CCNE

COMMISSION ON
COLLEGIATE NURSING
EDUCATION

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CCNE-ACCREDITATION

May 23, 2013

Karen L. Miller, PhD, RN, FAAN
Dean and Professor
School of Nursing
University of Kansas
3901 Rainbow Boulevard, Mail Stop 2006
Kansas City, KS 66160

Dear Dr. Miller:

The Commission on Collegiate Nursing Education's (CCNE) Board of Commissioners acted at its meeting on April 25-27, 2013, to grant accreditation to the baccalaureate degree program in nursing, master's degree program in nursing, and Doctor of Nursing Practice (DNP) program at University of Kansas for 10 years, extending to June 30, 2023. These accreditation actions are effective as of October 17, 2012, which is the first day of the programs' recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the fall of 2022.

At its meeting, the Board determined that the programs met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, a Continuous Improvement Progress Report (CIPR) must be submitted at the mid-point of the accreditation term. The CIPR must address the nursing programs' continued compliance with all accreditation standards. The deadline for submitting the progress report to CCNE is June 1, 2018. The Report Review Committee, and then the Board, will review the progress report in the winter of 2018. For more information about CIPRs, please refer to the CCNE *Procedures for Accreditation of Baccalaureate and Graduate Degree Nursing Programs*, available at http://www.aacn.nche.edu/ccne-accreditation/Procedures.pdf.

Please note that the aforementioned CIPR needs to address the CCNE standards that are in effect at the time of submission. In the reminder letter sent approximately five months prior to the CIPR due date, CCNE will inform the program of the specific standards to be used and will provide guidance for the preparation of the report.

A copy of the accreditation report that was sent to you earlier, along with your response to it, is being transmitted to the institution's chief executive officer as the Commission's official report to University of Kansas. We hope that both the results of the self-study process and the accreditation report will be useful to the continued growth and development of the nursing programs. Certificates of accreditation will be mailed to your attention this summer.

If a program or institution elects to make public disclosure of a program's CCNE accreditation status, the program or institution must disclose that status accurately. Either of the following statements may be used for disclosure of the accreditation status to the public:

> The (baccalaureate/master's/DNP program) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, (202) 887-6791.

> The (baccalaureate/master's/DNP program) at (institution) is accredited by the Commission on Collegiate Nursing Education (http://www.aacn.nche.edu/ccne-accreditation).

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ACADEMIC & STUDENT AFFAIRS
SCHOOLS OF HEALTH PROFESSIONS & NURSING

Serving the Public Interest
Through Quality Accreditation

As a reminder, programs are expected to continue to comply with the CCNE standards and procedures throughout the period of accreditation. This includes advising CCNE in the event of any substantive change in the nursing programs or of any major organizational changes that may affect the programs' administration, scope, or quality. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are discussed further in the CCNE *Procedures*.

We appreciate the many courtesies and the helpfulness extended to the CCNE evaluation team in the fall of 2012. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing programs.

Sincerely,
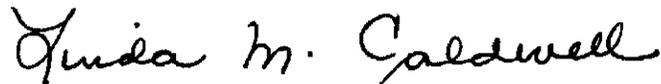
Linda M. Caldwell, DNSc, ANP-BC
Chair, Board of Commissioners

cc: CEO Bob Page
        CCNE Board of Commissioners
        CCNE Accreditation Review Committee
        CCNE Evaluation Team

EVALUATION TEAM REPORT ON THE ACCREDITATION REVIEW
OF THE BACCALAUREATE AND MASTER'S DEGREE PROGRAMS IN NURSING
AND THE DOCTOR OF NURSING PRACTICE PROGRAM
AT
UNIVERSITY OF KANSAS

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<u>Introduction</u>

This report presents the findings of the evaluation team from the Commission on Collegiate Nursing Education (CCNE), the accrediting body responsible for the evaluation of baccalaureate and graduate degree programs in nursing, regarding the Bachelor of Science in Nursing (BSN), the Master of Science in Nursing (MS), and the Doctor of Nursing Practice (DNP) programs at University of Kansas (KU) and their compliance with CCNE's standards for accreditation. The BSN and MS programs were granted accreditation by CCNE in 2003 and are being reviewed for continuing accreditation. The DNP program was reviewed for initial accreditation in 2010 and is also being reviewed for continuing accreditation.

KU established in 1866, is the largest state-sponsored university in the state of Kansas. KU is a major public research and teaching institution that operates through a diverse, multi-campus system. The Lawrence Campus and the Medical Center enrolls 28,718 students and employs more than 13,540 faculty and 10,923 staff. Governed by the Kansas Board of Regents, KU is authorized to offer 199 baccalaureate and 222 masters, doctorate, and professional degree programs. The university was last accredited by the Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools in 2005 for a period of ten years. KU holds a Carnegie classification of Research University/Very High Research Activity. KU was ranked 106th in the 2013 edition of *Best Colleges in National Universities.* Additionally, it was listed as a "Best in the West" school for academic programs in communications, education, engineering, journalism, music, nursing, premedical sciences, and the social sciences.

With an 84-acre campus located in Kansas City, University of Kansas Medical Center (KUMC) serves Kansas through excellence in education, research, patient care and community engagement. Representatives of KUMC "work with communities in every Kansas County to improve the health of Kansans." The University of Kansas Hospital, a separate entity is located on the KUMC campus. The hospital has consistently earned national recognition for the outstanding quality and safety of patient care. Through a collaborative relationship, KUMC and KU Hospital offers researchers, faculty, students, physicians, nursing staff and other interdisciplinary teams an opportunity to work together. University officials and other constituents who met with the evaluation team reported that KUMC is known as the leading graduate and health science campus in the system. KUMC serves more than 3,270 students annually,

including 2,035 graduate/professional students, 784 medical residents, fellows, or traineeships, and 451 undergraduate students.

The School of Nursing (SON) located on the KUMC campus, opened in 1906 as a diploma program. In 1929, a baccalaureate program was established and both programs existed until 1951 when the three-year diploma program was phased out. In 1961, the registered nurse (RN) to BSN track was added to provide educational opportunities for registered nurses with an associate degree or diploma in nursing who wanted to advance their academic qualifications. The SON offers graduate programs leading to a MS in adult gerontological clinical nurse specialist (AGCNS), adult gerontological nurse practitioner (AGNP), family nurse practitioner (FNP), nurse midwife (NM), mental health nurse practitioner (MHNP), organizational leadership, healthcare informatics, public health nursing and clinical research management. The DNP program, implemented in 2008, prepares advanced practice nurses at the highest level of nursing practice. At present, 260 students are enrolled in the baccalaureate program, 296 students in the master's program, and 95 students in the DNP program. There are 20 full-time, four part-time and 20 adjunct faculty in the undergraduate program. Also there are 33 full-time, 11 part-time, and three adjunct faculty in the graduate programs. Additional faculty are hired each semester in temporary faculty positions as needed. The BSN, MS, and DNP programs were approved by the Kansas State Board of Nursing; the next state review is scheduled for Fall 2012.

The team was afforded full cooperation in its efforts to assess the programs and to confirm the self-study document. The team would like to take this opportunity to thank the program for its hospitality and consideration during the on-site evaluation.

<u>Meeting of CCNE Standards</u>

While visiting the campus in Kansas City, Kansas, the evaluation team had an opportunity to interview school and university officials; program faculty, students, and alumni; and community representatives. The team reviewed information in the self-study document and in the resource room, as well as other materials provided at its request. In addition, the team also observed classroom and clinical activities. The following assessments were made regarding compliance with the CCNE *Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs* by the baccalaureate and master's degree programs in nursing and the DNP program at the institution.

STANDARD I
PROGRAM QUALITY: MISSION AND GOVERNANCE

The mission, goals, and expected aggregate student and faculty 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.

This standard is **met** for the baccalaureate program.
This standard is **met** for the master's program.
This standard is **met** for the DNP program.

I-A. The mission, goals, and expected student outcomes are congruent with those of the parent institution and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

> *Elaboration: The program's mission statement, goals, and expected student outcomes are written and accessible to current and prospective students. A mission statement may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree programs exist. Expected student outcomes are clear and may be expressed as competencies, objectives, benchmarks, or other language congruent with institutional and program norms.*

> *The program identifies the professional nursing standards and guidelines it uses, including those required by CCNE and any additional program-selected guidelines. A program preparing students for specialty certification incorporates professional standards and guidelines appropriate to the specialty area. A program may select additional standards and guidelines (e.g., state regulatory requirements), as appropriate. Compliance with required and program-selected professional nursing standards and guidelines is clearly evident in the program.*

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: As stated in the self-study document, the mission of the SON is to, "Educate students for diverse and changing roles as clinicians, educators, researchers, and leaders; discover new knowledge for nursing and healthcare; and apply our expertise in service to the global community." The KUMC mission is "To serve Kansas through excellence in education, research, patient care and outreach." The KU mission is, "To educate leaders, build healthy communities, and make discoveries that will change the world. These missions are congruent and complement each other. In 2010 a new strategic plan with goals, and strategies was

developed at the KU Lawrence campus and each school at KUMC. Each school identified priority strategies that would be targeted for implementation in the first year (2011) and the second year (2012). SON faculty describe the process as inclusive and energizing and feel that the strategic plan is a 'living document' that informs their day-to-day environment. Six goals/strategic priorities have been identified for the 2012-2013 academic year. The central challenge for the SON is to "provide innovative leadership to shape the future of nursing in and beyond Kansas." One of several examples of the SON's strategic priorities documented in the self-study document is "provide optimum portfolio of high quality academic programs." The objectives for this goal are to "assess current and future programs considering key needs, trends, and cultural influences: prioritize range of programs and determine the target enrollment of each, and develop quality indicators within and across programs." The recommendations generated from faculty work on these objectives are cited in a midyear progress report. This report indicates that the SON will emphasize increasing the percent of RN to BSN students, decide the future of the MS program and increase the number of students who progress from the BSN to the DNP or PhD programs. It is clear that the faculty endorse and are participating in actualizing this portion of the strategic plan.

The SON identified national standards appropriately based on programs. These include the American Association of Colleges of Nursing's (AACN) *The Essentials of Baccalaureate Education for Professional Nursing Practice (Baccalaureate Essentials)* (2008) *The Essentials of Master's Education for Advanced Practice Nursing (Master's Essentials)* (1996) and the *Essentials of Doctoral Education for Advanced Nursing Practice* (*DNP Essentials)* (2006) Additional standards for nurse practitioners, midwifery, leadership and informatics are also identified in the self-study document.

I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:
- **professional nursing standards and guidelines; and**
- **the needs and expectations of the community of interest.**

Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement. The program afforded the community of interest the opportunity to submit third-party comments to CCNE, in accordance with accreditation procedures.

Compliance Concerns?   Baccalaureate: No

                                                Master's: No

                                                DNP: No

Rationale: There is a detailed and defined evaluation plan in the self-study document. Timelines are established, committees or individuals are assigned specific tasks, and process results and action are described. Most benchmarks are clear and measurable.

The SON identifies its external communities of interest as the SON alumni association, the Kansas State Board of Nursing, Kansas legislature and local and national professional nursing organizations. The internal communities of interest include the Kansas Board of Regents, KU and KUMC administrators, the SON advisory board, and SON faculty, staff and students. An example of input from the communities of interest includes the stakeholder needs assessment done in 2005 to inform the decision to open a DNP program. Interviews conducted by the team with students, employers, advisory board members and alumni support the involvement of these stakeholders in the plans for program development and improvement.

I-C. Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.

> *Elaboration: Expected faculty outcomes are clearly identified by the nursing unit, are written, and are communicated to the faculty. Expected faculty outcomes are congruent with those of the parent institution.*

Compliance Concerns?   Baccalaureate: No

                                                Master's: No

                                                DNP: No

Rationale: Criteria for faculty appointment, promotion, and tenure (APT) are described in the process and criteria for faculty appointment, promotion, & tenure found within the self-study document. APT guidelines are based on the Boyer scholarship model and have been refined several times since the development of the document in 1999. APT guidelines are consistent with KUMC appointments to the tenure, research or clinical tracks. The SON recently revised annual reviews and documentation to be consistent with the APT criteria. Faculty set goals each year for scholarship in teaching, application, integration, discovery, and citizenship and then describe if and how those goals were met in an annual report. The team during interviews with faculty, had faculty confirm their understanding and support for the review process.

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

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation.

Compliance Concerns?   Baccalaureate: No

                                            Master's: No

                                            DNP: No

Rationale: The SON dean serves as the dean of the school of health professions and senior vice chancellor of KUMC. Faculty expressed a great deal of satisfaction with the dean's performance in these dual roles. Faculty stated that the dean represents the interests of the SON faculty, and faculty appear proud of the recognition of her administrative skills. Faculty participate in leadership roles in the campus wide governance through faculty assembly. There are 16 KUMC faculty committees listed with SON representation on all but one.

The 2012 modified SON organizational structure is available in the self-study document. The structure is described as a matrix that describes the administrative relationships among the dean, associate deans and program directors. The SON role and scholarship matrix delineates the relationship of academic graduate and undergraduate programs, research, and practice to meet the expectations of scholarship and citizenship. The two academic affairs associate deans (associate dean for undergraduate programs and associate dean for graduate programs) are responsible for the development and systematic evaluation of faculty and courses within their respective programs to maintain excellence in the academic mission of the SON.

The associate dean for research is responsible for the activities of the Office of Grants and Research (OGR) to support SON faculty in their research efforts.

SON bylaws describe the faculty governance structure. Standing SON committees include curriculum, APT, student admissions and progression, research, continuing nursing education and practice. Advisory councils for each of the programs are described as a forum for faculty to discuss and vote on quality improvement recommendations for curricula and academic program issues. The purpose and rules for advisory committees are described in the self-study document.

Students in good standing have the opportunity to serve on all SON committees with the exception of APT. However student participation on these committees is limited as confirmed by a review of SON committee minutes by the team. During a meeting with students a student discussed her participation on the curriculum committee with the team. RN to BSN, MS and DNP students described the difficulty of participation due to work schedules and distance from campus.

I-E. Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, transfer of credit policies, grading policies, degree completion requirements, tuition, and fees are accurate.

> *Elaboration: A process is used to notify constituents about changes in documents and publications. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.*

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: Documents and publications are accurate. The website, reviewed by the team during the on-site evaluation, included a description of the CCNE on-site evaluation and opportunity for input from the public. The SON has transitioned all the advanced practice options to the DNP for the next admission cycle. This information is available through the website but might be difficult to follow for a potential applicant who is unaware of the changes in advanced practice nursing education. For instance, when searching the internet for PMHNP at KU, a webpage appears with a link to the PMHNP option in the SON. That link takes the user to the MS program webpage, which no longer lists the PMHNP option. The PMHNP option webpage is found on the DNP program webpage, consistent with the SON offering but searching the DNP webpage may not be intuitive for potential applicants. The volume of websites for SON programs and policies is extensive and well presented. The information regarding certification and licensure eligibility is posted on the website and is accurate.

An extensive listing of reports and correspondence from regulatory and accrediting agencies was provided in the resource room. Source documents are included in the appendices of the self-study document.

I-F. Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.

Elaboration: Nursing faculty are involved in the development, review, and revision of academic program policies. Differences between the nursing program policies and those of the parent institution are identified and are in support of achievement of the program's mission, goals, and expected student outcomes. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. There is a defined process by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: SON academic policies are consistent with those of KUMC and KU. Information and policies concerning SON student retention and progression, including acceptable grades in nursing courses, repetition of nursing courses, dropped courses/withdrawal from the SON, leave of absence, reactivation of records, and readmission to the program are documented in the SON student handbook, which is available to students on the SON website. There is a DNP student manual that is also available to students via the website. These manuals and policies show evidence of regular updates.

Current MS students are accountable to the KUMC graduate school and these policies are available on the KUMC graduate studies website.

Concern for civility for faculty and students resulted in the development of a program referred to as RESPECT. RESPECT refers to: **R**ecognize that every opinion is valuable; **E**xpress and receive feedback without making it personal; **S**top collusion, direct the issue back to the owner; **P**ractice authentic listening; **E**ncourage discussion of ideas and issues, not people; **C**elebrate each other's successes; and **T**reat others as they wish to be treated. The SON faculty unanimously identified the need to incorporate the RESPECT guidelines into the SON committee structure.

I-G. There are established policies by which the nursing unit defines and reviews formal complaints.

Elaboration: The program's definition of a formal complaint and the procedure for filing a complaint are communicated to relevant constituencies. The program follows its established policies/procedures for formal complaints.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The SON policy for grievance procedures was reviewed by the team. A student may not invoke the grievance procedure for grade disputes; these are expected to be resolved between the student and course faculty. Students may initiate a grievance by submitting a letter to the SON dean. The self-study document and files reviewed on site indicate only one grievance since 2002. Students across degree levels were able to identify the location of the grievance policies during a meeting with the team.

STANDARD II
PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

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

This standard is **met** for the baccalaureate program.
This standard is **met** for the master's program.
This standard is **met** for the DNP program.

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

Elaboration: The budget enables achievement of the program's mission, goals, and expected student and faculty outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected student and faculty outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program's fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The fiscal and physical resources were adequately presented and validated by the team during the on-site evaluation. The budgetary process was described in the self-study document and supported by details from the dean, associate deans and the director of business and fiscal affairs during the on-site evaluation. Primary sources of funds for the SON are obtained from the State of Kansas. In a meeting with the dean and director of business and fiscal affairs, the annual budget process was discussed. The annual SON budget is prepared with recommendations by staff and evaluated on an annual basis. The dean, with input from the director of business affairs, has accountability for the SON budget. A plan was described to address recent economic challenges, which include a modest tuition increase, stimulus funding allocations and intentional vacant positions. Additionally, funds have been maintained to support the faculty and staff enhancement program since 2008. Whereas the economy was described as a challenge by the deans, associate deans, faculty and acting executive vice

chancellor, all were in agreement that funds and resources are adequate to execute the mission and vision of the SON.

Faculty salaries are reviewed and evaluated annually by the deans and SON director of business and fiscal affairs. New faculty salaries are benchmarked at the 50th percentile for rank using the most current AACN's *2010-2011 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing*. A comparison table of SON salaries with AACN means was included in the self-study document; demonstrating that salaries are slightly above the mean for professor and clinical faculty, but below the mean for associate and assistant professors. Additionally, faculty are able to participate in the faculty and staff enhancement program, which provides an additional $500 for faculty scholarship in teaching, practice, research and service. In a meeting on site between BSN faculty and the team, all 10 members in attendance have utilized money from the faculty and staff enhancement program and the dean indicated that about 70% of all faculty have utilized these funds.

Physical space and equipment was described in the self-study document and physically viewed during the on on-site evaluation. The SON includes adequate classroom, clinical laboratory spaces, administrative space and faculty offices. Full-time faculty each have their own office and a few part-time clinical faculty share offices. Several classrooms and offices were observed by the team during the tour of the SON. The Clinical Learning Laboratory (CLL) provides a learning area for independent learning, instruction and practice. This space provides several human patient simulators with additional technology support including computers and access to an electronic health medical record (EMR).   Physical space was described by faculty and staff as adequate. The only suggestion for improvement was to have a classroom large enough to accommodate 100 students.

Technology equipment within classrooms and the SON are described in the self-study document and were observed by the team during the on-site evaluation. All classrooms include a computer, projector, document camera and DVD/VCR capabilities. The information technology (IT) infrastructure was described in detail within the self-study document and reviewed by the team during the on-site evaluation with the teaching and learning technologies (TLT) directors, faculty and IT staff. There are many desktop computers within the KUMC facility, two dedicated technology support professionals serve the needs of the SON and there is a wireless network to support personal computing devices. IT staff reported that hardware

technologies are updated every three to four years. The chief information officer and KUMC director of technology, working with the dean and associated deans, are responsible for budgeting, planning and coordinating technology resources on an annual basis.

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

Elaboration: Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program's academic support services. Review of academic support services occurs and improvements are made as appropriate.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The Dykes Library and Clendening History of Medicine Library are the two libraries available to students and faculty at KUMC. The libraries provide several thousand journals and holdings both in print and online formats. Students and faculty haves access, including remote access, to several online databases such as MEDLINE, CINAHL and Proquest Nursing Journals. The SON has a dedicated Dykes Library liaison to support faculty and students. This liaison identifies resources for support, provides instruction and assists in accessing library resources. A review of SON faculty assembly meeting minutes available in the resource room demonstrated that the library liaison attends SON meetings on a regular basis. Additionally, there is nursing representation on the KUMC Faculty Assembly Information Resource Committee (IRC). A few challenges were expressed during the on-site evaluation; including the need for future staffing as the need for library services increases including communication with SON faculty and students about the diverse resources the library has to offer. Students discussed the accessibility of online library services, intra-library loan and reference manager training. The library also offers the Computer Testing Center (CTC), which provides a secure testing location for up to 120 students. A review of statistics during the on-site evaluation provided evidence that the SON utilizes this testing facility 40% of the total time the testing center is available.

The Teaching and Learning Technologies (TLT) department works with the SON to support educational technologies and learning environments. The SON uses ANGEL learning

management software (LMS) and receives pedagogical and instructional design support from the TLT staff, specifically through two dedicated educational technologist and eLearning support specialists. Support was described as being available for staff and students Monday through Friday with supplemental 24 hour support from the KUMC HelpDesk. ANGEL provides a variety of online learning technologies such as lectures, discussion, blogs, assessments and integration with additional third party presentation technologies such as Adobe Connect, Camtasia and Second Life.

During the on-site evaluation, faculty provided brief demonstrations on how they are incorporating Adobe Connect into their classes. When the team met with students, the students commented about the lack of variety of technology used in courses. However, students stated that they have seen some recent improvement in the variety. The IRC and TLT collaborate with the SON to evaluate activities on a monthly basis. The IRC conducts an annual student technology survey to obtain student feedback. Results from the last survey indicated students would like SON applications to be available on mobile devices. The TLT is aware of this and one solution is to transition the SON to Blackboard, which as an LMS has increased compatibility on mobile devices. Students indicated that support from TLT resources is adequate with issues related to ANGEL and Adobe Connect sessions. SON faculty assembly meeting minutes, which were reviewed by the team, confirmed updates from the TLT department.

A variety of research support is available to the SON including: KUMCs Research Institute, Inc., KUMC sponsored programs administration (SPA), SON OGR and several research centers. All research centers offer a variety of support including: awarding seed monies, Human Subjects Committee, and available funding opportunities. The SON was recently awarded a three-year $1 million grant from the Health Resources and Services Administration (HRSA) for inter-professional collaborative acute care practice. Additionally, KU Nursing Center for Outcomes Research maintains the National Database of Nursing Quality Indicators (NDNQI). Some revenue generated from NDNQI membership fees are used towards the faculty and staff enhancement program.

Academic support services are provided through the Office of Student Affairs. The office provides a variety of student services such as educational support, financial services, recreation center and student health services. Students described their involvement in student governance

and student support services; staff described collaboration with student governance organizations. Educational and student support services are integrated into the nursing curriculum on topics such as time management and dealing with stress. Student support services stated that they feel this helps to provide exposure and awareness for their services. Tele-counseling services for academic and psychosocial support are provided through Adobe Connect. Student services receives feedback from students and faculty through surveys and focus groups. Student services has developed a three year strategic plan to measure and evaluate goals.

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

Elaboration: The chief nurse administrator has budgetary, decision-making, and evaluation authority that 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 student and faculty outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale if the chief nurse administrator does not hold a graduate degree in nursing.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The dean is licensed as a registered nurse in the state of Kansas, as verified by the Kansas State Board of Nursing, holds a BS, MS, and PhD in nursing and has over 30 years healthcare and academic executive experience. The dean has been a professor in the SON since 1996 and was promoted to senior vice chancellor for academic and student affairs in 2005. She has diverse experience and has published several articles in areas such as patient care, financial management, and higher education. Additionally, by serving on several health care and research boards, as well as advisory councils both locally and nationally the dean demonstrates additional qualifications and experiences for the position. Enrollment in academic programs reached an all-time high in 2009, which was attributed to the dean's commitment to

students and staff. During the interview between the dean and the team, the dean's curriculum vita was reviewed.

The dean has administrative accountability for KUMC nursing faculty, student affairs and academic, research and clinical practice activities of the SON. She has administrative and fiscal authority to accomplish the mission, goals, and expected student and faculty outcomes. In collaboration with associate deans, the dean is involved in faculty development and participates in the oversight of curricula, course development, and the accreditation of nursing academic programs. A highlight of the dean's leadership was the awarding of a two year grant to provide cultural enrichment opportunities for faculty and staff, implementation of a five year faculty and staff enhancement program and an innovative partnership with an EMR vendor.

During interviews held on site, the dean was described by the BSN faculty as, "engaging, powerful and ethical." Additionally the chancellor, vice chancellors and associate deans hold her in high regard and provided examples of how she strategically functions to meet the needs of the faculty and staff. All participants that met with the team expressed confidence in her leadership skills; they trust her actions.

II-D. Faculty members are:
- **sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes;**
- **academically prepared for the areas in which they teach; and**
- **experientially prepared for the areas in which they teach.**

Elaboration: The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The mix of full-time and part-time faculty is appropriate to achieve the mission, goals, and expected student and faculty outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

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

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements

as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks have lead faculty who are nationally certified in that specialty.

Compliance Concerns?   Baccalaureate: No

                                     Master's: No

                                     DNP: No

Rationale: The team verified through a review of faculty curriculum vitae, official files, fall and spring course schedules, teaching assignments, and publications that the faculty are academically and experientially prepared for the areas in which they teach. Faculty are sufficient in number to meet the academic responsibilities of the school for its undergraduate and graduate programs. This was verified by the team through interviews with the dean, associate deans, and program directors, as well as a review of curriculum design, content, and professional faculty vitae. There are 91 full-time, part-time and adjunct faculty in the SON. As verified during a meeting with associate deans, program directors, and faculty; faculty participates in identifying strengths and stating preferences for teaching assignments. Faculty are involved in specialty programs and are nationally certified in their areas of teaching.

According to the faculty, teaching assignments are made in advance and are guided by the workload policy. Associate deans and faculty indicated that workload assignments can be negotiated depending upon the needs of the SON and the faculty. A general formula of approximately10% FTE per credit hour is used to gauge teaching assignments, which includes time for course preparation. Teaching-loads for full-time tenure track faculty with active programs of research are six to nine credit hours for a nine month appointment and nine-to-twelve credit hours for a 12 month appointment. Teaching loads for nine and twelve month clinical faculty appointments are dependent on the number of hours allotted for clinical practice.

Faculty educational preparation, nursing experiences and curriculum vitae were reviewed for congruency to teaching assignments. Faculty teaching clinical practicum courses are experienced in the clinical area of the course and maintain clinical expertise. For instance, a clinical associate professor teaching BSN clinical students holds a PhD and has almost forty years of clinical nursing experience. There is an opportunity for faculty to practice within the KU Health Partners at Sliver City Health Center, an academic nurse-managed health center to maintain their clinical practice and expertise. Faculty teaching advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and

specialty bodies. Advanced practice nursing tracks have lead faculty who are nationally certified in that specialty.

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

Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are clearly defined; congruent with the mission, goals, and expected student outcomes; and congruent with relevant professional nursing standards and guidelines. Preceptors have the expertise to support student achievement of expected learning outcomes. Preceptor performance expectations are clearly communicated to preceptors.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: Preceptors are used in the BSN, MS, and DNP programs. A faculty member is assigned to coordinate preceptors for each course. An online system tracks and manages preceptor requests and information such as resumes, preceptor agreements, and student practicum placements. The preceptor receives orientation via a preceptor orientation manual, which was reviewed by the team. The orientation manual is also available on ANGEL and is accessible to both preceptors and students. The orientation manual includes preceptor roles, course syllabi, clinical schedules, clinical assignments, professional integrity pledge, and evaluation tools. Preceptors have the opportunity to evaluate students as satisfactory or unsatisfactory in accordance with the course objectives at mid-semester and the end of the semester. Preceptors also provide a student evaluation related to student strengths and need for improvement. Additionally, students have opportunities to provide feedback about the preceptor and clinical site. During the on-site evaluation, graduate students indicated that securing qualified preceptors is difficult, and the associate deans concurred that it is an ongoing challenge to find qualified preceptors, especially in primary care.

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

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected student outcomes. For example:
- *Faculty have opportunities for ongoing development in pedagogy.*

- *If research is an expected faculty outcome, the institution provides resources to support faculty research.*
- *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles which require it.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The SON offers several opportunities promoting faculty teaching, scholarship, service and practice. One of the programs is the faculty and staff enhancement program. The objectives of this program are to encourage doctoral higher education, professional development, cultural enrichment, publication support, wellness and self-care. Up to three new faculty each year have the opportunity to participate in the faculty scholars program which offers financial, work adjustment, and stipend support while enrolled in doctoral studies. As of May 2012 five faculty have graduated and five additional faculty are currently enrolled in the program. The SON offers funds for professional development to support things such as educational materials, activities, and membership fees. The SON offers assistance to faculty to complete professional writing activities such as manuscript review and grant writing.

The center for teaching excellence is available to faculty for pedagogical development and each fall offers a teaching summit. The TLT provides technology training and the SON provides workshops on teaching innovations, curricular updates, and several continuing education opportunities. Faculty expressed excitement about participating in these programs.

STANDARD III
PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES

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

This standard is **met** for the baccalaureate program.
This standard is **met** for the master's program.
This standard is **met** for the DNP program.

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected individual student learning outcomes that are congruent with the program's mission, goals, and expected aggregate student outcomes.

> *Elaboration: Curricular objectives (course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected individual student learning outcomes. Expected individual student learning outcomes contribute to achievement of the mission, goals, and expected aggregate student outcomes.*

Compliance Concerns?

Baccalaureate:	No	
Master's:	No	
DNP:	No	

Rationale: The SON offers four degrees: BSN, MS, DNP, and Doctor of Philosophy in Nursing (Ph.D.). Students seeking a BSN can enter the program as a traditional BSN student or if already licensed, they can enroll in the post-licensure RN to BSN program. Plans of study were provided for each degree program and the tracks within each degree program. Each plan of study identified broad student outcomes and specific course outcomes. BSN, MS, and DNP student learning outcomes are mapped to the KU SON mission and goals as noted in the self-study document. For example, one SON goal is to showcase core strengths of the scholarship program. The BSN outcome is to "apply established findings of nursing and other health related research to nursing practice," while the DNP outcome is "apply research utilization skills in various health care delivery systems." Examples of learning outcomes contributing to this particular goal were provided in the resource room; including abstracts from regional and national presentations by BSN, MS, and DNP students. Other examples of student's meeting learning outcomes included assignments such as DNP capstone projects, BSN capstone projects, and clinical evaluations all of which were provided in the resource room.

III-B. Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, expected individual student learning outcomes, and expected aggregate student outcomes.

- **Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).**
- **Master's program curricula incorporate professional standards and guidelines as appropriate.**
  a. **All master's programs incorporate the Graduate Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program.**
  b. **All master's-level advanced practice nursing programs incorporate the Advanced Practice Nursing Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996). In addition, nurse practitioner programs incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).**
- **Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.**
- **DNP program curricula incorporate professional standards and guidelines as appropriate.**
  a. **All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and incorporate additional relevant professional standards and guidelines as identified by the program.**
  b. **All DNP programs that prepare nurse practitioners also incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).**

Elaboration: Each degree program and specialty area incorporates professional nursing standards and guidelines relevant to that program/area. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum. Advanced practice master's programs (Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) and DNP programs with a direct care focus incorporate separate graduate level courses in health/physical assessment, physiology/pathophysiology, and pharmacology. Additional content in these areas may be integrated as needed into specialty courses. Separate courses in physical assessment, physiology/pathophysiology, and pharmacology are not required by CCNE for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.

Compliance Concerns?

Baccalaureate:	No	
Master's:	No	
DNP:	No	

Rationale: Program objectives are mapped for the BSN, MS, and DNP programs to the corresponding professional standards including the *Baccalaureate Essentials, Master's Essentials,* and *DNP Essentials* as well as other professional standards. The BSN program

objectives underwent a gap analysis comparison with the *Baccalaureate Essentials.* The details of the analysis can be found in the article by Kumm and Fletcher in the Journal of Professional Nursing as provided in the self-study document. Conceptual and specialty-based BSN student outcomes are also mapped to the *Baccalaureate Essentials*, the QSEN competencies and the NCLEX-RN® test plan. Course concepts are identified for each course in the curriculum and mapped to the *Baccalaureate Essentials.*

The RN to BSN track provides RNs a way to complete their baccalaureate degrees in a flexible online format. The post-licensure BSN curriculum was revised in 2009 to reflect the *Baccalaureate Essentials.* This review was validated by the team through a review of the SON faculty assembly minutes from February 23, 2009. The revised program emphasizes the roles of manager/designer/coordinator of care as well as member of the profession because faculty believe post-licensure BSN students have met the role of provider of direct and indirect care. The program expected student outcomes are the same across BSN tracks.

Master's objectives build on the BSN objectives. Students are provided a grid of the terminal objectives of the master's program, which can be mapped to the core, advanced practice core, and specialty courses. The master's objectives incorporate the graduate core curriculum of the *Master's Essentials* and provides mapping for the MS terminal student objectives to the *Master's Essentials* as well as the course content and specific course objectives. The nurse practitioner programs incorporate the National Task Force on Quality Nurse Practitioner Education's (NTF) *Criteria for Evaluation of Nurse Practitioner Programs (NTF Criteria)*(2008). There was no clear evidence in the self-study document that faculty had systematically evaluated the program using the *NTF Criteria*, though a copy of the publication was available in the resource room. However, while no direct analysis of the *NTF Criteria* was found in the self-study document or the resource room, there was evidence of meeting the *NTF Criteria* in a variety of documents and locations including faculty and student files, preceptor files, Curriculum Committee, and DNP-MS Advisory Committee meeting minutes all of which were reviewed by the team.

The DNP (BSN-DNP and MS-DNP) program objectives are mapped to the *DNP Essentials* and the American Nurses Association's (ANA) *Nursing: Scope and Standards of Practice* (2004). The DNP program objectives are also mapped to the National Organization of Nurse Practitioner Faculty's (NONPF) *Domains and Core Competencies of Nurse Practitioner Practice*

(2006) as discussed in the self-study document. Examples of courses and course objectives in addition to the student outcomes are listed for each of the *DNP Essentials.*

III-C. The curriculum is logically structured to achieve expected individual and aggregate student outcomes.
  - **The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.**
  - **Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge.**
  - **DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.**

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

Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree. DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire doctoral-level competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: Documents were available in the resource room to demonstrate the progression from the liberal arts foundation for the BSN program while the MS and DNP programs build on the BSN as noted in the self-study document. Student learning outcomes as noted above demonstrate the progression of learning.

As noted in the self-study document, the BSN program builds on courses from the liberal arts. The RN to BSN track builds on liberal arts education requirements and lower division nursing courses as noted in the program brochure reviewed by the team in the resource room. The SON

recently signed an articulation agreement with 18 of 19 community colleges in the state to provide a more seamless transition for the RN to BSN track. This articulation agreement received state-wide press as noted in the public press documents reviewed in the resource room, as well as confirmed by the executive vice president. Course content and objectives build on prior knowledge and experience as noted in course materials reviewed in the resource room and in conversation with a student from the program.

The MS program builds on the knowledge of the BSN degree. The self-study document provides a comparison of expected outcomes from BSN, MS, and DNP programs; demonstrating how each builds on prior knowledge. In the MS program, core courses provide knowledge common to all advanced roles and are sequenced prior to the specialty area courses to build on prior knowledge. Program materials reviewed by the team demonstrated the recommended sequencing.

The MS-DNP program builds on the MS program by focusing on specialty courses. As noted in the self-study document, additional clinical hours may be required to meet the clinical requirements of the DNP program.

For the BSN-DNP program, courses from the MS program and MS-DNP program are integrated as discussed in the self-study document. A minimum requirement of 1,000 clinical hours is required for the BSN-DNP program.

Rationale for the progression of each program is provided in the self-study document. Outcome identification and course sequencing appear to logically lead to the identified outcomes.

III-D. Teaching-learning practices and environments support the achievement of expected individual student learning outcomes and aggregate student outcomes.

Elaboration: Teaching-learning practices and environments (classroom, clinical, laboratory, simulation, distance education) support achievement of expected individual student learning outcomes identified in course, unit, and/or level objectives.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: Teaching-learning practices and environments (classroom, clinical, laboratory, simulation and distance education) support achievement of student learning outcomes and course objectives. There is one large classroom that holds 100+ students, and two or more classrooms that hold approximately 60+ students. Undergraduate faculty noted that they are in need of additional large classrooms with a capacity of 100+ since they are now admitting just over 100 students in a single cohort. One undergraduate class that was observed by the team was held in an auditorium-type classroom located in another building. The setting was challenging as students could not hear each other and outlets are not available so computers were charging at the back of the room. The professor was on a large stage with a lavaliere microphone. All classrooms are smart classrooms with wireless and electrical outlets available. A number of small study carousels are available for student use throughout the building. There is a computer lab available to students with technology support personnel located nearby. Teaching-learning technology support is available during class time and for online courses. Support is also available to online students.

Undergraduate acute care clinical sites are primarily located at the medical center hospital and a local pediatric hospital. There is a contractual agreement with the medical center hospital to use master's-prepared staff nurses as clinical instructors resulting in a waiting list of staff nurses who are willing to serve as clinical instructors.

MS and DNP students seek clinical sites and negotiate with the faculty for appropriate sites until mutually acceptable. Issues related to clinical sites in other states were noted, discussed and appear to have been resolved as noted in the DNP-MS Academic Advisory Council meeting minutes of March 14, 2012. Students noted the difficulty in finding preceptors in the area. The DNP nurse anesthetist (NA) students have clinical at a number of sites including out-of-state sites to ensure completion of the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs competencies. The chair of NA education noted that they have been able to negotiate assignments to ensure all students meet graduation requirements. A list of 1,234 clinical sites with contracts for all degree programs was provided for review. In a random check of 17 contracts, they were found to be complete and current.

There is a large simulation lab and skills lab. The skills lab has three large acute care rooms and one home setting room. Each has the capacity and capability for simulation and recording. There is a separate simulation room with a one-way window and technology support room

attached. There are nine exam rooms with analogue recording capability; however the lab director noted that advanced practice nurses use the medical school exam rooms when using standardized patients. The director also noted that she feels there is adequate staffing with faculty and teaching assistants. There appears to be adequate storage space and up-to-date mannequins and equipment. The clinical lab is open to students for practice at designated times.

Faculty provided examples of online teaching technology during the evaluation; including demonstrations of online lectures, synchronous discussions, and assignments using Adobe Connect and Camtasia. There is daily support for technology provided by two technicians in the SON. For online teaching, TLT staff assists faculty in the development and use of new strategies. A TLT staff member provided an overview to the team and described how she assists in the development of online teaching strategies.

A standard format for online courses has been adopted based on the *quality matters standards*. Faculty stated that they have implemented the majority of the standards throughout the online and web assisted courses and are now working on increasing student engagement and online learning activities.

III-E. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

> *Elaboration: Teaching-learning practices are appropriate to the student population and build on prior learning. Teaching-learning practices consider the needs of the program-identified community of interest (e.g., use of distance technology, simulation, adult learner needs, second language students).*

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: In the self-study document, the SON provided a list of communities of interest and identified in a grid expectations related to that community. Alumni board members, KU administrators, KUMC administrators, and students noted that the SON seeks input related to expectations of the program and suggestions for improvement. All noted the willingness of the SON to partner with a variety of institutions on different projects including research, preceptor and residency programs, and articulation agreements. Feedback on student learning from

external and internal communities of interest is addressed by the SON Steering Committee and then provided to the appropriate committee or group.

The self-study document notes that student perspectives are provided through representation on appropriate committees. However, only one BSN student is participating in the Curriculum Committee. Students in the RN to BSN, MS, and DNP programs discussed the difficulty in getting to meetings on campus, which limits their participation and input.

One of the communities of interest is identified as nurses in rural Kansas who have geographical, social, and professional factors to consider. For that reason, the online programs were created to help advance the education of rural Kansas nurses.

All programs employ various teaching strategies to meet a variety of student learning needs. Technology such as voice over PowerPoint and Adobe Connect were demonstrated during the on-site evaluation. Second Life, asynchronous and synchronous discussions are other techniques that were noted by faculty and students.

Students are encouraged to access resources such as the library, technology assistance, the writing center, and the clinical lab to facilitate their learning and success. This was articulated by faculty and students as well as noted in the self-study document and through reviews of syllabi.

The BSN curriculum is based on identified concepts rather than a disease approach and was implemented in the past year. Teaching-learning practices include didactic class room lectures and active learning strategies. Students participate in clinical lab experiences and simulation with skills front loaded at the beginning of the semester. They also participate in clinical experiences. There is a capstone experience during the final semester. Capstone projects were available for review and appear appropriate for senior level work. An honors program exists with enrollment criteria. Scholarly projects were from the honor's program were available in the resource room for review.

The self-study document reports that as a result of feedback received from alumni and prospective students, a post graduate certificate in adult/gerontology was developed. Another example of changes made based on feedback from the community of interest is the online

courses offered as part of the MS program with clinical sites arranged at distance sites with faculty oversight. This is accomplished through the use of the Kansas Advanced Practice Collaborative, a website that helps support the SON in its efforts to collaborate with faculty teaching in FNP programs at other state universities.

The DNP program was developed in response to national demands. According to the self-study document, a focus group of MS-DNP students was conducted in 2009 to solicit feedback about the program and teaching strategies. The summary of the recommendations was available for review on site in the resource room. Other efforts and details are identified in the self-study document.

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

> *Elaboration: Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty. 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 learning outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students, including those enrolled in post-master's DNP programs. CCNE recognizes that faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.*

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: Course syllabi contain learning objectives and reflect evaluation through multiple techniques. Syllabi, course modules, classroom observation, and student conversations reflect the use of multiple methods as listed in the self-study document.

Evaluation of student performance was evident through a review of documents in the resource room that contained examples of work and grading criteria for each of the programs. The BSN clinical playbook contained syllabi for several classes. The clinical playbook for a course provides the syllabus, grading criteria for evaluation of assignments and evaluations including clinical components. The document contains the expected baccalaureate competencies, QSEN

competencies, instruction expectations, and a detailed grading rubric for each of the clinical assignments. The direct patient care evaluation contains expected competencies and grading criteria.

Examples of student work from the MS and DNP programs were provided for review in the resource room. The self-study document and materials available for review in the resource room reflected the grading criteria for each assignment. The team reviewed preceptor evaluations of graduate students. Of the evaluations provided for review, there was evidence that preceptors include individuals who are doctorally-prepared faculty, physicians, and certified nurse practitioners. Site visits are made by faculty to evaluate student progress, and this was validated through a review of the minutes of the October 19, 2011 DNP-MS Advisory Council meeting. In interviews, faculty and students at the BSN, MS, and DNP levels noted the assessment of skills in a simulated setting within the clinical lab or medical school.

The team reviewed grades that are available to students on line so that students can monitor their progress. As noted in the self-study document, the Typhon Group NPST™-nurse practitioner student tracking system is used to compile summary statistics on the numbers and types of patients cared for by advanced practice nursing students. Students confirmed that they receive feedback on clinical achievements and on standardized patient exams. Additionally, students from all programs confirmed that they receive feedback on performance on exams, assignments, and clinical performance.

III-G. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.

> *Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of individual student learning outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.*

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: Curriculum Committee meeting minutes provided evidence of discussion of student evaluation of teaching-learning. A student representative (senior from the BSN program) is a

member of the Curriculum Committee and confirmed that she does attend most of the meetings, and she indicated that faculty frequently solicits her input. Her participation was validated through a review of meeting minutes from 2011 and 2012. Minutes reviewed by the team also provided evidence of the use of student and faculty evaluations in making changes as well as discussion of evaluation tools including student, alumni, and employer evaluations. Faculty evaluations were discussed at Curriculum Committee meetings (April 23, 2012) noting congratulatory notes to those with high scores and a required plan for improvement for those with scores below a given level. The process for evaluation of SON courses is in the self-study document. SON baccalaureate team meeting minutes (March 8, 2012) reflect discussion of course content within and across courses. Evidence of discussion of MS and DNP course content and revision was found in the DNP-MS Advisory Council meeting minutes. Additional evidence of the use of feedback for curricular changes was found in faculty assembly minutes (March 26, 2012 and April 23, 2012).

Evidence of evaluation of board certification rates and improvement plans were provided to the team for the NM and FNP programs upon request during the on-site evaluation. The documents noted goals, methods, and timelines. Discussion of the NCLEX-RN® pass rates and an improvement plan were noted in the minutes of the Undergraduate Academic Advisory Council (February 8, 2010).

The team reviewed preceptor and clinical site evaluations provided in the resource room for undergraduate and graduate programs. Minutes of the DNP-MS Advisory Council meeting noted NP clinical site visits to evaluate students and preceptors, and that faculty are looking at restructuring the clinical portion of health assessment in order to enhance across the lifespan experiences. The undergraduate faculty and associate dean of undergraduate programs and nurse administrators noted that a clinical faculty model has been implemented between the SON and the KU hospital to improve clinical instruction. The clinical faculty model includes identification of master's prepared staff nurses interested in clinical teaching. The SON provides an orientation to clinical instruction in June and July and buys staff nurses' time from the hospital. There are 12 nurses who are currently working in this model. The nurse executive noted increased staff satisfaction and better support of the student transition to practice.

Students from all levels confirmed that informal feedback is sought while class is in session and that changes are made based on student input. In addition, a number of students noted mid-

semester evaluations and end of semester evaluations have resulted in changes in course delivery, clinical experiences or teaching strategies.

STANDARD IV
PROGRAM EFFECTIVENESS: AGGREGATE STUDENT AND FACULTY OUTCOMES

The program is effective in fulfilling its mission, goals, and expected aggregate student and faculty outcomes. Actual aggregate student outcomes are consistent with the mission, goals, and expected student outcomes. Actual alumni satisfaction data and the accomplishments of graduates of the program attest to the effectiveness of the program. Actual aggregate faculty outcomes are consistent with the mission, goals, and expected faculty outcomes. Data on program effectiveness are used to foster ongoing program improvement.

This standard is **met** for the baccalaureate program.
This standard is **met** for the master's program.
This standard is **met** for the DNP program.

IV-A. Surveys and other data sources are used to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN® pass rates, certification examination pass rates, and employment rates, as appropriate.

> *Elaboration: Processes are in place for regular collection of aggregate student outcome data. For entry-level programs, the program indicates whether NCLEX-RN® pass rate data represent first-time takers and/or repeat takers. The program is expected to demonstrate how RN-to-baccalaureate program graduates as well as pre-licensure graduates achieve the expected outcomes of the baccalaureate program. Certification pass rates are obtained and reported for those graduates taking each examination, even when national certification is not required to practice in a particular state. Program evaluation data are collected on a regular basis. For each degree program, the program calculates graduation rates (number of students completing a program divided by number of students entering a program). The program specifies the entry point and the time frame used in the calculation of graduation rates. Individual programs may collect additional aggregate outcome data related to other aspects of their mission, goals, and expected student outcomes (e.g., enrollment in further graduate education).*

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The SON evaluation plan provides the framework for regular data collection, analysis, evaluation, and improvement planning. The team reviewed examples of evaluative data that included course, graduation, alumni, employer, exit, and student surveys, as well as Evolve and ATI standardized testing, NCLEX-RN® Exit Predictor Exam, employment rates, attrition rates, graduation rates, and NCLEX-RN® and certification exam pass rates. The acting executive vice chancellor confirmed data driven decision making and the team verified the scheduled collection of data. Graduation rates are calculated by dividing the number of students who graduate by the number of students who first enrolled in the designated time frame.

Attrition and graduation rate data were provided in the self-study document for the BSN, MS, and DNP programs. Alumni surveys are conducted on one and three year cycles. Verbal input from employers in discussions with the team indicated high satisfaction with graduates at all three levels.

Additionally, the SON uses the Educational Benchmarking Inc., (EBI) assessments for benchmarking with six other peer schools of nursing. Survey results were available for review by the team in the resource room. Additionally, at the graduate levels, MS and DNP students complete final oral exams. Based on data analysis and evaluation results, improvement action plans are developed, implemented, and assessed on a regular basis as needed. Improvement action plans, implementation results, and data-based decision making evidence are documented in meeting minutes.

IV-B. Aggregate student outcome data are analyzed and compared with expected student outcomes.

> *Elaboration: Actual student outcomes data are analyzed in relation to expected student outcomes to identify areas of discrepancies. Discrepancies may indicate areas for program improvement.*

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The SON evaluation plan details the groups and individuals responsible for analyzing aggregate outcome data. For example, EBI exit and other survey results are regularly reviewed by the Office of Student Affairs, associate dean for undergraduate programs, associate dean for graduate programs, Curriculum Committee, undergraduate, and DNP-MS Advisory Councils for improvement planning.

Based on evaluation of assessment data from course evaluations, Evolve standardized testing, NCLEX-RN®-Exit Predictor exam, BSN attrition and graduation rates, NCLEX-RN® pass rates, employment rates, and alumni and employer surveys, the BSN curriculum was revised to include the nursing concept based curriculum for implementation with the Fall 2011 student cohort. Discussion and documentation for the decision making process is included in Curriculum Committee minutes. The team was able to verify and review analysis of data included in the self-study document via a review of meeting minutes, as well as in discussions

with faculty and students. For example, minutes of the Curriculum Committee document the review and analysis of course evaluation data, indicating consistent mean scores at or greater than 2.5 on a four-point scale. Additionally, both alumni and employer survey results indicate high satisfaction with educational preparation. Interviews with alumni and employers during the evaluation confirmed high satisfaction with the educational preparation of BSN graduates. Since BSN course objectives are linked to the terminal program objectives, new evaluation strategies for assessment of student learning outcomes are in development to accurately assess student achievement in the revised nursing concepts-based BSN curriculum.

MS graduate assessment outcomes provided in the self-study document and available for review in the resource room included course evaluations, attrition rate, graduation rate, final oral exam results, certification rate, exit survey, alumni survey, employer survey, and employment. The certification exam pass rate for advanced practice registered nurse (APRN) graduates has varied over the past three years. Except for the low pass rate for the PMHNP graduates (33.3%), the pass rates provided in the self-study document are "higher than the overall [American Nurses Credentialing Center] ANCC pass rate." Additionally, the small number (three-16) of graduates sitting for the certification exams adversely influences the pass rate when one or more graduates do not pass the exam. The midwifery certification pass rate of 55.6% in 2009, 71% in 2010, and 50% in 2011 is being addressed by development of improvement strategies, e.g., strategies to address test anxiety, implementing exam preparation activities, and increasing use of quality multiple-choice testing formats. EBI survey results for MS graduates available for review in the resource room, document achievements exceeding peer institution graduates. While alumni and employer survey return rates are low, returned surveys document high satisfaction with graduates. Community of interest members confirmed to the team high satisfaction with MS graduates.

DNP program outcome data, e.g., course evaluations, attrition rate, graduation rate, final oral exam results, employment rate, exit survey, final oral exam, and capstone project outcomes were available in the self-study document and in the resource room. Data provided indicate a low attrition rate (5.9% - 9.0%) and high graduation rate (greater than 90%). Of the 23 graduates to date, 20 are employed in clinical, education, leadership, and combined education leadership positions.

IV-C. Aggregate student outcome data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes.

> *Elaboration: The program reports aggregate data related to its expected outcomes. Reported data include student, alumni, and employer satisfaction; graduation rates; NCLEX-RN® pass rates; certification examination pass rates; employment rates; as well as data related to other program-identified expected outcomes.*

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: Student outcome data for effectiveness in achieving SON mission, goals, and expected outcomes are readily available and generally favorable for all degree programs. For the BSN program, NCLEX-RN® pass rates have been at 91% or higher over the previous three years, exceeding state and national means. Documentation of achievement of identified expected outcomes via the EBI Undergraduate Nursing Education Exit Assessment benchmarking; student, alumni, and employer satisfaction; graduation and attrition rates; and employment rates was available in the self-study document and resource room. Final graduation rates have exceeded 94% since 2004 for pre-licensure BSN students and ranged from 67% to 89% for RN to BSN students. Employment for BSN graduates exceeds 90%, and exit survey mean satisfaction ratings for overall program effectiveness has been at or above six on a seven-point scale for the previous three years.

Graduation rates, certification pass rates, and final oral exam pass rates were available for MS students in the resource room. NP certification pass rates vary widely across specialties with the lowest rates noted for PMHNP (33.3% in 2009) and NM (56% in 2009, 71% in 2010, and 50% in 2011). While PMHNP certification pass rates improved to 100% for years 2010 and 2011, pass rates for FNP are noted as declining from 97% in 2009, to 87% in 2010, and 76% in 2011. Narrative in the self-study document indicates pass rates of 75% to 100% are consistent with "historical control and higher than the overall ANCC pass rate." Further, the pass rates represent a small number of students sitting for the certification exam. Faculty explained the usual FNP pass rate is 100%. The decrease in pass rates for 2010 and 2011 may be related to a miscoding issue related to incorrect identification of the graduation institution by students. However, faculty implemented improvement planning via faculty development for improved test item construction at the course level and a return to proctored exams (to ensure closed book exam completion). Hard copy exams were proctored previously but proctored exams were not

continued when online exams were initiated. A thorough review of the un-proctored online exams revealed that students failed to complete items located toward the end of the exam, even though there had been no problem with exam completion for proctored hardcopy exams used before implementation of the un-proctored online exams. Ongoing monitoring is occurring and a return to proctored exams has been implemented.

The employment rate for the first cohort of DNP graduates was 100% and the final oral comprehensive exam score was 100%. Capstone projects provide additional documentation of the SON mission and expected learning outcomes. A current DNP student described her capstone project as assessing feasibility of screening for mental health status of pediatric clients in a lower income community clinic. Practice observation of the pediatric clientele seems to reveal a relatively high number of clients demonstrating depression and/or suicidal ideation between the ages of seven and nine years. The student explained a desire to improve early identification of children with mental health risk.

Further verification of meeting the mission, goals, and expected outcomes was provided by BSN, MS, and DNP students during student interviews. Students consistently voiced high satisfaction with SON education programs. Students stated, "I did not apply anywhere else. I only wanted to come to KU." Additionally, students unanimously stated that after having experienced course work at the KUMC that they would make the same decision to attend the university all over again.

IV-D. Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement.

> *Elaboration: The program demonstrates use of aggregate student outcome data for program improvement when actual outcomes are not consistent with expected outcomes. Adjustments to foster ongoing program improvement are deliberate and congruent with the mission, goals, and expected student outcomes.*

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The undergraduate faculty participates in "Data Mondays," where aggregate BSN student outcome data are shared and discussed. The self-study document provides several examples of the use of aggregate data for program improvement across all three-degree levels.

Improvement changes were verified by the evaluation team in a review of meeting minutes and in conversations with faculty. For example, over the past six years, the BSN and RN to BSN curricula were reviewed for identification of strengths and weaknesses. Following the review, the BSN curriculum was revised to include a nursing concept basis and the RN to BSN curriculum was revised to include more current student and societal needs, as well as development of a seamless curriculum for associate degree nursing (ADN) graduates from community college graduation to completion of the BSN. All 18 accredited community colleges in Kansas have signed an agreement with the SON for implementation of the seamless progression from ADN to BSN completion. Overall, RN to BSN students are highly satisfied with the curriculum.

In response to recent decreased MS PMHNP, FNP, and NM certification pass rates, faculty, the associate dean for graduate programs, the DNP-MS Advisory Council, and the Curriculum Committee reviewed outcomes, course content, and teaching-learning strategies. The improvement action plan goals include the following:

- Increase the quality of test items
- Increase student exam test taking skills
- Increase student accountability for demonstrating mastery of course content
- Prepare students for certification exam

Additionally, NM students who self-identify as having test anxiety are referred to campus counseling and educational support services. Faculty provides instruction for successful exam-taking skills and preparation, especially for high-stakes exams. Results of improvement action plan implementation demonstrate improvement of 100% certification exam pass rate for PMHNP graduates in 2010 and 2011.

There is an established process for review and revision of DNP curriculum. To date, the review process has focused on review of capstone projects. The recommendation of the DNP-MS Advisory Council to the Curriculum Committee and faculty assembly was to require continuous enrollment in the capstone course (NRSG 980) once the capstone course started. Additionally, based on review of the *Master's Essentials*, the DNP-MS Advisory Council voted to recommend future (2015) advanced practice education occur at the DNP level. Titles for capstone projects located in the resource room are as follows:

- A Framework for Collaboration within Advanced Practice Nursing in Kansas to Facilitate Implementation of National Consensus Guidelines

- Development of a Marketing Toolkit Supporting Adoption of Legislation for Advanced Practice Registered Nurse in Kansas
- A White Paper Describing Advanced Practice Nursing Issues in Kansas

Overall, the evaluation team found evidence of ongoing use of evaluative data for program improvement at all three levels. Improvement action plans are found in meeting minutes.

IV-E. Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.

Elaboration: Aggregate faculty outcomes reflect the program's mission, goals, and expected student outcomes. For example, if research is an identified element of the program's mission, faculty research productivity should be assessed as an expected faculty outcome. If research is not part of the identified mission, it would not be expected as a faculty outcome. Evaluation of faculty outcomes is consistent with the institution's and program's definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The process for annual faculty evaluation was described by both faculty and administrators. The Boyer scholarship model forms the basis for assessment of faculty goal setting and criteria for appointment, promotion, and tenure. The four inter-related types of scholarship include teaching, application, integration, and discovery. The self-study document and individual faculty curriculum vitae provide evidence of faculty scholarship activities. For example, faculty have published a number of books, chapters, and professional articles; and provided international, national, and regional presentations. Additionally, several faculty have received a wide variety of education awards and honors. A review of faculty teaching evaluations indicated faculty effectively execute the teaching role. For example, faculty were described by alumni and students as being "truly mentoring." According to the self-study document and faculty discussion, faculty grant applications have increased over the past two years, even though the monetary amount of awards has decreased related to reduction in award funding. Further, faculty leadership within the SON and KUMC, and professional organizations is evident in the self-study document, and in conversations with faculty and administrators, and faculty curriculum vitae.

IV-F. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

Elaboration: If formal complaints indicate a need for program improvement, there is evidence that action has been taken to address that need.

Compliance Concerns?

Baccalaureate:	No
Master's:	No
DNP:	No

Rationale: The SON formal complaint definition is located in the student handbook. Processes are in place for student formal complaints, grade-related grievances, non-grade grievances, and academic misconduct. Students summarized the basic steps for implementing the processes. According to the self-study document and SON records, there have been no formal complaints filed and the most recent grade-related grievance was in 2003. The file for the undergraduate grievance was reviewed and due process for the two students jointly filing the grievance was upheld. Three academic misconduct hearings occurred in 2011 and the outcome revealed due process was upheld for the students as was the professional and ethical standard of behavior expected of all persons, faculty, staff, and students. The standard of conduct is detailed in the Professional Integrity System (PROFITS) blueprint. In 2012, the PROFITS blueprint was reviewed on the regular schedule outlined in the SON evaluation plan by the Student Admissions and Progression Committee. Revisions in the PROFITS blueprint were recommended by the Student Admissions and Progression Committee and approved by the faculty assembly.