depending on available resources and the complexity of the coordinating activities. Generally, 1.0 additional WTU is awarded to the faculty member serving as course lead.

DNP Capstone Supervision = .3 WTU per course per student, maximum 6 students.

New course preps are allocated an additional 0.5 WTU.

Large section size (> 24 grad students) is allocated an additional 1.0 WTU.

Extra-large section size (> 35 grad students) is allocated an additional 1.5 WTU or an additional section is scheduled.

Lab-Based Instruction: Section size will vary, depending on lab activities and capacity. 1 credit Lab = 2 contact hours = 100 minutes = 1.5 WTUs

Precepted Clinical: NP precepted practicum (FNP & PMHNP), section size = 6 students maximum .25 WTU per student.

DNP Practicum: DNP Project courses, section size = 4-6 students maximum ~0.3 WTU per student per course.

Other:

FNP and PMHNP lead faculty are credited 6 credits per year for lead faculty responsibilities.

Release time can be provided for funded grant initiatives, according to the terms of the grant award.

Variable WTUs may be assigned for other essential program needs, administrative responsibilities, major service contributions, or major faculty development initiatives.

Course and other Workload Assignments:

Faculty assignment to courses, clinical sections, and other components of faculty load is the responsibility of the SoN Dean or the Dean's designee. Input from faculty as to their course and workload assignment preferences will be sought on a periodic basis and as needed.

Appendix E: DNP/Certificate Faculty

Last Name	First Name	Degree/ Certifications	Experience	2018-2019			2019-2020			2020-2021		
				Status (FT-TT, FT/Contingent w-benefits or PT)	Courses Taught	WTUs	Status (FT-TT, FT/Contingent w-benefits or PT)	Courses Taught	WTUs	Status (FT-TT, FT/Contingent w-benefits or PT)	Courses Taught	WTUs
Allen	Rebecca	PhD, MSN, PMHNP, ARNP, Licensed Psychologist	Over 30yrs practice as child psychologist & PMHNP & over 5yrs PMHNP educator	PT	653 PMHNP I 654 PMHNP II	6.5	FT- Contingent	653 PMHNP I 654 PMHNP II	5.8	FT- Contingent	681 D.N.P Seminar 653 PMHNP 682 D.N.P. Proj I 683 D.N.P. Proj II 654 PMHNP 684 D.N.P Proj Eval 699 D.N.P. Capstone	13
Barta	Maureen	DNP, MSN, RN, CCRN	Over 20 yrs Critical Care, Comm Hlth Prac & Admin and over 5 yrs educator	PT	580 Primary Care Proc	4				FT- Contingent	681 D.N.P Seminar 682 D.N.P Proj I 705 D.N.P. Capstone 683 D.N.P Proj II 684 D.N.P. Proj Eval	7.5
Bowman	Mason	Pharm D, BCACP	Over 10 yrs as a Pharmacist				PT	731 Adv Pharm	1.5			
Champ- Gibson	Erla	PhD Nur, Mdiv	Over 20 yrs M/S & CH practice & University Nursing Educator	FT-TT	532 Care & Outcome	2						
Cook	Corey	PhD, MS	Over 5 yrs as a psychology educator	PT	681 PMHNP Capstone	3				FT- Contingent	681 D.N.P Seminar 682 D.N.P Proj I 683	4.8

										D.N.P Proj II 684 D.N.P. Proj Eval		
Corona	Andrea	Pharm D	Over 10 years as clinical pharmacist, Teaches in Pharm Residency program & PLU instructor over 5 years	PT	583 Primary Care Proc	3	PT					
George	Pam	EdD, MSN, MSA, RN	Over 20 yrs as a nurse educator	FT-Contingent	531 Care & Outcome 627 Policy & Politics 532 Care & Outcomes	11						
Gillespie	Kerstin	DNP, ARNP, FNP-BC	Over 20 yrs of nursing experience						PT	695 Trans to DNP	1	
Graf	Cheryl	ARNP, MSN, MBA	Over 5 yrs as a nurse educator, consulting & leadership experience	PT	540 Illness Mgmt 582 Primary Care Proc	10			PT	732 Adv Phyc Assessment	3	
Guerrero	Lorena	PhD Nur, FNP	Over 15 yrs practice as FNP and university level nurse educator	FT-TT	584 FNP I 524 Advanced Health 527 Evls and Outcomes	22.3	FT-TT	681 DNP Seminar 682 DNP Proj I 683 DNP Proj II 684	9	FT-TT	732 Adv Phyc Assessment 772 FNP I	3.75

					585 FNP II 682 DNP Proj I 683 DNP Proj II 684 DNP Proj Eval 699 DNP Proj Capstone 681 PMHNP Capstone			DNP Proj Eval 699 DNP Capstone 734 Evals & Outcomes				
Harvey	Kayla	RN, MS, PNP- BC	PhD candidate, 3 yrs as a nurse educator, over 20 yrs of nursing experience				PT	702 Info Systems	3	PT	702 Info Systems	3
Harvey	Sheree	DNP FNP	Over 3 years as Nurse Practitioner							PT	773 FNP II	2
Hirsch	Kelsey	PhD Nurs Science, BSN	Over 3 yrs as a nurse educator	PT	531 Care & Outcome	2.5						
Ho	Joseph	MD, PhD	Over 14 years practicing Medicine							PT	730 Adv Pathophysiology	3
Huda	Piruz	MSN, PMHNP	Over 15 yrs as a nurse educator,	PT	653 PMHNP I	2	PT	653 PMHNP I	1.4			

			over 15 yrs as psychiatric NP		654 PMHNP II			654 PMHNP II				
Huntington	Sarah	MPH, MSN, IBCLC, RN, ARNP	Over 20 yrs experience in mutiple roles such as a midwife, nurse educator, and ARNP							PT	772 FNP I	1.5
Knowlton	Richard	DNP, FNP-BC, Ret Col, USA	Over 20 yrs of Multiple practice & admin roles as ARNP internationally	FT-Contingent	523 Role of Adv Nurs 563 Prim Care Proc 585 FNP II 582 Primary Care Proc	10.5	FT-TT	681 DNP Seminar 682 DNP Proj I 683 DNP Proj II 684 DNP Proj Eval 699 DNP Capstone 703 Org & Syst Ldrshp 730 Adv Path	12	FT-TT	700 Adv Prac Roles 703 Org/Leadership 730 Adv Path 773 FNP II	10.5
Kushner	Jodi	DNP, MSN, RN, CHSE, CNE	Over 10 yrs experience as a nurse educator, over 15 yrs	FT-TT	540 Illness Mgmnt	1						

			nursing experience									
Lancaster	T. Levi	PharmD, BCPS, BCACP	Over 5 yrs experience as a pharmacist				PT	731 Adv Pharm	1.5			
Limandri	Barbara	PhD, PMHNP, BC		PT	656 PMHNP IV	3.25						
Mariella	Anne	PhD NurSci, Midwife (inactive)	Over 20yr practices as Women's Health Spec & Midwife & researcher and educator	PT	525 Theory Fndtns 630 Analytic Methods 562 Mgmt Mntl Hlth	7				PT	721 Epidemiology	3
Martin	Molly	DNP, MSN, ARNP	Over 5 yrs as a ARNP	PT	525 Theory Fndtns 580 Primary Care Proc	6				PT	733 Adv Hlth Promo 772 FNP I 773 FNP II	6
Massey	Robert	PhD, RN, NEA-BC	Over 15 yrs as a nurse educator				PT	720 Analytic Methods	3	PT	681 D.N.P. Seminar 720 Analytic Methods 682 DNP Proj I 683 DNP Proj II 684 DNP Eval 699 DNP Capstone 790 Translation Re 791 Proposed Sem	13

Matyac	Carrie Ann	DNP, ARNP, FNP-BC	Over 15 yrs practice as an ARNP and over 10 yrs as nurse educator	PT	561 Mgmt Mental Hlth 584 FNP I 585 FNP II 682 DNP Proj I 683 DNP Proj II 684 DNP Proj Eval 699 DNP Proj Capstone 562 Mgmt Mntl Hlth	9.9	PT	681 DNP Seminar 682 DNP Proj I 683 DNP Proj II 684 DNP Proj Eval 699 DNP Capstone 731 Adv Pharm 701 Theory Fndtns	10	FT-TT	681 D.N.P. Seminar 701 Theory Fndtns 682 D.N.P. Proj I 772 FNP I 683 D.N.P. Proj II 684 D.N.P. Proj Eval 699 D.N.P. Capstone 731 Adv Pharm 773 FNP II	19.8
McAbee	Laura	MSN, ARNP, FNP-BC, CNL, CEN	Over 15 yrs as a nurse educator							PT	772 FNP I 773 FNP II	3
Mize	Emily	PhD Nur, RN	Over 30 yrs practice, admin & higher ed educator	PT	623 Fam Nur Prac Capstone	2.2						
Moller	Mary	PhD (h), DNP, MSN, APRN, PMHCNS-BC, CPRP, FAAN	Over 30 yrs practice & admin as PMH specialist & PMHNP and nurse educator, & researcher	FT-TT	526 Nurs Leadership 651 Psych Pharm 653 PMHNP I 682 DNP Proj I 683 DNP Proj II 654 PMHNP II 657	20.2	FT-TT	653 PMHNP I 654 PMHNP II 656 PMHNP IV 657 PMHNP Capstone	11.1	FT-TT	653 PMHNP I 656 PMHNP IV 657 PMHNP Capstone	13

					PMHNP Capstone 684 DNP Proj Eval 699 DNP Proj Capstone 655 PMHNP II 681 PMHNP Capstone 623 Fam Nur Prac Capstone							
Morrison	Megan	PhD, RN, ARNP, FNP- BC, ACHPN	Over 20 yrs nursing experience	PT	525 Theory Fndtions	3						
Muturi	Patrick	PhD, MSN, CNE, PMHNP-BC, BSN, BA, RN	Over 10 yrs of nursing experience, over 5 yrs as a nurse educator				FT-TT	651 Psycho Pharm 653 PMHNP I	4.5	FT-TT	651 Psycho Pharm	3
Nice	Lindsey	PhD, MS		PT	655 PMHNP II	3.75	PT	655 PMHNP III	1.75	PT	655 PMHNP III	2
Overly	Kathy	DNP, ARNP		PT	695 Transition to DNP	1.5						
Pepin	Christina	PhD, RN, MSN, CNE	Over 10 yrs as a nurse educator, over 15 yrs	PT	531 Care & Outcome	2.5						

			nursing experience									
Pratt	Lisa	DNP, PMHNP-BC, ARNP	Over 5 yrs psych nursing experience, over 5 yrs as nurse educator				PT	652 Substance Mgmt	2	PT	652 Mgmt Substance 653 PMHNP I 654 PMHNP II	5
Raffesberger	Jonathan	DNP, ARNP, NP-C	2 years as Nurse Practitioner							PT	733 FNP II	
Richardson	Kathleen	DNP, RN, ARNP, CNS, NP-C, ENP-BC, CEN, FAEN LTC Ret. USA	Over 20 yrs clinician as ER nurse, FNP, multiple admin positions in US Army, and over 10 yrs experience as nurse educator	FT-TT	563 Primary Care 631 Translating Re 562 Mgmt Mntl Hlth 681 PMHNP Capstone 623 Fam Nur Prac	11.1	FT-TT	681 DNP Seminar 682 DNP Proj I 683 DNP Proj II 684 DNP Proj Eval 699 DNP Capstone	2.5	FT-TT	770 Primary Care Procedures	3
Robinson	MaryLou	PhD Nur, APRN, FNP, CCRN, LTC Ret. USA	Over 30 yrs practice as FNP, educator, and international experience	FT-TT	523 Role of Adv Nurs 594 FNP Capstone	5.5	FT-TT	681 DNP Seminar 682 DNP Proj I 683 DNP Proj II 684 DNP Proj Eval 699 DNP Capstone	6			

								700 Adv Practice Role				
Schwinck	Jessica	DNP, MSHS, RN, CEN, CWOCN, ACCNS-AG, AGACNP-BC, FNP-BC	Over 3 yrs as a nurse educator, over 15 yrs nursing experience in multiple capacities in the US Army	FT-Contingent	531 Care & Outcome Mgr 682 DNP Proj I 683 DNP Proj II 684 DNP Proj Eval 699 DNP Proj Capstone 681 PMHNP Capston	10	FT-Contingent	704 Policy & Politics 731 Adv Pharm	6	FT-TT	681 D.N.P. Seminar 682 D.N.P. Proj I 770 Prim Care Proc. 683 D.N.P Proj II 704 Policy & Politics 684 D.N.P. Proj Eval 699 D.N.P Capstone 790 Translating Re 791 Prop Seminar	15.8
Simpson	David	PhD Social Work, MSSA, BBA	Over 10 yrs as an educator, over 20 yrs experience in psychiatry	PT	655 PMHNP II	3.75	PT	655 PMHNP III	1.75	PT	655 PMHNP III	2
Thomas	Jennifer	PhD, MSN, RN	Over 10 yrs experience as a nurse educator, over 15 yrs nursing experience							FT-Contingent	734 Eval and Outcomes 790 Translation Research 791 Proposal Sem	7
Wallace	Sharon	PhD, MSN, RN, CCRN-K	Over 20 yrs M/S & Crit, care practice &	FT-TT	526 Nur Ldrship Mgmt 527	16.5	FT-TT	681 DNP Seminar 682 DNP	3			

			nurse educator roles		Eval & Outcomes 540 Illness Mgmt 531 Care & Outcome Mgr. 532 Care & Outcomes			Proj I 683 DNP Proj II 684 DNP Proj Eval 699 DNP Capstone				
Wheeler	Jessica	DNP, MSN, ARNP, FNP-C	Over 10 yrs primary care practice with emphasis on Mental Hlth	PT	652 Mgmt Substance Dis	2				PT	771 Psych For Primary Care	2
Zaichkin	Dana	PhD Nur, MHA, RN	Over 20yrs M/S, CH & clinical admin and over 15 yrs nurse educator	FT-TT	530 Resource Mgmt 625 Fam Nur Prac Capstone	10	FT-TT	721 Epidem & BioStats	3			

Appendix F – Program Sequencing

DNP and Certificate Course Sequencing Table

Year of Program	Summer	Fall	J-Term	Spring
1	NURS 700 Advanced Practice Roles (2) NURS 701 Theoretical Foundations (3) NURS 702 Information Systems and Patient Care Technology (3)	NURS 703 Organizational and Systems Leadership (3) NURS 720 Analytical Methods (3) NURS 721 Epidemiology and Biostatistics (3)	NURS 704 Policy and Politics (3)	NURS 730 Advanced Pathophysiology (3) NURS 731 Advanced Pharmacotherapeutics (3) NURS 743 Evaluation and Outcomes Research (3)
Credits/Semester	8	9	3	9
2	NURS 732 Advanced Physical Assessment (4) NURS 733 Advanced Health Promotion (2)	NURS 770 Primary Care Procedures (3) NURS 771 Psych for Primary Care (2) NURS 772 Family Nurse Practitioner I (5) 120 hrs clinical NURS 651 Psychopharmacology Across the Lifespan (3) NURS 652 Management of Substance-Related and Addictive Disorders (2) NURS 653 Psychiatric Mental Health Nurse Practitioner I (7) 180 hrs clinical	NURS 705 Resource Management (3)	NURS 773 Family Nurse Practitioner II (5) 120 hrs clinical NURS 654 Psychiatric Mental Health Nurse Practitioner II (7) 180 hrs clinical NURS 790 Translating Research (3) NURS 791 Proposal Seminar (1) 60 hrs clinical
Credits/Semester	6	10	3	9
3	NURS 774 Women and Children (4) 120 hrs clinical NURS 655 Psychiatric Mental Health Nurse Practitioner III (5) 120 hrs clinical NURS 792 DNP Scholarly Project I (2) 120 hrs clinical	NURS 775 Family Nurse Practitioner III (5) 120 hrs clinical NURS 656 Psychiatric Mental Health Nurse Practitioner IV (5) 120 hrs clinical NURS 712 Trauma Informed Care (3) NURS 750 Primary Care for Psych Mental Health (2) NURS 793 DNP Scholarly Project II (2) 120 hrs clinical	NURS 794 DNP Scholarly Project III (2) 120 hrs clinical	NURS 776 Family Nurse Practitioner IV (4) 120 hrs clinical NURS 657 PMHNP Capstone (4) NURS 796 Transition to DNP Practice (1) NURS 799 DNP Scholarly Project IV (3) 60 hrs clinical
Credits/Semester	6	7	2	8

Note: Core DNP Courses Annotated in Black – Taken by all DNP students

Core FNP Courses annotated in Red – Taken by Certificate students and FNP/DNP students

Core PMHNP Courses annotated in Blue – Taken by Certificate students and PMHNP/DNP students