June 3, 2009

Rita Frantz, PhD, RN, FAAN
Dean
Commission on Collegiate Nursing Education
Serving the Public Interest Through Quality Accreditation
College of Nursing
The University of Iowa
50 Newton Road, Room 101F NB
Iowa City, IA 52242-1121

Dear Dr. Frantz:

Enclosed is the report of the evaluation team from the Commission on Collegiate Nursing Education (CCNE) that recently reviewed the baccalaureate degree program in nursing, master's degree program in nursing and Doctor of Nursing Practice program at The University of Iowa. I hope you find it to be an accurate representation of your programs.

You now have an opportunity to review the team report and respond in several ways. First, if there are errors of fact or misinterpretations of data, we would appreciate it if you would identify these. Second, we invite you to respond in writing to the team report. If you would like to offer comments that agree or disagree with the team's findings, as opposed to factual differences, this would be the appropriate place to state these. If there is any additional information you believe important for the CCNE Board of Commissioners to have in order to make a well informed decision about accreditation of your programs, you should include it in this letter. In the event that you choose not to respond to the report, please let us know that in writing.

While changes will not be made to the team report, a copy of your response will be appended to the report when it is distributed to the Accreditation Review Committee and, then, to the Board of Commissioners. Please note that your response also will be shared with the evaluation team. By June 22, 2009, please submit an original plus 18 paper copies (double-sided) of your written response. Please also submit your complete response (including any cover letter, attachments, etc.) on an electronic storage device (e.g. a cd or thumb drive) in a single file, labeled with institution name, city, and state. We ask that you submit the information in a Microsoft Word or Adobe PDF format.

The team report and your response to it will be considered at the meeting of the Accreditation Review Committee (ARC) on July 30-August 1, 2009. While it is not necessary for you to attend the ARC meeting, the CCNE Procedures for Accreditation of Baccalaureate and Graduate Degree Nursing Programs provides you the option to do so. This committee will formulate a recommendation about accreditation, which will be considered by the CCNE Board at its meeting on October 1-3, 2009. The Board will make an accreditation decision about your programs at that meeting. Within 30 days of the Board meeting, CCNE will notify you and the chief executive officer of your institution of the accreditation decision. A copy of the team report that you are receiving now, along with your response to it, will be sent to your institution's chief executive officer, as well.

Again, I would like to thank you and your colleagues for inviting CCNE to evaluate your nursing programs as part of the accreditation review process. If you have any questions at this point, please let us know.

Sincerely,

[Signature]

Jennifer Butlin, EdD
Director
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
THE UNIVERSITY OF IOWA

COMMISSION ON COLLEGIATE NURSING EDUCATION
ON-SITE EVALUATION: April 6-8, 2009
EVALUATION TEAM:
  Julie E. Johnson, PhD, RN, FAAN, Team Leader
  Candace Burns, PhD, RN, ARNP
  Kathryn Wirtz Rugen, PhD, RN, FNP
  Juliann G. Sebastian, PhD, RN, FAAN
  Elizabeth Kay Tanner, PhD, RN
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Introduction

This report presents the findings of the evaluation team from the Commission on Collegiate Nursing Education (CCNE), a nationally recognized 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 (MSN), and the Doctor of Nursing Practice (DNP) programs at the University of Iowa and their compliance with CCNE’s standards for accreditation. This review constitutes the evaluation of the BSN and MSN programs for continuing accreditation by CCNE. This is the review of the DNP program for initial accreditation by CCNE.

The University of Iowa (UI) is a major research university located on a 1,900 acre campus in Iowa City. It comprises 11 colleges and enrolls more than 30,000 students per year. Established in 1847, UI is world renowned for its research programs in genetics, hydraulics, and speech and hearing. It operates one of the nations most advanced and comprehensive university owned teaching hospitals. UI employs about 1,700 faculty and 13,000 staff and is committed to high quality teaching, research, and service. UI was last reviewed by the Higher Learning Commission of the North Central Association of Colleges and Schools in 2008 and will host another review in 2017.

For over a century, graduates from the College of Nursing (CON) have become expert clinicians, policy makers, scholars, and educators. In collaboration with the University of Iowa Hospitals and Clinics (UIHC), the CON is recognized for new models of nursing care, the application of standardized nursing languages, and evidenced based practice. The CON is committed to providing a supportive environment for a diverse student body and to recruiting a diverse faculty.

The CON offers the following degree programs: the basic baccalaureate (BSN), the baccalaureate for RNs (RN-BSN), the entry into practice MSN: clinical nurse leader (MSN:CNL), the MSN, DNP, and the doctor of philosophy (PhD). The BSN program consists of 128 semester credit hours. Fifty-nine are in the upper division nursing major. Beginning with the 2008-2009 academic year, 80 students are admitted to the program once a year, matriculating in the fall semester. Currently, there are 467 students in the generic nursing major.
The RN-BSN program consists of 128 semester credit hours. Students are granted 64 credits from their basic nursing program. Of the remaining 64 credits, 30 are in the nursing major. Students are admitted once a year, begin their nursing courses in June, and complete them the following May. Currently, there are 134 students in the nursing courses.

The MSN-CNL program offers students with a bachelor's degree in a field other than nursing the opportunity to pursue a career in nursing through an accelerated program that prepares them for licensure and for leadership in patient care. Students are admitted in the summer with matriculation the following January. The 61 semester credit hour program is offered over five consecutive terms, including summers. Currently, there are 89 students enrolled in the program.

The MSN program includes options in advanced practice, programs with an administration, education, or clinical focus, and two dual degree programs: the MSN/MPH and the MSN/MBA. The neonatal nurse practitioner program (NNP) is a joint program with the University of Missouri, Kansas City. Post-master's plans of study are available for the advanced practice nurse practitioner programs. Students are admitted in the spring with matriculation in the fall semester, with the exception of the nurse anesthetist program, which accepts applications in the fall for matriculation the next fall. Currently, there are 187 students in the MSN program, with the majority enrolled in the advanced practice option.

The DNP program admitted its first class of 22 students in Fall 2007. Eleven graduated in August 2008. Currently, there are 27 students in the program. The DNP is a clinical doctorate that prepares advanced practice nurses who are already certified in a clinical specialty for leadership roles. Plans to transition to a post BSN-DNP program are in progress.

As part of the review, the team verified that the program afforded the opportunity for constituents to submit third party comments directly to CCNE. The team considered these comments in the evaluation process.

The team was afforded full cooperation in its efforts to assess the programs and to verify the self-study document. The team would like to take this opportunity to thank the program and university representatives for their hospitality and consideration during the on-site evaluation.
Meeting of CCNE Standards

While visiting the campus in Iowa City, 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 1
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?

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#### Rationale:

The mission, goals, and expected student outcomes of the CON are congruent with those of the university and are consistent with program selected professional nursing standards. The self-study document states that UI seeks to advance scholarly and creative endeavors through leading edge research and artistic production; to use this research and creativity to enhance undergraduate, graduate, and professional education, health care, and other services to the people of Iowa, the nation, and the world; and to educate students for success and personal fulfillment in an increasingly diverse and global environment. The mission of the CON is to prepare nurse leaders and to be a forerunner in the discovery, dissemination, and application of nursing knowledge. The UI president and provost and UIHC associate vice president for nursing and chief nursing officer verified that the CON’s mission statement reflects the core values of the university and faculty. The CON associate dean for academic affairs and area chairs affirmed that the work of the CON is organized around teaching, research, and service.

The CON associate dean for academic affairs and program directors confirmed that the CON uses the professional guidelines as stated in the self-study document. They verified that program goals are differentiated by level as summarized in tables III.A.3-5 and III.B.1-4 of that 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.*
Rationale:
The CON associate dean for academic affairs, area chairs, and program directors confirmed that the program has an evaluation plan that directs periodic review of its mission, goals, and expected student outcomes. The plan uses the CON’s selected professional standards and guidelines as shown in table I.A.2 of the self-study document. Members of the community of interest, which includes students, alumni, and employers of CON graduates, confirmed that they are active participants in program review, and that their input is valued. For example, the UIHC associate director for nursing education stated that she was asked to provide input on the integration of the newly revised The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008] into the curriculum.

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.

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Rationale:
The CON associate dean for academic affairs, area chairs, and faculty confirmed that expected faculty outcomes are clearly identified and congruent with the program’s mission and goals, as well as those of UI. In keeping with its designation as a research extensive university with a health sciences center, the CON defines two tracks for faculty: the traditional tenure track and the clinical track. Faculty expectations and outcomes are defined by the rank they hold in their designated track and are available in the university operations manual at http://www.uiowa.edu/~our/opmanual/iii/10.htm#101. Area chairs evaluate their respective faculty members annually. This review provides them with the opportunity to guide faculty regarding expected outcomes that are appropriate to their track and rank.

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 enable meaningful participation.
Compliance Concerns?

Baccalaureate: No
Master's: No
DNP: No

Rationale:
Faculty and students confirmed that they are actively involved in the governance of the CON, and that their input is valued. Opportunities for participation are delineated in the CON's bylaws. When major issues are to be considered, faculty forums and retreats are held. Students commented that their input is very well received and taken seriously. For example, the dean sought their advice on how best to inform students of the tuition increase and followed it.

I-E. Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission 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:
The CON associate dean for academic affairs, faculty, and students confirmed that the CON uses printed, on-line, and Web-based materials to provide current and prospective students with information regarding its programs. A comparison of printed materials and the UI and CON Web sites showed that information is current and accurate.

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.
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Rationale:
A review of UI and CON academic policies available on the Web site demonstrated congruency with and support achievement of the mission, goals, and expected student outcomes; this congruency was confirmed by the program chairs. The CON associate dean for academic affairs validated that they are reviewed annually. Students and faculty stated that they are written, fair, equitable, and implemented consistently.

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.

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Rationale:
The CON associate dean for academic affairs clarified the program's definition of a formal complaint. Policies, procedures, and processes are in place for formal complaints by faculty and students. They are consistent with those described in the self-study document and on the CON Web site. Students and faculty verified that they know where to find them.
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.

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*Rationale:*
The CON assistant dean for operations and finance confirmed the description of fiscal and physical resources as stated in the self-study document. State funding for the current and past three years has remained stable and is sufficient to meet the program's mission, goals, and expected outcomes. Faculty practice initiatives and grant funding generate additional funds to supplement the state allocated budget. Fiscal resources are reviewed annually by the provost’s office. While the CON reviews its internal budget process each fiscal year, the senior financial analyst communicates with program associates (staff who report to their respective program directors) and grant coordinators monthly to assure that their budgets are reconciled.
The CON occupies its own building on the UI campus. Routine building maintenance is funded by UI. The CON space committee meets four times per academic year to review and assign space. A tour of the facilities showed that physical resources, including equipment and supplies, are sufficient. In 2006, the CON, in partnership with the UIHC, opened a state of the art, 20,000 square foot nursing clinic education center (NCEC) that houses an 11-room advanced simulation laboratory. In 2007, a newly renovated space for research was opened in the nursing building.

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.

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Rationale:
The UI provost, CON associate dean for academic programs, students, and faculty confirmed that academic support services are sufficient. As described in table II.B.1 of the self-study document, services provided by UI include information technology and computing; the council on teaching, which administers small grants to improve teaching; the center for teaching, which provides individual assistance and training in instructional technology; the libraries, which provide extensive on-line and interlibrary loan services to distance education and on campus students; the bookstore; the evaluation and examination service, which provides assistance with developing, preparing, and scoring course examinations, teaching evaluations, and surveys; the office of facilities planning and utilization, which is used to schedule classrooms other than those in the nursing building; the division of continuing education; and the center for credit programs.

The Hardin Library for the Health Sciences contains more than 370,000 volumes and provides access to over 14,000 periodical titles. The assistant director for collections and outreach is assigned to the CON and is an ad hoc member of its academic council. Services offered include individual consultation with students, classroom demonstrations on accessing literature.
searches, and, with the exception of dormitory students, book delivery to individuals with an on-campus address. The office of student services supports each of the programs in the areas of recruitment, admissions, advising, and program operations. Classrooms have been updated to provide faculty and students with a wide range of instructional technology to support student learning. Students confirmed that they have access to numerous computers and printers at UI. A variety of financial aid options is available through the CON and UI. More than 600 agencies provide clinical learning experiences for undergraduate and graduate students. The CON associate dean for academic affairs and assistant dean for operations and finance verified that resources and services are reviewed on a regular basis.

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.

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Rationale:
The dean is a registered nurse (RN) who holds a master's degree in nursing and a PhD in education. She has held faculty and administrative positions in the CON for 35 years and is a nationally known researcher in wound healing. Her curriculum vitae showed that she is an accomplished administrator, educator, and scholar. The dean is a member of the council of deans that meets bimonthly with the provost to discuss academic, administrative, and budgetary matters. She has decision making authority to determine budget allocations in relation to the CON's goals and to realign funding in relation to changing priorities. The UI president and provost stated that the dean is highly respected for her leadership of the CON. Members of the
community of interest stated that she is collaborative, visionary, and very responsive to their needs and concerns.

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.

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Rationale:
The CON dean confirmed the formula for calculating the FTE of faculty involved in each program. The associate dean for academic affairs confirmed that there are currently 10 faculty who are tenured, 37 who are on the tenure track, 22 who are on the clinical track, and 21 who are at the lecturer or temporary lecturer rank. Faculty-to-student ratios are adequate and meet professional standards and guidelines.

Faculty vitae showed that they hold current RN licensure, meet certification and practice requirements, and are academically and experientially qualified to teach in their respective programs. The associate dean for academic affairs and program director for the MSN and DNP programs confirmed that lead faculty are certified in their clinical specialties.
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.

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Rationale:
The associate dean for academic affairs, area chairs, and program directors confirmed that preceptors are used for select BSN, MSN:CNL, MSN, and DNP experiences. Their roles are clearly defined and congruent with professional standards and guidelines as described in the self-study document. A review of preceptor credentials confirmed that they are academically and experientially qualified for their role. CON area chairs and students said that they have the opportunity to evaluate their preceptors at the end of every course. While preceptors provide feedback regarding student performance, the final course grade is determined by the faculty.

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.

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Rationale:
IU and the CON provide support to promote faculty outcomes that are consistent with the expectations of the faculty role, and its mission, goals, and expected outcomes. Faculty verified that the UI center for teaching offers a variety of programs to assist with their development. In the CON, noon brown bag sessions are held on teaching pedagogy, strategies, and resources. Faculty retreats focus on the information and skills needed to use instructional technology. Faculty development money is available to support participation in national conferences and to fund education development leaves. Newly hired faculty are assigned a mentor. Faculty commented on the peer support they receive and stated that everyone wants them to succeed. The UI interim vice president for research commented that the CON faculty do the best job of any college on campus in mentoring junior faculty for research careers.

The office of the vice president for research (OVPR) provides a variety of support functions and opportunities for faculty in terms of research and economic development. Assistance with grant applications, post award administration, and regulatory compliance is provided by the division of sponsored programs. In the CON, research support is offered through the office of the associate dean for research and includes consultation on proposal development, research design, computer applications, and preparation of data and manuscripts for publication.

Internal and external service is clearly defined by the CON faculty. There are adequate resources to support practice and service. For example, the Hartford Center of Geriatric Nursing Excellence supports faculty outreach activities to the community and state, and UI makes computers and Web sites available to assist with continuing education programs offered by the faculty.
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 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 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 student outcomes.

| Compliance Concerns? | Baccalaureate: No | Master's: No | DNP: No |

**Rationale:**

**BSN:** The CON associate dean for academic affairs, faculty, and students confirmed that expected individual student learning outcomes are congruent with the program's mission and goals as shown in Tables III.A.2 and III.A.3 of the self-study document. Discussions with the directors of the BSN and RN-BSN programs confirmed that they work together to ensure that students achieve the same individual student learning outcomes.

**MSN:** A review of course syllabi in the on-site resource file and discussions with faculty confirmed that all courses have clearly identified curricular objectives that guide the selection of learning activities and evaluation methods that are congruent with the program’s mission, goals, and expected individual student outcomes. Each course builds on the knowledge, skills, and abilities from previous ones in order to meet overall program outcomes. The CON dean, associate dean for academic affairs, director of the MSN program, and faculty articulated
differences and similarities among each of the master's program options, as well as the MSN:CNL program. Students provided examples of how their individual needs and career goals are being met.

DNP: A review of course syllabi in the on-site resource file and discussions with CON faculty and the DNP program director confirmed that all courses have clearly identified curricular objectives that guide the selection of learning activities and evaluation methods that are congruent with the program's mission, goals, and expected individual student outcomes. Each course builds on the knowledge, skills, and abilities from previous ones in order to meet overall program outcomes. The DNP program director verified that program applicants are interviewed as part of the admission process to assure congruence between their career goals and program outcomes. A discussion with a DNP project preceptor and review of samples of student papers and evidence-based practice final projects in the on-site resource file showed the inclusion of content related to organizational and systems leadership for quality improvement and clinical scholarship for evidence-based practice.

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 student outcomes.

- Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998).
- 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, 1998) 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.

**Compliance Concerns?**

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**Rationale:**

**BSN:** The CON faculty and associate dean for academic affairs confirmed that the curriculum uses the professional standards and guidelines as described in the self-study document. Table III.B.1 shows the alignment between them and the BSN and RN-BSN curricula. Expected individual student learning outcomes are consistent with the program’s intent to prepare nurse generalists.

**MSN:** In discussions the MSN program director and faculty confirmed that individual student learning outcomes are consistent with the roles for which the program is preparing its graduates; this was verified in a review of course syllabi and student papers in the on-site resource file. For example, all students take core courses in leadership, health policy and economics, research and evidence-based practice, and informatics in addition to advanced core courses specific to their selected specialty option. The NNP and nurse anesthetist programs incorporate separate graduate level courses to meet their respective specialty professional standards and guidelines. All advanced practice programs incorporate separate graduate level courses in health assessment, pathophysiology, and pharmacology. Members of the community of interest indicated that the CON thoughtfully incorporates their needs in both planning and delivering master’s nursing education.

The MSN:CNL program is designed to prepare nurses as generalists to provide leadership in care delivery. The first cohort will graduate in July 2009. Although the self-study document did not discuss course content for the CNL program or practice specialty areas, a review of student projects and papers in the on-site resource file and discussions with the CON dean, directors of
the BSN and MSN programs, and area chairs confirmed that individual student outcomes reflect course objectives and content and prepare them for the roles they will assume as graduates. The curriculum prepares them to take the NCLEX-RN and the CNL certification examination upon completion of the program.

DNP: In discussions, the DNP program director and faculty confirmed that the curriculum incorporates the professional standards and guidelines described in the self-study document; this was verified through a review of course syllabi and student papers in the on-site resource file. A review of student projects and papers in the on-site resource file and discussions with the CON faculty confirmed that students complete business plans and a cost analysis and budget for selected health topics. The DNP program director confirmed that all students currently admitted to the DNP program are post-master’s and certified in their clinical specialty.

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, 1998) 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, 1998), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree. The program provides a rationale for the sequence of the curriculum for each program.

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Rationale:

BSN: In discussions, CON students and the program directors confirmed that the program builds on a foundation of the arts, sciences, and humanities. Other general education courses may be taken as co-requisite with nursing courses. Although students take didactic courses in psychiatric-mental health nursing, public health nursing, parent-child nursing, and gerontological nursing, they select three of the four areas for their clinical experiences. Because the Iowa Board of Nursing will no longer allow this, the CON faculty confirmed that they are revising the curriculum to comply with the new ruling.

MSN: In discussions, the CON dean, associate dean for academic affairs, director of the MSN program, area chairs, as well as faculty and students confirmed that advanced practice curricula are based on a foundation comparable to a baccalaureate degree in nursing; this was verified in a review of materials in the on-site resource file. The MSN:CNL program specifies how students who do not have a BSN acquire knowledge and competencies that are comparable to that degree as a foundation for advanced nursing education. The curriculum prepares graduates to provide leadership in implementing evidence based practice in clinical settings through coursework, clinical experiences, and the capstone residency.

DNP: In discussions, the CON DNP program director and faculty confirmed that the curriculum builds on the appropriate level of student entry into the program; this was verified in a review of materials in the on-site resource file. Through research and the essentials of advanced practice emerging science courses, students gain the knowledge needed to analyze research literature and develop evidence-based practice in the clinical setting. They complete an additional 370 clinical hours directed at the skills needed to conduct research utilization and evidence-based practice projects, and they receive advanced content in leadership at the systems level and health care policy and advocacy.

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

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Rationale:

BSN: The CON faculty and students confirmed that teaching-learning practices and environments are designed to meet individual student learning outcomes. The BSN program director confirmed that she meets with faculty in related course clusters several times each semester to ensure their coordination. Teaching-learning practices and environments include pre-clinical simulation experiences, acute and critical care inpatient experiences, community-based experiences, and service-based experiences such as health fairs. Learning opportunities occur within the academic health center and in local community and rural hospitals, clinics, long term care facilities, and community settings. Students reported that they request their top three choices for the final clinical internship, and that faculty members do their best to accommodate them.

MSN: In discussions, the CON dean, associate dean for academic affairs, director of the MSN program, area chairs, faculty, and students along with a faculty demonstration of the technology used confirmed that the program is delivered through a combination of face-to-face teaching methodologies and on-line technologies, such as synchronous, asynchronous, or combination formats. They may also include the use of discussion boards, wikis, and the virtual community. Faculty described a variety of capabilities for building course Web sites provided by Iowa Courses On-line Network (ICON). Conferencing and on-line synchronous dialogue capability is available through E-Luminate and Polycom. Students stated that they appreciate the on-line teaching-learning format and, that their individual needs are being met.

DNP: During a discussion faculty confirmed that the DNP program is delivered through live and on-line education technologies such as the ICON course management system; faculty gave a demonstration of the on-line instructional technology used. Faculty verified the use of discussion boards, wikis, live on-campus meetings and seminars, and the virtual community as ways that they maintain communication with and support one another; this was verified in a review of materials in the on-site resource file.

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).
Rationale:

BSN: The CON community of interest confirmed that the curriculum and teaching-learning practices consider their needs and meet their expectations. For example, the on-line RN-BSN program meets the needs of rural and working RNs, and the use of simulation enhances students' clinical learning. Student feedback is used to inform changes in course design and delivery.

MSN: As stated in the self-study document, the teaching-learning needs of the community of interest are considered. For example, the CON dean and MSN program director stated that the need for psychiatric providers was critical in the state three years ago. Consequently, funding was obtained to support the delivery of an on-line psychiatric/mental health nurse practitioner program in collaboration with the College of Medicine (COM). To meet the needs for NNPs, an on-line program was created in partnership with the University of Missouri, Kansas City.

DNP: The CON associate dean for academic affairs stated that, at the request of Iowa nursing employers and RNs, the CON developed a streamlined and technology-based curriculum using on-line delivery for the DNP program.

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 are ultimately responsible for evaluation of individual student learning outcomes.

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Rationale:

BSN: Student performance is evaluated regularly by faculty and reflects achievement of expected learning outcomes. Students verified that evaluation policies and procedures are defined, available, and applied consistently.

MSN: A review of materials in the on-site resource file and a discussion with students verified that expected individual student learning outcomes and methods to assess performance are communicated and consistently applied. Grading scales are included in all course syllabi, which are distributed to students through ICON and discussed on the first day of class. Learning outcomes are evaluated in a variety of ways including projects, presentations, portfolios, papers, and written and performance testing. The UI Graduate College stipulates that all students must complete some type of final examination as determined by each college. CON students may choose a thesis, project, or portfolio.

DNP: Grading criteria and rubrics are included in course syllabi and communicated to students. A review of materials in the on-site resource file verified that expected individual student learning outcomes and methods to assess performance are consistently applied. Syllabi are distributed to students through ICON and are discussed on the first day of class. Student performance and progress on their projects are evaluated each semester by the faculty and primary advisor.

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.

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Rationale:

BSN: In discussions, the CON associate dean for academic affairs and area chairs
confirmed that teaching-learning practices are evaluated on a continuing basis. Evaluation data are shared with program directors and faculty, and program changes are made as needed.

**MSN:** In discussions, the CON faculty confirmed that data from the CON evaluation plan and academic course evaluations (ACE) are used to evaluate the curriculum and teaching-learning practices; this was verified in a review of materials in the on-site resource file. The curriculum is reviewed every three years, and course evaluations are completed by students every semester. The director of the MSN program validated that the CON academic council, with input from area chairs and the associate dean for academic affairs, is responsible for analyzing the data and for making changes in the curriculum and teaching-learning practices as needed. The first cohort of MSN:CNL students will graduate in Summer 2009, and an evaluation plan for program evaluation will be implemented in the 2009-2010 academic year.

**DNP:** In discussions, the CON faculty and DNP program director confirmed that data from the student course evaluations are used to evaluate the curriculum and teaching-learning practices; this was verified in a review of materials in the on-site resource file. The CON faculty and DNP program director validated that the DNP program director is responsible for analyzing data and making recommendations to the CON academic council for revisions in the curriculum and teaching-learning practices to improve student learning outcomes. Faculty verified that they have input into program changes through participation in the faculty organization.
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. 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). Programs may define the point of entry to the program and the length of time allotted for program completion. The entry point and the time frame used in the calculation are specified by the program. 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).

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Rationale:

Aggregate student outcome data for the BSN program are collected on a regular basis and include student course evaluations, exit surveys, graduation rates, NCLEX-RN pass rates, Assessment Technologies Incorporated (ATI) performance data, employment rates, and alumni surveys. Aggregate student outcome data for the MSN and DNP programs include ongoing course evaluations by students, informal student feedback, alumni surveys, graduation rates, and certification examination pass rates. In an attempt to increase response rates, the CON
faculty are considering the use of exit surveys for graduates of the MSN and DNP programs, as well as the use of focus groups for the employers of all its programs and their graduates. Data for the BSN, RN-BSN, MSN, and DNP programs are analyzed and are used to improve program outcomes.

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:
Aggregate student outcome data are analyzed by the CON associate dean for academic affairs and program directors and are reported to the academic council, student services council, and faculty organization. Faculty described the measures taken to address discrepancies between actual and expected outcomes.

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:
A review of aggregate student outcome data in the on-site resource file indicated that NCLEX-RN examination pass rates consistently exceed state and national averages; BSN student exit surveys indicate a high degree of satisfaction with the program; and alumni surveys show that 58 percent of BSN graduates are members of a professional organization. Graduation rates from the BSN program have exceeded the expected 90 percent since 2006, and in the RN-BSN
program, they have exceeded the expected 60 percent since 2004. Certification examination pass rates for all MSN advanced practice programs are 100 percent. According to the program director, MSN graduation rates are difficult to calculate due to the high number of part-time students. The graduation rate for the first class of DNP program students in July 2008 was 33 percent. Data regarding aggregate student outcomes for the program will be collected in August 2009, which is one year after graduation. Representatives of the community of interest stated that there is a need for MSN:CNL and DNP-prepared nurses, and that they are excited about the knowledge, expertise, and skills that they bring to the nursing profession.

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.

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Rationale:
In discussions the CON faculty and students confirmed that data from aggregate student outcomes are used for program improvement; this was verified in a review of documents in the on-site resource file. For example, substantive experiential opportunities for all BSN students to participate in interdisciplinary/inter-professional activities have been incorporated into the program. Faculty described the use of clicker technology in the classroom as a way to offer real-time feedback to students, enhance test-taking skills, and address aggregate student issues regarding specific course content. BSN program students stated that the pathophysiology course was revised, per their suggestions.

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.

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Rationale:
Aggregate faculty outcomes are consistent with the program’s mission, goals, and expected student outcomes. Faculty confirmed that their expected outcomes are consistent with their role as defined by the CON and UI. Aggregate data on teaching effectiveness, using ACE, show that for the past three years all BSN and MSN courses have been rated greater than five on a six-point scale (where six is the highest).

Tenured and tenure-track faculty have a reduced teaching load by one course per semester allowing for research and scholarly productivity. The on-site resource file showed that in 2007, tenure-track faculty published 37 articles in refereed journals and six book chapters. In the same year, three clinical track faculty published in scholarly journals, and one co-authored a book chapter. In 2007-2008, research funding reached $3.8 million. The dean has appointed a task force to review the teaching and practice expectations of clinical track faculty.

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.

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Rationale:
One formal complaint has been filed against the CON in the past three years. It was based on racial discrimination. Although it was determined to be unfounded, the CON hired a full-time diversity coordinator, continued support for the minority student nurses association, and focused on the Robert Woods Johnson New Careers in Nursing Scholarship to attract and retain minority and under-represented students.