DATE: August 31, 2016

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Assistant Provost for Institutional Effectiveness
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RE: 2016 Summer Assessment Proposal

The School of Nursing is submitting the FINAL REPORT for the 2016 Summer Assessment Grant proposal titled CCNE ACCREDITATION FINALIZED DOCTORATE IN NURSING PRACTICE (DNP) ACCREDITATION REPORT AND FINALIZED CONTINUOUS IMPROVEMENT PROGRESS REPORT: BACCALAUREATE AND MASTER’S PROGRAMS conducted by Linda Siktberg, Kay Hodson Carlton, Beth Kelsey, Diana Bantz, and Phyllis Chapin.

Dr. Linda Siktberg
Director
School of Nursing
2016 Summer Assessment Project

School of Nursing

Linda Siktberg, Kay Hodson Carlton, Beth Kelsey, Diana Bantz, and Phyllis Chapin

COMMISSION ON COLLEGIATE NURSING EDUCATION (CCNE) ACCREDITATION
FINALIZED DOCTORATE IN NURSING PRACTICE (DNP) ACCREDITATION REPORT
AND FINALIZED CONTINUOUS IMPROVEMENT PROGRESS REPORT:
BACCALAUREATE AND MASTER’S PROGRAMS

PROJECT OBJECTIVES

CURRICULUM/PROGRAM ASSESSMENT:

1. Plan and conduct an assessment focused School of Nursing Faculty Retreat on May 9, 2016. The agenda will include
   a. Review of the finalized draft of the DNP (Doctorate of Nursing Practice) self-study document.
   b. Review of the final draft of the Continuous Improvement Progress Report (CIPR): Baccalaureate and Master’s Programs.
   c. Incorporate revisions/recommendations in the documents from this review.

   a. Review the four accreditation standard sections for any needed changes/additions/etc.
   b. Review content/congruency of School of Nursing and Distance Education website, graduate catalog, faculty handbook, DNP student handbook, and other sources of program information.
   c. Review and report results of completed surveys to foster ongoing program improvement.
   d. Review, update, and approve DNP course grids.
   e. Deploy approved template for course syllabi.
   f. Conduct interviews of employers of DNP graduates in May to mid-June and incorporate analyzed data in self-study document.
   g. Complete DNP Faculty Credentials Table for Standard II-D.
   h. Review and update faculty profiles on SON website.

3. Complete operational plans to hosting the Commission on Collegiate Nursing Education (CCNE) scheduled onsite evaluation, October 5-7, 2016.
   b. Provide opportunity for third party comments via the CCNE Online Community and provide access to electronic versions of these materials by August 22, 2016.
   c. Contact each member of the onsite evaluation team for provision of any requested documents.
   d. Complete preparation and secure onsite resource room.
   e. Schedule team’s accommodations, including transportation and hotel.
   f. Prepare agenda for onsite evaluation.
4. Develop and finalize Baccalaureate and Master’s curriculum/program assessment components needed for the Continuous Improvement Progress Report.
   b. Review content/congruency of School of Nursing and Distance Education website, baccalaureate and master’s catalog, faculty handbook, baccalaureate and master’s student handbooks, and other sources of program information.
   c. Review and report results of completed surveys to foster ongoing program improvement.
   d. Review Tier 3 capstone course data for the baccalaureate program.
   e. Conclude analysis and reporting of exit and alumni surveys in regard to program outcome and alumni achievements – compare with established benchmarks of respective programs in the School of Nursing systematic evaluation plan.
   f. Review, update, and approve baccalaureate and master’s course grids.
   g. Analyzes and report results of student and faculty evaluation of clinical experience/agency for baccalaureate program.
   h. Deploy approved template for course syllabi.
   i. Analyze and report community of interest focus groups’ data.
   j. Complete baccalaureate and master’s Faculty Credentials Table for Standard II-D.
   k. Review and update faculty profiles on SON website.

5. Finalize and submit the final interim continuous improvement progress (CIPR) report Baccalaureate and Master’s programs by the June 1, 2016 due date (http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate/progress-report).


7. Collaborate with Office of Institutional Effectiveness for any remaining university/nursing program collection and/or data analysis of the three academic programs: baccalaureate, master’s and DNP.

8. Collaborate with Office of Institutional Effectiveness in review/analysis of School of Nursing Systematic Evaluation plan timeline and benchmarks to explore areas of existing duplication of school/college/ and/or university data collection and analysis for efficiency and improvement in data collection, data analysis, reporting, and tracking of changes/continual quality improvement strategies.

BACKGROUND AND RATIONALE

This project supports the goals of the School of Nursing in preparation for the finalization of the interim continuous improvement progress (CIPR) report for the Baccalaureate and Master’s programs for submission (http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate/progress-report). In compliance with the Commission on Collegiate Nursing Education’s (CCNE) requirement for all accredited programs, the Continuous Improvement Progress Report (CIPR) must be submitted at the mid-point of the particular academic program’s accreditation term. The CIPR must address the nursing program’s continued compliance with all accreditation standards. Programs are expected to continue to comply with the CCNE standards and procedures throughout the period of accreditation. The deadline for submitting the progress report to CCNE for the Baccalaureate and Master’s programs is June 2016.
The proposal request is for the collaborative work of the School of Nursing individual program directors and administrators working in conjunction with the School of Nursing Director in consultation with the designated personnel from the Office of Institutional Effectiveness in the most efficient and effective manner to prepare the final drafts of these documents for submission to the accrediting agency during the Summer 2016. These identified co-project directors can inform, coordinate, and mobilize the associated staff and professional personnel (tech support and program advisors) for the final preparation of the respective CCNE reports for the three academic programs. This will include the final preparation for and conduction of the October 2016 onsite visit for the DNP program. Stipends of $1,000 each are requested for co-project coordinators.

Our proposed summer assessment grant activities will be a good opportunity to finalize collaborative work with personnel from the Office of Institutional Effectiveness, continue to explore enhanced collaboration venues for the School of Nursing’s continuing quality improvement work, and network with the Office of Institutional Effectiveness in the collaborative sharing of assessment data for School and University uses. We will continue to explore the coordination of existing university assessment tools to streamline the School of Nursing developed assessment tools and expand the School/University collaboration in data collection, analysis, reporting, and follow-up. The exploration of the School/University data collection, analysis, reporting, and follow-up can serve as a model or template for other departments/schools at the university. Advantages of this type of collaboration will include increasing participation rates and decreasing duplication of requests with centralization of data useful for departmental/school and university assessment reporting, data analysis, and use of the data for quality improvement across departments and the university.

This project relates to Centennial Commitment 18 by 18 Student Success. Individuals involved in the project include the following: L. Siktberg, K. Hodson Carlton, Beth Kelsey, Diana Bantz, and Phyllis Chapin. These administrative/faculty representatives from the Ball State School of Nursing are responsible for updating the curricula based on the criteria and essentials for the CCNE program accreditation visits – including the final preparation of the accreditation documents for the three academic programs: Baccalaureate, Master’s, and DNP.

**DESCRIPTION OF PROJECT ACTIVITIES AND ANTICIPATED OUTCOMES**

**May to June:** Planned, conducted, and evaluated the quality improvement progress and documentation at the Faculty Retreat on May 9, 2016. The Retreat was focused on faculty review and critique of the respective program finalized draft accreditation documents: Baccalaureate, Master’s, and DNP. Conducted meetings with project co-coordinators and partners in revising and completing the CIPR finalized draft development. Reviewed and revised elements from the Doctorate in Nursing Practice accreditation report based on faculty/partners feedback. Continued final preparation of DNP document and accompanying on-site and electronic repository of evidence. Participated in meetings/calls with Office of Institutional Effectiveness partners.

**June to July:** Submitted CIPR document for the baccalaureate and master’s programs (see attachment). Finalized DNP self-study document and final preparation of on-site and electronic repository for evidence/resource room including all faculty/course related documents.

**June to Aug:** Submitted DNP self-study document by August 22, 2016 (see attachment). Prepared agenda for and conduct DNP faculty retreat in August to review the onsite re-
Developed plan and content for the early fall semester 2016 faculty presentation to respective curriculum committees. Updated systematic evaluation plan to reflect changes due to collaborative review of tools/timeline.

Sept to Oct: Implement faculty curriculum/governance meetings related to assessment progress and plans for October on-site accreditation visit for the DNP program. Finalize operational issues related to the October on-site visit; i.e., agenda/program for on-site visitors; update information to University partners involved in the on-site accreditation visit; complete administrative details related to the on-site visit; finalize notices to communities of interest related to the on-site visit. Submit final summer assessment program report.

SUPPORT FOR THE PROJECT PROVIDED BY THE SCHOOL OF NURSING & CAST

This project had ongoing support from the School of Nursing, the College of Applied Sciences and Technology, and the newly formed College of Health. It was part of a quality improvement and management plan based on the Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs from the American Association of Colleges of Nursing (AACN, 2009) for continuous improvement in education.

The project coordinators met at least bi-weekly and coordinated the finalized plans for the analysis and reporting of assessment data and benchmarking with personnel from the Office of Institutional Effectiveness as well as technology support personnel, academic program advisors and secretarial staff from the School of Nursing.
BALL STATE UNIVERSITY
SCHOOL OF NURSING

DNP SELF-STUDY REPORT
FOR CONTINUING ACCREDITATION TO THE
COMMISSION ON COLLEGIATE NURSING EDUCATION

FALL 2016
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INTRODUCTION

Ball State University (Ball State) is located in Muncie, Delaware County, Indiana on 731 acres with approximately 400 acres of research property. Ball State was founded as the Indiana State Normal School, Eastern Division in 1918. In that year, the Ball brothers, a prominent Muncie industrial family, had an interest in the state’s higher educational system and purchased the property on which the normal school was located. In 1922, the school was renamed Ball State Teachers College in honor of the Ball family. The mission of the college was to prepare teachers for Indiana and other Midwestern states. By the 1960s, the college had grown by phenomenal rates in enrollment, physical facilities, and the variety and quality of educational programs and services. Due to this exceptional rate of growth and expectations for further growth, the College was renamed Ball State University by the state legislature in 1965. Ball State’s major focus is on the citizens of Indiana and “offers programs that attract to regional, national, and international audiences. Ball State University’s Carnegie classification is doctoral universities: higher research activity. Ball State is accredited by the North Central Association of Colleges and Schools and received a full 10-year reaccreditation in 2014.

The Board of Trustees on September 23, 2015 approved the concept, vision, mission and structure of the new College of Health that would create a college to focus on Ball State’s health-related disciplines in which the COH’s mission would “…[embrace] an innovative, collaborative, and interprofessional environment for learning, discovery, and engagement.” On January 29, 2016, the Board of Trustees finalized the academic plan for the College of Health to be operationalize on July 1, 2016. Ball State received from the Indiana State legislature funding to construct a new COH building that is tentatively planned to open Fall Semester 2019.

Ball State had seven colleges; and currently; and on July 1, 2016, Ball State has eight academic colleges. Ball State offers 7 associate, 178 bachelor’s, 90 master’s, 2 specialist, and 16 doctoral degrees (http://cms.bsu.edu/about/factbook/programs). Prior to July 1, the School of Nursing (SON) was part of the College of Applied Sciences and Technology that consisted of five departments, including the Department of Technology, Family and Consumer Science, Military Science, School of Kinesiology, and SON. On July 1, The SON transitioned to the College of Health (COH) (http://cms.bsu.edu/academics/collegesanddepartments/health) that consists of six departments, including Counseling Psychology, Social Psychology and Counseling, Nutrition and Health Science, School of Kinesiology, SON, Social Work, and Speech Pathology and Audiology.

During the 2015-2016 academic year, there were 16,602 undergraduates and 4,594 graduates on- and off-campus for a total of 21,196 students enrolled in the university with approximately 14.7% undergraduate and graduate ethnic minorities, and 61.8% undergraduate and graduate female students. The total enrollment includes approximately 18.6% nonresidents and 3% international on-and off-campus students (http://cms.bsu.edu/about/factbook/enrollment).

History

The heritage of the SON dates back to 1906 when the first nursing student, Bernetha Smith, was admitted to the two year nurses’ training program established by Home Hospital in Muncie, Indiana. In 1912, the training program for nurses was changed from two to three years. Home Hospital nurses’ training transitioned to Ball Memorial Hospital (BMH) Training School for Nurses. In the early 1960s, the BMH Board of Directors proposed that Ball State Teacher College open a four-year program that would lead to a baccalaureate degree in nursing.

The SON’s first baccalaureate students were admitted Fall 1964. The Baccalaureate Program’s initial accreditation by the National League for Nursing for the baccalaureate program was in December 1968. The School’s Bachelor of Science Degree in Nursing offers a basic baccalaureate program with concentrations including a degree in three, second baccalaureate (accelerated), licensed practical nurse (LPN) transition, and RN-BS. The Master’s Degree in Nursing admitted students in Fall 1971.
The Master’s Program’s initial accreditation by the National League for Nursing was in December 1984. The Master’s Program offers two nurse practitioner concentrations – adult geriatric (on pause at present time) and family, educator concentration, administrator concentration, RN-MS option, and post-master’s APRN certificate programs in FNP and educator. The APRN certificate programs were on pause from 2012 – 2015. Students are not being admitted to the adult-geriatric NP (AGNP) concentration during curriculum revision. The last CNS student graduated summer 2015 and admissions to the CNS concentration paused on January 2011. The Doctorate of Nursing Practice (DNP), (post-master’s and BS to DNP), was approved June 2008 by the Indiana Commission for Higher Education. Ball State submitted in July 2010 to the Higher Learning Commission (HLC) a substantive change request for the DNP program. The HLC approved the DNP program in September 2010. The DNP program admitted students in Fall 2009. The RN-BS nursing concentration, master’s program, and DNP program are online distance education programs. The number of students in the SON Fall Semester 2016 is 327 baccalaureate, 302 master’s, and 6 post-master’s DNP.

The last accreditation site visit by National League for Nursing Accrediting Commission (NLNAC) was October 1998, with continuing accreditation granted to Fall 2006. In 2005, the SON’s baccalaureate and master’s programs received initial accreditation by the Commission on Collegiate Nursing Education (CCNE) and the programs were reaccredited in 2010 by CCNE for 10 years. The DNP program received initial accreditation by CCNE in 2011 for 5 years.
Standard I
Program Quality: Mission and Governance

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

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

 congruent with those of the parent institution; and
 consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program’s mission statement, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. 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/certificate programs exist. Student outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

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

 The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];
 The Essentials of Master’s Education in Nursing (AACN, 2011);
 The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and
 Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2012].

A program may select additional standards and guidelines.

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

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

Program Response:

The School of Nursing’s (SON) mission, goals, and expected student outcomes are congruent with the university and college [College of Applied Sciences and Technology (CAST) and College of Health (COH)] and consistent with relevant professional nursing standards and guidelines. The University Strategic Plan 2012-2017 (http://cms.bsu.edu/-/media/www/departmentalcontent/factbook/1213pdfs/20122017%20strategic%20plan.pdf) and Faculty and Professional Personnel Handbook (pages vii-viii) include university’s vision, mission and goals (http://cms.bsu.edu/-/media/www/departmentalcontent/facprofhandbook/201516/201516c2.pdf?la=en). The university’s vision asserts, “We seek to become recognized for providing bright and curious students a holistic learning experience that occurs both in and out of the classroom; for being relentlessly focused on learning outcomes; for embracing and solving today’s greatest educational challenges; and for bringing fresh and pragmatic thinking to the problems facing communities, businesses, and
governments in Indiana and beyond.” The university’s mission affirms, “As a public research
university, we focus on students and high-quality, relevant educational outcomes. Disciplinary
knowledge is integrated with application. We do this in a manner that fundamentally changes
students, researchers, and our external partners, who look to the university for guidance. We
transform information into knowledge, knowledge into judgment, and judgment into action that
addresses complex problems.” The university’s four goals are 1) “Provide distinctive, high-quality
educational experiences; 2) Become a recognized leader for educational and disciplinary innovation;
3) Invest in an increasingly vibrant and integrated university community; and 4) Advance Indiana
through student engagement and faculty expertise.”

A Strategic Planning Leadership Team composed of 23 members representing faculty, staff, students,
alumni, administrators, and community members was appointed by the president “to serve as the
‘guiding hand’ for the [university’s Centennial Commitment 18 by ‘18] refreshed vision and strategic
plan” (http://centennialcommitment.bsu.edu/wp-
plan, The Centennial Commitment extends 18 major goals for the university to accomplish by 2018
(the university’s 100th anniversary). The goals are organized within three major themes, student-
centered, community-engaged, and a model 21st century public research university, that reflect the
vision. The refreshed vision ‘...aspires to be a model of the most student-centered and community-
engaged of the 21st century public research universities, transforming entrepreneurial learners into
impactful leaders—committed to improving quality of life for all.’

The mission of the College of Applied Sciences and Technology (CAST) “is to enhance the quality and,
when appropriate, the quantity of the educational and creative opportunities available through the
departments of the college to students, faculty, and the broader community.” “Teaching, the
primary emphasis of the college, is designed both to prepare students for professions and to
maximize students’ cultural, intellectual, and fitness/wellness potential.” “The departments form a
well-integrated teaching-learning community that emphasizes learning by doing, as well as learning
through stimulating classroom/laboratory experiences and international exchange programs.” There
are eight college goals 1) “Develop students’ critical thinking and problem-solving skills; 2) Prepare
students to apply knowledge to meet the changing needs of an increasingly technological global
community; 3) Enhance student learning through international, internship, practicum, research, and
service experiences; 4) Support currently successful programs and encourage the development of
innovative and promising new programs and adapting them to the needs of an ever-changing global
community; 5) Provide the finest faculty and professional staff available; 6) Optimize the use of
technology to enhance teaching and student learning; 7) Improve the college’s physical facilities for
all programs and activities; and 8) Support opportunities for faculty and students to make
contributions to the representative fields within the college” (http://cms.bsu.edu/academics/collegesanddepartments/cast/aboutcast).

The university Board of Trustees on September 23, 2015 approved the concept and structure of the
eighth college. The Board of Trustees on January 29, 2016 finalized the academic plan for the eighth
College of Health (COH) and launched July 1, 2016. The COH’s vision is “Our students will embrace
critical thinking, creative problem solving, and lifelong learning. Graduates will become engaged
citizens in a diverse world, and be attentive to the health and social justice of a diverse population.
Premier educational programs, cutting-edge scholarship, and clinical professional preparation will
emphasize health and well-being across the lifespan.” The COH’s mission is “Our college embraces an
innovative, collaborative, and interprofessional environment for learning, discovery, and
engagement. The learning environment is shaped by core content that enhances understanding of
health and well-being throughout the life span. Discovery occurs across the health-related disciplines
that comprise the college and readily engages students and faculty in a collaborative manner. Our
commitment to interprofessional development and community engagement unites our faculty and
students while strengthening our educational programs and serving the needs of the region, state, and nation”

The faculty reviewed the SON’s vision, mission, and goals for congruency with university and CAST mission and goals as well as for an accurate reflection of faculty values regarding teaching and scholarship at the May 4, 2015 Faculty Retreat. The SON’s preceding vision approved by FOC in 2010 stated “…a national model of excellence as a learner-centered academic community that advances nursing knowledge and practice, impacts health care economics, and enhances quality of life.” The SON’s preceding mission stated “…an innovative, challenging, supportive academic community that inspires students by: Offering active, collaborative learning, including immersive clinical and culturally diverse experiences based on evidence-based practice; Providing access to faculty and professional practice experts who advance nursing knowledge, collaborative practice, excellence in teaching, and technology in learning; Engaging with local, state, national, and international communities to enhance quality of life, cultural sensitivity, and health care delivery (Exhibit I-A-1: FOC minutes, February 1, 2010 in resource room).

The revised vision, mission, and goals were approved at the Faculty Retreat (Exhibit I-A-2: FOC minutes, May 4, 2015 in resource room). The SON’s vision “will be a model of excellence in nursing education, locally and globally, as a learner-centered academic community that advances nursing knowledge and practice to impact health care outcomes of populations.” SON’s mission “is an innovative, challenging, and transformative academic community that inspires students by: Offering evidence-based, interactive, transdisciplinary, and collaborative learning, including immersive clinical and culturally diverse experiences; Providing access to faculty and professional practice experts who advance nursing knowledge, research, collaborative evidence-based practice, excellence in teaching, and applied technology; Facilitating the transformation of information into knowledge, knowledge into clinical judgment, and clinical judgment into nursing action that addresses complex health problems in individuals and populations; Engaging with local, state, national, and international communities to enhance quality of life, reduce health disparities, and improve access to care delivery.” There are four goals 1) “The [SON] will promote academic excellence through high-quality learning experiences; 2) engage in diverse forms of scholarship to add to the body of evidence for nursing practice; 3) collaborate with local, state, national, and international agencies and organizations to create and sustain mutual trust and mutually beneficial relationships; and 4) enhance learning environments and the culture of the School through creative and innovative technology strategies that are fiscally sound.” Appendix I-A-1 Congruency of Ball State University Mission, CAST Mission, School Mission and Goals, and DNP Expected Student Outcomes illustrates the SON’s revised mission and goals and DNP expected student outcomes are congruent with the university and CAST mission and goals.

The expected student outcomes for the DNP program in Table I-A-1; (Exhibit I-A-3: DNPCC minutes, March 19, 2015; Exhibit I-A-4: FOC minutes, February 2, 2016 in resource room) are consistent with relevant professional nursing standards and guidelines (PNSGs) including the AACN Doctor of Nursing Practice Essentials (2006), NONPF NP Core Competencies (2012), and NACNS DNP Competencies for CNS (2009) (Appendix I-A-2 DNP Program: Expected Student Program Outcomes and Professional Nursing Standards). The DNP expected student outcomes are accessible on the DNP website (http://cms.bsu.edu/academics/collegesanddepartments/nursing/academics/doctorateofnnp) and DNP student handbook 2016-2017 (http://cms.bsu.edu/-/media/www/departmentalcontent/nursing/handbooks/16_17_dnp%20handbook.pdf?la=en, page 5). The AACN DNP Essentials are listed in the DNP student handbook 2016-2017 (page 5). The DNP area of the SON’s website includes the statement that the program curriculum incorporates The Essentials
of Doctoral Education for Advanced Nursing Practice (American Association of Colleges of Nursing, 2006) along with a link to the essentials document.

Table I-A-1 DNP Program Expected Student Outcomes
1. Demonstrate advanced nursing practice.
2. Translate research and data to support evidence-based practice.
3. Lead interprofessional collaboration for improving patient and population health outcomes.
4. Utilize information systems/technology to improve health care outcomes.
5. Provide leadership to enhance accessibility and quality of care.
7. Provide leadership to enhance population health initiatives in reducing health disparities.


Other DNP program outcomes are assessed through program exit surveys, course evaluations, program online and distance education surveys, and alumni surveys with an annual benchmark of 80% of respondents satisfied/very satisfied with the quality of the program. DNP student self-reflection benchmark indicates 80% of students evaluate themselves to be competent related to program outcomes. The benchmark for retention and graduation rates are 70% or higher per calendar year. The benchmark for employment rates are 70% or higher.
Table I-A-2 depicts selected targeted university performance indicators with SON benchmarks from the SON Systematic Evaluation Plan (SEP) and annual departmental report indicating performance benchmarks.

Table I-A-2 Selected University Performance Indicators with SON Annual Report Performance Indicator Benchmarks

<table>
<thead>
<tr>
<th>University Strategic Plan (PI)</th>
<th>SON Benchmark</th>
</tr>
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<tbody>
<tr>
<td>49. Increase the number of faculty and professional personnel with national recognition (awards, leadership positions, and editorial board memberships).</td>
<td>The benchmark for faculty national recognition is eight faculty recognized for awards, leadership positions, or editorial board memberships. (Departmental Annual Report)</td>
</tr>
<tr>
<td>50. Increase by 10 percent the number of student presentations at national/regional disciplinary conferences.</td>
<td>The benchmark for DNP student presentations is two presentations at state, regional, national, or international professional conferences. (Departmental Annual Report)</td>
</tr>
<tr>
<td>51. Increase by 15 percent the number of publications and peer-reviewed presentations in scholarship of teaching and learning.</td>
<td>The benchmark for scholarship is 70% of tenured/tenure-track faculty have a minimum of one publication, presentation, or grant activity per year.</td>
</tr>
<tr>
<td>64. Increase by 10 percent the number of refereed or juried achievements by faculty members (manuscripts, performances, exhibitions, presentations, books, etc.).</td>
<td>Full Member Graduate faculty Appointment - Scholarship - publication of at least two refereed articles within a 6 year period or equivalent, such as one refereed published article and one significant externally funded grant; intellectual leadership - at least three refereed presentations within a 6 year period at state, regional, national, and/or international professional meetings.</td>
</tr>
<tr>
<td>63. Increase by 125 percent external funding for scholarly work.</td>
<td></td>
</tr>
<tr>
<td>65. Increase by 40 percent the number of contract and grant proposal submissions.</td>
<td></td>
</tr>
<tr>
<td>66. Increase the number of contract and grant proposal submissions totaling more than $25,000 by 25 percent.</td>
<td></td>
</tr>
<tr>
<td>Teaching - Faculty course evaluations</td>
<td>The benchmark for teaching is an overall end of the semester student course evaluations rating of 2.5 or higher on a scale of 1 to 5 with 5 as strongly agree.</td>
</tr>
<tr>
<td>Service - The benchmark for service is 90% or higher of full-time faculty serve on one or more committees at School, CAST, or University levels.</td>
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</tr>
</tbody>
</table>
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.

Program Response:

The SON has a Systematic Evaluation Plan (SEP) for comprehensive and continuous assessments (Appendix I-B-1 SEP). The SEP defines the mission, goals, and expected student outcomes are reviewed every five (5) years based on university strategic plan or as needed to reflect relevant professional nursing standards and guidelines (PNSGs) and the needs and expectations of the community of interest (COI).

The DNPCC on May 9, 2016 reviewed, updated, and approved the congruency table (Appendix I-A-1) of the university mission, college (CAST) mission, SON mission and goals, and DNP expected student outcomes (Exhibit I-B-1: DNPCC minutes, May 9, 2016 in resource room). The DNPCC on August 18, 2016 reviewed, updated, and approved the congruency table of the COH mission and DNP expected student outcomes (Appendix I-B-2 Congruency of Ball State University Mission, COH Mission, School Mission and Goals, and DNP Expected Student Outcomes; Exhibit I-B-2: DNPCC minutes, August 18, 2016 in resource room). The DNPCC reviewed the DNP expected student outcomes and relevant PNSGs for congruency (Exhibit I-B-3: DNPCC minutes, October 2, 2014; January 21, 2016 in resource room). For example, The DNPCC reviewed the leveling of the baccalaureate, master’s, and DNP program outcomes (Appendix I-B-3: Comparison Table: Baccalaureate, Master’s, and DNP Program Outcomes). In the review process, the DNPCC identified there was not a DNP expected outcome that aligned with health promotion and clinical prevention. The DNPCC approved to add an expected student outcome of “provide leadership to enhance population health initiatives in reducing health disparities,” which revised the DNP expected student outcomes from six to seven (Exhibit I-B-5: DNPCC minutes, March 19, 2015 in resource room). The DNPCC recognized the revised DNP student outcomes had not been approved by the FOC and forwarded a motion to the FOC for approval. The motion was approved by the FOC on February 2, 2016 (Exhibit I-B-6: FOC minutes, February 2, 2016 in resource room).

In academic year 2015-2016, the DNPCC reviewed, revised, and approved the DNP program expected student outcomes and PNSGs congruency table (Appendix I-A-2 DNP Program: Expected Student Program Outcomes and Professional Nursing Standards; Exhibit I-B-7: DNPCC minutes January 21, 2016 in resource room). In academic year 2013-2014, the DNPCC reviewed, revised, and approved program student expected outcome changes to reflect an important focus of the program, interprofessional collaboration, addressed in the curriculum, but not in DNP program outcomes. The DNPCC deleted one DNP expected student outcome “design, implement and evaluate health care delivery models” and added one DNP expected student outcome “lead interprofessional collaboration for improving patient and population health outcomes” (Exhibit I-B-8: DNPCC minutes September 26, 2013 in resource room). The DNP expected student outcome change was reviewed and approved by the FOC (Exhibit I-B-9: FOC minutes October 7, 2013 in resource room; Table I-B-1). The addition of the interprofessional DNP program outcome is congruent with and contributes to the SON’s vision, mission, and goals related to collaboration and improving health outcomes at individual and population levels. The new DNP expected student outcome is also congruent with the DNP program PNSGs, such as AACN DNP Essential VI: Interprofessional Collaboration for Improving Patient and
Table I-B-1 Comparison of Previous DNP Program Outcomes (2008-2013) and Revised DNP Program Outcomes (2013)

<table>
<thead>
<tr>
<th>Previous DNP Program Outcomes</th>
<th>Revised DNP Program Outcomes</th>
</tr>
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<tbody>
<tr>
<td>2. Analyze and translate research and data to support evidence-based practice.</td>
<td>2. Analyze and translate research and data to support evidence-based practice.</td>
</tr>
<tr>
<td>3. Design, implement and evaluate healthcare delivery models.</td>
<td>3. Lead interprofessional collaboration for improving patient and population health outcomes.</td>
</tr>
<tr>
<td>4. Utilize information systems and technology to improve healthcare.</td>
<td>4. Utilize information systems and technology to improve healthcare.</td>
</tr>
<tr>
<td>5. Provide leadership to enhance accessibility and quality of care.</td>
<td>5. Provide leadership to enhance accessibility and quality of care.</td>
</tr>
<tr>
<td>6. Develop, influence or implement health care policies.</td>
<td>6. Develop, influence or implement health care policies.</td>
</tr>
</tbody>
</table>

Approved by DNP Curriculum Committee: 9/8/2008; Approved by Faculty Organization: 9/22/2008

Approved by DNP Curriculum Committee: 9/26/2013; Approved by Faculty Organization: 10/07/2013

In academic year 2014-2015, the DNPPC revised and approved to add the seventh DNP program DNP program outcome, “provide leadership to enhance population initiatives in reducing health disparities.” This new program outcome was added to provide consistency with the leveled outcomes regarding reduction of health disparities across the SON’s baccalaureate, master’s, and DNP programs. The DNPPC determined that current student course learning outcomes contributed to achievement of the new program outcome. The outcome change was reviewed and approved by DNPPC and FOC (Exhibit I-B-10: DNPPC minutes, March 19, 2015; Exhibit I-B-11: FOC minutes, February 2, 2016 in resource room; Table I-A-1). The new DNP program outcome is congruent with and contributes to the SON’s vision, mission, and goals related to reducing health disparities. The DNP program outcome is also congruent with the DNP program PNSGs: AACN DNP Essential VII: Clinical Prevention and Population Health for Improving the Nation’s Health, NONPF NP Core Competencies: Leadership, Health Delivery System Competencies, and NACNS DNP Competencies for CNS: Sphere of Influence Organization/System.

The needs and expectations of the Community of Interest (COI) are considered when the SON’s mission, goals, and expected student outcomes are reviewed and revised. The SON defines the COI to include nursing faculty, current students, prospective students, alumni, community and clinical agencies, employers, university and college administration, and relevant professional organizations. Processes used to obtain input from the COI include course evaluations by students; student self-reflections on competencies related to expected student outcomes at the beginning of the program, midway, and in the last semester; online and distance education surveys; graduate exit surveys; alumni surveys; and faculty membership and attendance at relevant professional organizations meetings. In the 2015-2016 academic year, the DNP program director initiated phone interviews with representatives of clinical or community agencies where DNP students were implementing DNP projects for feedback on the project process. The DNPPC meets regularly and periodically reviews evaluations and surveys to make program changes when indicated.
I-C. Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.

Elaboration: The nursing unit identifies expectations for faculty, whether in teaching, scholarship, service, practice, or other areas. Expected faculty outcomes are congruent with those of the parent institution.

Program Response:
The university in the Faculty and Professional Personnel Handbook 2015-2016 (pages 59-60) identifies two categories of faculty: 1) regular full-time tenured or tenure-track, and 2) contract faculty - semester, academic, fiscal, one-year, two-year, and three-year contractual basis with the rank of instructor, assistant professor, associate professor, and professor. The Faculty and Professional Personnel Handbook and SON Faculty Handbook clearly delineate the expectations for faculty outcomes are excellence in teaching, scholarship and service for regular full-time tenured and tenure-track faculty. The full-time contract faculty expectations are teaching and service along with the expectation to keep current with evidence-based literature in their respective field and examine their teaching to ensure that students are learning the most pertinent information. For semester contract faculty, the expectation is teaching along with the expectation to keep current with evidence-based literature (SON Faculty Handbook 2015-2016, page 58-61 - handbook file in resource room). During regular and contract faculty interviews, the expected faculty outcomes are communicated to the candidates. As new faculty are hired, faculty complete the SON’s orientation. The SON assigns each new faculty member a mentor. The university also schedules an orientation session for new regular and contract full-time faculty.

The expected faculty outcomes for full-time tenured/tenure-track are delineated in the 2013-2014, 2014-2015, 2015-2016 promotion and tenure (P&T) documents for the SON (Exhibit I-C-1 in resource room), College of Applied Sciences and Technology (CAST) (Exhibit I-C-2 in resource room), university (Exhibit I-C-3 in resource room) and 2016-2017 College of Health (COH) (Exhibit I-C-4 in resource room). The expected faculty outcomes for full-time and contract faculty are described in the 2013-2014, 2014-2015, 2015-2016 salary documents for the SON tenured/tenure-track (Exhibit I-C-5 in resource room), SON contract salary (Exhibit I-C-6 in resource room), CAST (Exhibit I-C-7 in resource room), university policies for annual salary adjustments (Exhibit I-C-8 in resource room), and 2016-2017 COH (Exhibit I-C-9 in resource room). Regular full-time faculty and contract faculty complete annual faculty self-assessment that relate to expected faculty outcomes by demonstrating how teaching effectiveness, scholarship, service, professional activities, and practice goals were accomplished for the year, and what goals they have established for the next academic year (2013-2014, 2014-2015, and 2015-2016 - Exhibit I-C-10 in resource room).

The university does not have a delineated policy regarding faculty practice. The university permits regular full-time tenure/tenure-track and full-time contract faculty to spend one day a week on professional activities other than university activities, provided the activities do not constitute a conflict of interest and commitment in the University Faculty and Professional Staff Handbook 2015-2016 (Exhibit I-C-11: Policy on Conflict of Interest and Conflict of Commitment, pages 103-107 in resource room).
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. Nursing faculty are involved in the development, review, and revision of academic program policies.

Program Response:
The SON, college, and university organizational structure is designed to include faculty and student participation in governance at each level. The SON has a shared governance model that provides opportunities for faculty and students to participate in the program’s governance. The SON’s Faculty Organization bylaws include the blueprint for departmental governance. The SON’s bylaws were revised and approved by the FOC on April 18, 2016 (Exhibit I-D-1 - FOC minutes; Exhibit I-D-2: SON bylaws in resource room).

The SON has 10 FOC standing committees, including four elected standing committees (Promotion and Tenure, Tenure and Tenure-Track Salary Appeal, Contract Salary, and Contract Salary Appeal), and six appointed standing committees (Baccalaureate Curriculum, Baccalaureate Admission and Progression, Master’s Curriculum, Master’s Admission and Progression, DNP Curriculum, and DNP Admission and Progression). Guidelines for each standing committee describing purpose, functions, membership, officers, and meetings are available to faculty (SON Faculty 2016-2017 Handbook, Section III Committee Organization – handbook file). The SON governance structure provides a flow chart for policy decisions and committee organization and the governance structure was revised and approved by FOC on December 7, 2015 (Appendix I-D-1: SON Governance Structure). Full-time tenured/tenure-track and full-time contract faculty are members of at least one curriculum committee (Exhibit I-D-2: 2013-2014, 2014-2105, 2015-2016 Participation on SON Committees in resource room).

Full-time tenured/tenure-track, full-time contract, and part-time contract faculty are members of the FOC. The purposes of the FOC are to consider, discuss, recommend, and establish policies affecting the SON, such as establish and adopt the mission, goals, philosophy, and expected student outcomes which are congruent with the university; establish policies for baccalaureate, master’s, and DNP student admission, retention, progression, and graduation; recommend criteria for salary distribution (merit), promotion, and tenure; and review and act on recommendations of the Standing and Special Committees of the Faculty Organization.

Faculty members have an opportunity to indicate preferences for standing committee appointments. When a standing committee forms an Ad Hoc Committee, faculty members volunteer to participate to address short-term issues/needs. The P&T Committee provides recommendations for policy changes to the P&T college committee in congruency with the college and university P&T documents, and reviews and evaluates tenure-track and promotion faculty documents and forwards those credentials with recommendations via the SON director to the college dean. The Tenure/Tenure-Track Appeal and Contract Salary Committees review, revise, and obtain faculty approval for next academic year’s salary documents. The director evaluates tenured and tenure-track salary documents and makes recommendations for faculty salary adjustment based on meritorious performance. The Contract Salary Committee forwards to the director recommendations for salary adjustments based on meritorious performance. The responsibility of the Tenure/Tenure-Track Salary Appeals and Contract Salary Appeals Committees is to hear appeals from individuals who feel they have been aggrieved by an action taken in determining their merit points and to recommend appropriate action to the director and dean.

The DNPCC maintains congruency of SON’s mission, goals, philosophy and strategic plan with the university mission, and strategic plan; reviews, revises, and implements the DNP sections of the SEP;
develops, implements, evaluates, and revises the DNP curriculum based on philosophy, organizing framework, and expected student outcomes; monitors course outcome and learning activities for a logical progression over the length of the program; evaluates learning environments appropriate to DNP; and oversees DNP program re-accreditation process. The DNP Admission and Progression Committee (DNAPC) develops and implements admission, retention, progression, and graduation policies for the DNP program and recommends admission, progression and graduation status of DNP students (Exhibit I-D-3: DNPCC Guidelines, Exhibit I-D-4: DNAPC Guidelines in resource room). Faculty Organization Committee, Baccalaureate Curriculum Committee, Master’s Curriculum Committee, and DNP Curriculum Committee are open meetings for all full-time tenure/tenure-track, full-time contract, and part-time faculty.

Students are involved in program and university governance. There is student representation on departmental curriculum committees and students have opportunities to participate on university committees and college committees as student representatives or may be elected to university committees. The DNPCC has student representation. The role of the DNP student representative is to add a student perspective at DNPCC meetings. Meeting attendance is facilitated through WebEx videoconferencing. The student representative is identified to the DNP student body and students may request the representative to bring curriculum concerns to the DNPCC. A call for interest in serving as the DNP student representative on the DNPCC is sent out to students in the spring for the following academic year. The DNPCC makes selection decisions. In keeping with university senate policy and the SON Faculty Organization bylaws, the student representative on faculty committees is granted all privileges of membership except the right to hold office. Students do not participate in the SON’s FOC, P&T Committee, Admission and Progression Committees, Tenure/Tenure-Track Salary Appeal Committee, and Contract Salary and Contract Appeal Committees. Information on SON committees is in the DNP student handbook (Exhibit I-D-3 DNPCC Guidelines; Exhibit I-D-5 DNP student handbook, 2016-2017, page 31, DNPCC minutes notebook, 2013-2014, 2014-2105, 2015-2016 Exhibit I-D-6 Student Participation on SON Committees; Exhibit I-D-2: SON bylaws in resource room).

The college (CAST) has seven committees, including P&T Committee, Salary Committee for Tenured/Tenure-Track, Diversity Committee, Undergraduate Curriculum Committee, Graduate Curriculum Committee, Tenure-track Advisory Committee, and Internal Tenure-track Grants Committee. The college (COH) has nine standing committees. Five committees have representation from all departments - P&T Committee, Salary/Merit Committee, Undergraduate Curriculum Committee, Graduate Curriculum Committee, and Tenure-track Advisory Committee. Individual departments can choose whether or not to have faculty member representation on the other four committees - Simulation Committee, Clinic Operations Committee, Interprofessional Education & Practice Committee, and Research/Scholarship Committee. CAST and COH faculty elect representatives for various university Senate Faculty Council standing committees and subcommittees.

The university has a Senate which is advisory to the President and Board of Trustees. The Senate has three Councils, including the Campus Council, Faculty Council, and University Council, and each council has standing committees. The Campus Council has two standing committees, including: Events Programming and Scheduling and Public Safety, and six subcommittees, including Student Activities, Student Center, Student Financial Assistance, Student Rights, Ethics and Standards, University Traffic Appeals, and Parking. The Faculty Council has 12 standing committees, including Academic Freedom and Ethics, Contract Faculty, Creative Arts, Creative Teaching, Graduate Education, Academic Technology, Library, Professional Education, Faculty Salary and Benefits, Special Leave, Teaching Evaluation, and Undergraduate Education, and three standing subcommittees, including University Core Curriculum, University Grade Appeals, and University Promotion and Tenure. The University Council has 11 standing committees, including Institutional Effectiveness, Admissions and Credits, Athletics, Online Distance Education, Financial and Budgetary
Affairs, Professional Personnel Salary and Benefits, International Programs, Judicial, Master Planning and Facilities, Publications and Intellectual Properties, and Research. Faculty members have access to senate minutes and receive reports from SON senate representative (http://cms.bsu.edu/About/AdministrativeOffices/Senate/AgendasMinutes.aspx).

Faculty serve on university, CAST, SON, and COH planning committees (e.g. 2015-2016 University Promotion and Tenure Committee, University Senate, Faculty Council, University Institutional Review Committee, University Academic Freedom and Ethics Committee, Faculty Salary and Benefits, Creative Teaching Committee, Special Leave Committee, and Office of Institutional Diversity; CAST P&T Committee, CAST Salary Committee, CAST Tenure-Track Advisory Committee, CAST Undergraduate and Graduate Curriculum Committees, and Internal Tenure-track Grants Committee; and SON’s Promotion and Tenure Committee, Baccalaureate Curriculum Committee, Master’s Curriculum Committee, DNP Curriculum Committee, Tenure and Tenure-Track Salary Appeal Committee, Contract Salary Committee, Contract Salary Appeals Committee, Baccalaureate Admission and Progression Committee, Master’s Admission and Progression Committee, and DNP Admission and Progression Committee). Committee members request faculty input on potential changes in policies, and disseminate information on changes for all faculty in the SON (Exhibit I-D-6 Faculty Participation on Committees, 2013-2014, 2014-2015, 2015-2016 in resource room).

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

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

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

“The (baccalaureate degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) 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 degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education (http://www.aacn.nche.edu/ccne-accreditation).”

Program Response:

The university online graduate catalog provides information for prospective and current students regarding the SON’s accreditation status, DNP program offerings, application, and admission policies, transfer of credit policies, graduate grading system, and degree completion requirements. The catalog is updated annually.

http://cms.bsu.edu/Academics/CollegesandDepartments/GradSchool/Academics/GraduateCatalog.a

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

University provost, Graduate Education Committee (GEC), college Graduate Curriculum Committee, SON FOC, and DNPCC approve all program changes. Catalog information is reviewed for accuracy by the SON director, associate director, DNP program director, graduate advisor, and university academic systems personnel. The academic calendar is posted on the university website http://cms.bsu.edu/calendar/calendars/academic-calendar. During the analysis of accuracy of documents and publications, the SON noted incongruences in the 2015-2016 graduate catalog, such as university vision and mission statements between the graduate catalog 2015-2016 (page 4), Faculty and Professional Personnel 2015-2016 handbook (pages vii-viii), and Strategic Plan 2012-2017 Education Redefined 2.0: Advancing Indiana. University Academic Systems; CCNE accreditation status; and exception that SON DNP does not require DNP applicants to take the GRE. The 2016-2017 graduate catalog has been revised to correct these incongruencies, pages 4, 35, 139.

The SON’s website http://cms.bsu.edu/academics/collegesanddepartments/nursing provides information for prospective and current students regarding the SON’s accreditation status, DNP program offerings, program outcomes, application and admission policies, and degree completion requirements. The information is reviewed periodically by the DNP program director, graduate advisor, and director of marketing and communications for department of online and distance education (DODE) for accuracy and any needed updates. To facilitate access, avoid duplication, and support more accurate and efficient program information and updates, the program director, graduate advisor, associate director, simulation and information technology center (SITC) personnel, and DODE director of marketing and communications have redesigned the DNP program webpage on the SON’s website.

The DODE website http://cms.bsu.edu/academics/collegesanddepartments/online provides a link directly to the SON website for information on the DNP program. The DODE website provides information on current tuition and fees for online and distance education programs. Links to the DODE website and the university bursar website are available in the DNP student handbook for tuition and financial aid information. The Office of State Authorizations for online and distance education students other than Indiana website, http://cms.bsu.edu/academics/collegesanddepartments/online/academics/admissions/applynow/stateauthorizations, includes information, state authorization map, professional licensure, and state contact for complaints from online students.

The DNP student handbook provides information regarding the SON’s accreditation status, program offerings, program outcomes, grading policies/grading scale, progression criteria, and degree completion requirements. The handbook is available to prospective and current students, posted on the SON website and as a link in the Blackboard Community of DNP Students. The DNP student handbook is reviewed by the DNPCC on an annual basis for any needed updates. There were no updates to the handbook for 2013-2014. (Exhibit I-E-1: DNPCC minutes, September 18, 2014; Exhibit I-E-2: DNP CC minutes, October 15, 2015; Exhibit I-E-3: DNPCC minutes, May 9, 2016; DNP student handbooks - handbook file 2014-2015, 2015-2016, 2016-2017 in resource room).

Constituents are notified of any program changes through postings on the SON, DODE, and/or university websites; e-mail announcements, Blackboard course announcements, and announcements in the Blackboard Community of DNP Students. The communication of DNP program changes to constituents is coordinated by the DNP program director in collaboration with the SON director, associate director, director of communications for DODE, graduate program advisor, and academic systems personnel at the university level.
I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are:
- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

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

Program Response:

Academic policies are developed by SON, college, and university committees. All academic policies for the SON, college, and university have been developed through committees with faculty oversight to confirm policies are fair and equitable. College and university policies are approved by the university senate, Graduate Education Committee, and provost. The SON has a senate representative on the university senate. The DNPAPC reviews the program’s academic policies annually and any revisions are approved by the FOC (Exhibit I-F-1: DNPAPC minutes October 23, 2014; Exhibit I-F-2: DNPAPC minutes May 25, 2016 in resource room). The SON and DNP program academic policies are published in the DNP student handbook and posted on the SON’s website. SON policies are congruent with university policies with a small number of intentional exceptions for the DNP program.

Approved differences between the SON and university policies established prior to the admission of the program’s first students are the exception that the GRE is not required for application to the DNP program and completion of a dissertation is not a requirement for graduation. The DNP program requires completion of a DNP project. These academic policy differences support achievement of the SON’s mission, goals, and DNP expected program outcomes.

In 2014, the DNPCC reviewed the university policy that of the total 90 post baccalaureate credit hours required for a doctoral degree, a minimum of 48 credit hours needed to be completed at Ball State. At that time, DNP students who were not graduates of the SON’s master’s program FNP track needed to complete 10 elective credit hours along with the required 38 DNP program credit hours to meet the university requirement. Graduates of our master’s program FNP track entered the DNP program with 50 credit hours meeting the 48 hour requirement and only needing to complete 2 elective credit hours along with the required 38 DNP program credit hours to meet the total required 90 post-baccalaureate hours. The DNPCC on October 2, 2014 and FOC on October 30, 2014 approved moving a formal change request through the university to be able to accept up to 50 credit hours from all DNP student’s master’s program. The rationale was to provide a more equitable standing for DNP students who completed a master’s degree at another university. The change was approved by GEC on January 27, 2015. Students who were currently in the program were notified via e-mail and each individual’s plan of study was revised to reflect the change. SON and DODE website information was updated to reflect the change. The 2015-2016 graduate catalog page 66 was updated to reflect the change (Exhibit I-F-3: DNPCC minutes October 2, 2014; Exhibit I-F-4: FOC minutes October 30, 2014; Exhibit I-F-5: GEC minutes January 27, 2015 in resource room).
Standard II
Program Quality: Institutional Commitment and Resources

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

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 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 outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the program’s mission, goals, and expected outcomes.

A defined process is used 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.

Program Response:

Annual budget allocations support and enable the SON to achieve the nursing program’s mission, goals, and expected outcomes. The University’s fiscal year is July 1 - June 30. The SON has two primary budget accounts, one for departmental operations and the other for clinical/simulation laboratory equipment and supplies (Exhibit II-A-1 in resource room). In addition, semester part-time faculty and summer faculty salaries for graduate online courses are supported by the Division of Online and Distance Education (DODE). Each spring semester, the SON submits projected faculty and staff needs for the next academic year, computer plan for faculty and students, and an equipment replacement plan to the college Dean and Associate Dean. Results of annual review of physical and learning resources by students and faculty are used to generate the computer plan and equipment replacement plan requests. The Dean presents the proposed departmental and college budget to the Provost.

The university makes resources available to enable the SON achievement of mission, goals, and expected student and faculty outcomes. The university supports the hiring and retention of qualified faculty, professional personnel, staff, graduate assistants, and undergraduate and graduate student employees. Two new full-time faculty were hired during 2013-2014. Both faculty have a DNP degree, are members of the DNP Curriculum Committee (DNPCC), and advise students on DNP projects. In 2013, a graduate program advisor for the DNP and MS programs was hired to oversee program applications, graduation processes and maintain plans of study.

The university provides support for development, implementation, and evaluation of the SON’s programs through support services of the Office of Information Technology, http://cms.bsu.edu/about/administrativeoffices/informationtechnology, the Division of Online and Distance Education, http://cms.bsu.edu/academics/collegesanddepartments/online/studentsfaculty/faculty/about, and the Office of Institutional Effectiveness http://cms.bsu.edu/About/AdministrativeOffices/Effectiveness.aspx. For example, Integrated Learning Institute (iLearn), http://cms.bsu.edu/Academics/CentersandInstitutes/iLearn.aspx, has provided funding from 2013 through 2016 for SON faculty who teach online and technology support personnel for the completion of the online ‘Quality Matters (QM) Applying the QM Rubric’ course.
Since 2013, iLearn has also provided faculty stipends for online course redesign using the QM Rubric in the amount of $2000 with $500 for the academic department offering the course. The Office of Institutional Effectiveness awards funds for departmental Summer Assessment grant projects to assist in academic program evaluation and accreditation.

**Annual Equipment Replacement and Computer Plans**

An annual computer plan is submitted for university technology fund resources. The plan includes items such as desktop and laptop computers for tenured, tenure-track, and contract faculty; new computers for the Simulation and Information Technology Center (SITC) labs; multimedia carts, simulator equipment; updated desktop and laptop computers for the computer labs; and mobile devices. All faculty and staff are on a four-year rotation for computer hardware and software updates (Exhibit II-A-2 in resource room). The annual Equipment Replacement Plan, developed with input from faculty, is submitted to the college Dean requesting monetary resources to purchase equipment for ongoing quality improvement. The equipment replacement plan is funded through the university’s technology fee. The SON received $168,916 for the 2013-14 Computer Plan, $84,055 for the 2014-15 Computer Plan, and $72,701 for the 2015-16 Computer Plan (Exhibit II-A-3 in resource room). The SON received $41,297 for the 2013-14 Equipment Replacement Plan, $37,875 for the 2014-15 Equipment Replacement Plan, and $27,394.99 for the 2015-16 Equipment Replacement Plan (Exhibit II-A-4 in resource room).

**Library Resources**

Funds and services are available to expand and enhance the SON’s library and multimedia collection through University Libraries budget allocations. Faculty members submit requests for new monograph and journal titles as needed. The SON received $25,770 for 2013-2014, $24,997 for 2014-2015, and $25,770 for 2015-2016 (Exhibit II-A-5 in resource room).

**Faculty and Staff**

The SON’s department operations budget supports recruitment and retention of qualified faculty and staff. Faculty salaries are competitive compared to other departments in the college, such as Family and Consumer Sciences and Kinesiology (formerly Physical Education, Sport and Exercise Science). According to AACN 2015-2016 Midwestern mean salary data, the SON’s professor mean salary is 5.8% below the AACN mean; associate professor mean salary 8.1% below the AACN mean; assistant professor mean salary is 8.9% below the AACN mean; and instructor mean salary is 10.3% below the AACN mean (See Table 2-A-1).

**Table 2-A-1. Summary Data Comparing School Faculty Salaries with AACN in the Midwestern Region for Academic Year 2015-2016**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Length of Appointment</th>
<th>SON Salary Range</th>
<th>School Mean Salary</th>
<th>AACN Midwest Mean Salary*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor (doctoral)</td>
<td>9 months</td>
<td>$95,395 - $118,716</td>
<td>$107,056</td>
<td>$113,718</td>
</tr>
<tr>
<td>Associate Professor (doctoral)</td>
<td>9 months</td>
<td>$72,848 - $92,757</td>
<td>$82,227</td>
<td>$89,495</td>
</tr>
<tr>
<td>Assistant Professor (doctoral)</td>
<td>9 months</td>
<td>$52,851 - $75,125</td>
<td>$68,437</td>
<td>$75,169</td>
</tr>
<tr>
<td>Instructor (doctoral)</td>
<td>9 months</td>
<td>$55,230 - $66,372</td>
<td>$60,801</td>
<td>$67,758</td>
</tr>
</tbody>
</table>

*American Association of Colleges of Nursing, 2015-2016
Faculty salaries for tenured, tenure-track, and full-time contract faculty are increased based on across the board (30%) and merit (70%) monies. The SON follows the approved Tenure/Tenure-Track Salary and Contract Salary document procedures for distribution of merit monies.

Professional Personnel
The School has two professional RN staff positions. Two Clinical Laboratory Specialists, a 12-month and 10-month professional staff, coordinate operations of the clinical simulation laboratory. A Senior Technology Specialist/Analyst coordinates technical support operations of the simulation and computer labs and technical support to all administrators, faculty, staff, and students. A Graduate Program Advisor, masters and DNP students, and a Baccalaureate Program Advisor provide advising support to students of the respective academic program (Exhibit II-A-6 - Position Descriptions in resource room).

Staff Personnel
Staff personnel include an administrative coordinator, a BS program compliance coordinator, and two program coordinators, one specifically assigned to the DNP program. The program coordinators assist the baccalaureate, masters, and DNP program directors, faculty, and students. An outreach coordinator provides support for the Director of Simulation and Information Technology (SITC), faculty, and students. All coordinators supervise student employees.

Two Technology Services Specialists assist the Senior Technology Specialist/Analyst to provide comprehensive support to on campus and distance education nursing faculty and students. These specialists coordinate technology services at the SON level with the university technological services. II-B provides detailed information on the technology and distance education services provided by SITC personnel (Exhibit II-A-7 - Position Descriptions in resource room).

Student Employees and Graduate Assistants
Student assistants provide support for the instructional and administrative personnel of the SON. The SITC employs one undergraduate student and five graduate student assistants each academic semester. Two of the graduate assistants are funded through college funding and three are funded through the Office of Information Technology. In II-B, there is further description of the technical assistance provided by undergraduate and graduate assistant employees. There are four students employed by the SON to assist in the administrative functions of the SON and the baccalaureate and graduate programs. There are two graduate assistants assigned to support two tenure-track faculty members’ research projects. Each graduate assistant works twenty hours per week (Exhibit II-A-8 - Position Descriptions in resource room).

PHYSICAL RESOURCES

Physical Facilities
The SON is located in the center section of the Cooper Science Complex. The SON has a total of 18,972 square feet (1,973 square feet lower level, 943 square feet first level, 5,777 square feet second level, 5,080 square feet third level, and 5,199 square feet fourth level). The lower level includes five faculty offices, one general purpose classroom (seats 27), three storage areas, and the Science-Health Science Library. The first level includes six faculty offices, student lounge, and a theatre style electronic classroom (seats 128). The second level has a suite of multipurpose laboratory areas for computer access, clinical simulation practice, and evaluation. The third level includes a SON computer/multimedia lab, one multifunctional simulation/debriefing/teleconference room, one electronic classroom (seats 44), and eight private competency/simulation rooms.
Administrative and additional faculty offices are located on the fourth level. In addition, the SON can schedule space for all programs in a variety of electronic and technology classrooms across the campus.

Full-time tenured/tenure-track and contract faculty have dedicated office space with internet access, telephone, and access to SON printers. Part-time faculty members are assigned an office with a desktop or laptop computer with internet access, telephone, and access to SON printers.

DNP students have access to classrooms, other meeting rooms, computers and printers in the SON if they come to campus for the required one day new student orientation, 2nd year student meeting, and final DNP project presentations. On-campus hotel accommodations are available for students and DNP distance faculty/administrator(s). Since 2014, DNP orientations are scheduled in distance learning multimedia classrooms that provide videoconferencing connections to students unable to join in person. Unified Technology Support, University Media Services, and SITC personnel work with students to assure network access for participation from a distance.

Simulation and Information Technology Center (SITC)

The Simulation and Information Technology Center (SITC) is located on the basement, second, and third floors in an 8,100 square foot area. The SITC is a comprehensive healthcare simulation/technology-oriented center with both on campus and virtual resources and support services. The campus SITC site is divided into three areas: basement level storage areas, the second floor Simulation/Computer Laboratory (Sim Lab-SITC II) and the third floor Multimedia/Computer (SITC III) Laboratory.

Facilities to Support Distance Education

The university, Division of Online and Distance Education (DODE), college, and SON provide support for distance education programs to meet faculty and students' needs. Faculty teaching in the distance programs have secretarial and information technology personnel support and offices equipped with up-to-date computers, printers, access to conferencing phones and equipment, and web and video conferencing equipment, such as web cameras and software. The DNP Program uses web conferencing software for program applicant interviews as well as in some courses for orientation, group work, and student presentations. All computers are networked to the university system and have requisite software to support the program. A fully equipped and up-to-date service support unit is located in the SON’s SITC. The SITC personnel work in collaboration with the university technical support units for distance education.

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 program 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.

Program Response:

The university offers a diverse range of academic support services. Academic support services are sufficient as evaluated by students via course evaluations, SITC evaluations, DODE distance student satisfaction surveys, and graduate exit surveys (evaluation and survey data for 2013-2014, 2014-2015, 2015-2016 in Standard IV). The university, college, and SON provide strong support and resources to
meet mission, goals, expected student outcomes, and an environment that promotes teaching, scholarship, service, and practice. Academic support services include technology and distance education support through the SON SITC, DODE, University Media Services, Unified Technology Support, Information Technology Services, Unified Communications, and Video Network Information Center. Other resources relevant to the DNP Program include University Libraries, Sponsored Projects Administration (SPA), Office of Educational Excellence (OEE), Integrated Learning Institute (iLearn), Office of Institutional Effectiveness (OIE), Research and Academic Effectiveness (RAE), University Writing Center, Office of Disability Services, Scholarship and Financial Aid, Counseling Center, Campus Information, Alumni Association, and Ball State Bookstore.

TECHNOLOGY AND DISTANCE EDUCATION SUPPORT

Simulation and Information Technology Center (SITC)
The SON SITC provides comprehensive support to on campus and distance education nursing faculty and students. The Senior Technology Specialist/Analyst and two Technology Services Specialists assist with web-based modules and online course content; audio/video conferencing software and equipment, maintain the SON website, maintain departmental server equipment, and assist the SON Director and Director of the SITC in coordination of the technology services of the SON with the associated university and external vendor technology-focused support services.

SITC personnel provide technical support specifically for nursing students and faculty. This support is provided Monday through Friday from 8:00 am through 5:00 pm ET. Support calls are generally related to the learning management systems, which provide course content as well as quizzing and testing platforms. Examples specific to DNP students include SITC assisting students in the formatting and configuring of professional portfolios in Typhon, troubleshooting issues with concept mapping software, and setting up web/video conferences for student meetings. Students who need help outside of the SITC hours can leave a voicemail request for assistance or email the SITC. Typical response rate for all problems is less than 24 hours, and typically as quickly as one to two hours. Technical support is also coordinated with the University Technology Support Help Desk unit to provide additional coverage for online technical support on a 24/7 basis.

The SITC personnel work with faculty to provide students with the best mix of technology to ensure a problem free delivery of the online course materials. SITC personnel are responsible for the initial set-up of Blackboard online courses and assisting faculty with the input of online course content. The SITC staff assist faculty in the development of web enhanced materials, such as video streaming and videoconferencing. The SITC supports faculty in the integration of the Sonic Foundry Mediasite recording system to add streaming audio or video presentations into the learning management online course materials. The SITC and DNP faculty members work collaboratively on course redesign and development with DODE iLearn instructional designers to implement best practices of Quality Matters (Exhibit II-B-1: Course Redesign Timetable in resource room).

In collaboration with Unified Communication/Technology, the technical personnel work with students in the DNP program to provide videoconference connections. These connections are used for students to join group/class/program activities, like the DNP orientation, second year student meeting, and student project presentations. SITC personnel co-facilitate the technology orientation for incoming DNP students. During the new student orientation meeting, SITC personnel provide a technology orientation to the hardware and software that students will use, such as Blackboard, Typhon, and web conferencing software.

Student employees (one undergraduate and five graduate assistants) provide technology support for the instructional and administrative personnel of the School. Technical assistance is provided on-site and
virtually through a variety of digital formats (telephone, email, remote desktop assistance, and videoconferencing) for students and faculty. Examples of services include hardware and software trouble-shooting, setup and monitoring of teleconferencing calls, video conferencing, and video recording development for online course and program usage.

SITC personnel work in close collaboration with other technical departments on campus, such as Information Technology Services, Unified Technology Support, Unified Communications, and iLearn to increase the level of technology support. Additionally, the SITC personnel have provided the DODE with content that is being implemented university-wide. For example, the SITC personnel work closely with other departments on campus to evaluate and test new policies and procedures for using the current Learning Management System (LMS), Blackboard, as well as testing the functionality and supporting student and faculty users of LMS pilot test platforms, such as Canvas, and new videoconferencing systems being investigated and acquired by the University.

Division of Online and Distance Education (DODE)

Ball State’s Division of Online and Distance Education, DODE, mission is to serve Ball State students, faculty, and staff by pursuing, developing, and providing innovative best-practices in technology-enhanced teaching, learning, and services. DODE has received several national recognitions for being highly strategic, innovative, research-oriented, and student-centered for online learners. In addition, the DODE Office of State Authorization provides support to ensure program requirements meet State Board of Nursing requirements in approved states. See Office of State Authorization webpage http://cms.bsu.edu/academics/collegesanddepartments/online/academics/admissions/applynow/stateauthorizations

DODE provides valuable links and pertinent information through online channels to ensure students off campus have access to needed resources on a 24/7 basis. The following student services and support are located on DODE’s web site http://cms.bsu.edu/academics/collegesanddepartments/online/studentsfaculty/current:

Orientation to online study: The orientation provides an introduction to resources, services, and expectations for online and distance learners at a very early stage of his/her education experience with the institution.

Technical support: Online and distance education learners are not considered separate from, but rather an integral part of the overall student body of the institution and therefore access to technical support is available through the use of web links, telephone, email, audio or video chat, as well as other technology based options as needed.

Registration, Tuition, Payments, and Advising: DODE supports online students through the use of the university’s enterprise-wide registration system known more commonly as Banner or Self-Service Banner (SSB), and in addition provides direct access to informational resources, and connections with personnel within the Office of Scholarships and Financial aid and the Bursar office.

DODE partners with the various academic colleges, and more specifically the academic departments to support online and distance student’s advising and tutoring needs. Students are directed via webpage descriptions, email, chat, or phone call to access the appropriate area to address his/her question or concern.

Academic Resources: DODE has created partnerships with other administrative units to ensure resources are provided and delivered in an appropriate manner to online students such as the Library services, writing and tutoring help, disabilities accommodations, etc.
Specific Graduate Student Support: Graduate students can find specific helpful resources through the DODE web site such as guidelines for thesis or dissertation, Graduate School, licensing office, commencement, etc. Additionally, Ball State provides faculty support and services through DODE’s iLearn: Integrated Learning Institute. iLearn offers professional development, certifications, and instructional design for faculty members developing and teaching online or blended courses.

Ball State is a member of the Quality Matters Program (QM Program), a nationally recognized peer review process designed to certify the quality of online courses and online components. The QM Program is designed to provide the following benefits:

- improved student learning outcomes and retention
- a systematic, comprehensive, and continuous quality assurance process that ensures courses are aligned with accreditation standards
- support for institutional assessment
- incorporation of new technologies and research findings for online learning
- opportunity to engage in benchmarking activities with peer institutions
- ongoing faculty professional development

University Media Services
University Media Services [http://cms.bsu.edu/about/administrativeoffices/university-media-services](http://cms.bsu.edu/about/administrativeoffices/university-media-services) is a multimedia resource that provides technical support services for teaching and learning. University Media Services has also provided technological support for grant supported multimedia projects. The video production and editing facilities were used in the creation of an unfolding case study in NUR 740 Theory Based Models of Care. University Media Services supports delivery of online education through media design and technological support in collaboration with other support units. University Media Services supports the SON’s RN to BS, and Master’s, and DNP online programs for design and redesign of courses. University Media Services also assists in the maintenance and setup of the University Mediasite server that houses the media and content files used by the faculty.

Unified Technology Support
Unified Technology Support (UTS) [www.bsu.edu/uts](http://www.bsu.edu/uts) provides technical support services for the university. Services include the Technology HelpDesk, Desktop Support services for university-owned computer equipment used by faculty and staff, TechTime for desktop support for student-owned computers, hardware repair, instructional classroom support, UTS Computer Labs, and the Technology Store.

Information Technology Services, Unified Communications, Video Network Information Center

Information Technology Services (ITS) maintains the university’s network infrastructure and security for computers and networked devices. ITS staff members respond immediately to any network issues or security problems.

Video Network Information Center (VNIC), an area within Unified Communications and Information Technology Services [http://cms.bsu.edu/-/media/www/departamentalcontent/its/pdfs/its_org_chart_05_02_2016.pdf?la=en](http://cms.bsu.edu/-/media/www/departamentalcontent/its/pdfs/its_org_chart_05_02_2016.pdf?la=en) provides video conferencing technology support on a classroom to classroom basis, classroom to any location certified in the United States, or allow for telecommunications with various locations worldwide. VNIC also provides faculty with awareness of video conferencing techniques and proper setup and use of video conference equipment. By providing technical support and being a
liaison with far-site connections, VNIC enhances the effectiveness and efficiency of video conference experiences.

Working in conjunction with the SON, VNIC supports the use of webinar technology to allow for interaction with DNP students and faculty, through the use of WebEx technology. This method allows for video and voice communications and also the ability to share screens with members of the online meetings. WebEx allows for students and faculty to connect either by traditional phone lines for voice, or by using Voice over IP or VoIP technology by using a web camera with a built in microphone.

Distance learning students also have the ability to connect to real-time academic classes at the university by using software based video conferencing technology Cisco Jabber Video. The student is sent instructions for their certain type of laptop or desktop computer where they download the software and the VNIC and/or SITC personnel pilot test with the students to ensure proper bandwidth for connectivity. The DNP Program has used this technology for the new student orientation, the 2nd year student meeting, and the final DNP presentations for students who cannot come to campus.

LIBRARY SERVICES
Ball State University Libraries

Facilities and Amenities
- Facilities consist of the Alexander M. Bracken Library and its branch libraries of Architecture and Science-Health-Science which is located in the same building as the School of Nursing. The University Libraries operate in excellent modern facilities, offering over 329,000 square feet for its collections.
- Normal hours of operation during the academic year are Monday through Thursday, 7 a.m. - 9 p.m. Friday, 9 a.m. - 9:00 p.m. Saturday, and 10 a.m. - 3 a.m. Sunday. An Information Commons design provides highly visible workspaces to students to use technology, discuss group projects, and still be near essential books, reference works, journals, and other media. In the main library (Bracken), there are over 428 computer workstations (272 computers feature dual monitors) with laser printers available for public use. Audio cables and USB extension cables facilitate use of flash memory sticks, portable scanners, and other USB-equipped peripherals. In the Science-Health-Science Library, there are 15 public computer stations with the same software and peripherals as those in Bracken.
- Laptop computers, tablets, digital cameras and projectors, video equipment circulate to students and faculty from Educational Technology & Resources Collection. Laptops connect to the wireless network.
- The University Libraries employ 47 librarians, 80 other professional personnel and paraprofessionals, several graduate assistants, and over 100 undergraduate students. The librarians are generalists and provide assistance to users in finding information, conducting research, and using print and electronic library resources.
- The Circulation counters at all branch offer assistance in retrieving book stock materials, periodicals, and microforms; guidance in using microform readers/printers; and provides checkout and return of monographs and periodicals.
- The Main Reference Desk is staffed during the hours that Bracken Library is open. Services include finding information on a topic; developing a search strategy for research papers; using the Libraries’ catalog, periodical indexes, and government publications; using the electronic databases available in the University Libraries; locating facts and statistical data; answering questions about library policies, services, and facilities; searching for information on the
Internet; responding to research questions by e-mail, text message, chat, Skype; or by making individual appointments with patrons.

- The Helen B. and Martin D. Schwartz Special Collections and Digital Complex is an interactive learning and teaching environment dedicated to serving the educational advancement of students. Located in Bracken Library, the Complex provides a space that digitally connects students and faculty to the numerous digital media assets and special collections available through the Libraries, and also serves as a digital newsstand, providing access to international media, broadcasts, podcast, and multimedia.

**Monographs, Journals, and Other Collection Resources**

- Library holdings consist of over 1 million volumes of books, monographic serial and periodical volumes, 1,570 periodical subscriptions, over 1.1 million microforms, approximately 120,000 maps, 52,700 unique electronic journals, audio-visual materials, cartographic resources, manuscripts, music scores, archival records, government documents, reference materials, and other information resources. Digital collections such as the Digital Media Repository, electronic theses and dissertations, and e-books are available as well.

- The Libraries offer access to an array of digital academic databases and web-based global resources via the Internet. Remote access web technology allows students and faculty to begin their research from their home, office, or off campus. CardCat, the University Libraries’ online catalog, provides library users with value-added information about titles, including author biographies and book reviews, summaries, first chapters, tables of contents, and jacket images, among others.

- The University Libraries are a founding member of the Academic Libraries of Indiana (ALI), a consortium of Indiana higher education institutions. This partnership allows members to leverage buying power for subscribing to academic databases and to combine efforts for other activities that advance Indiana’s academic libraries.

- Transition from a print to a predominately digital environment is reflected through the acquisition of electronic resources for research, learning, and classroom instruction, including acquiring donations of signature collections to be digitized; converting thousands of U.S. government publications from print to online access; acquiring archival and major aggregator databases of online content of full-text articles; transforming analog resources to digital collections; and acquiring audio and e-book collections.

- The Ball State University Digital Media Repository (DMR) is a project of the University Libraries to provide a centralized, coordinated, and user-focused resource to serve the teaching, learning, and research needs of students, faculty, and researchers. The growth of the DMR has provided a strong foundation for the development of supplementary and complimentary digital initiatives by the University Libraries, including the Cardinal Scholar Institutional Repository and the Ball State University Beneficence Press. The Cardinal Scholar Institutional Repository promotes open scholarly communication, provides access to Ball State faculty and student work including theses and dissertations, and promotes Ball State’s intellectual capital to a worldwide audience by serving as an integral element of the University’s research publishing distribution strategies. Ball State University Beneficence Press facilitates content aggregation and access management of digital academic publications produced by faculty and students.

**Library Liaison Program**

- The University Libraries Liaison program [http://cms.bsu.edu/Academics/Libraries/Services/LiaisonProgram.aspx](http://cms.bsu.edu/Academics/Libraries/Services/LiaisonProgram.aspx) was created to encourage communication between the Libraries and academic departments and programs like the Division of Online and Distance Education. Upon request, librarian liaisons attend departmental meetings. They share information about relevant library services and resources, send brief messages alerting faculty members to new databases related to their fields, or talk
with library representatives about student and faculty research needs. The SON liaison has been included in the library orientation for the DNP students.

BSU Libraries Technology Support and Development

- Library Information Technology Services, located within Bracken Library, identifies, implements, maintains, develops, and supports the information systems necessary to deliver library services, programs, and operations.
- The “My Library Account” feature in CardCat allows users to view course reserves, check due dates and renew materials they have checked out, place holds/recalls, check the status of holds and video bookings, and compile and save permanent lists of items.
- Media Finders, user-friendly interfaces to University Libraries' online catalog, are designed to help users find materials in specific formats or genres, such as music, movies, or novels.
- Smartphone-friendly web site highlights key service and information for users on the go, including the Libraries’ computer availability status, access to Digital Media Repository assets, the Libraries’ CardCat catalog, hours and location information, and access to the Libraries’ Subject Guides.
- Workstations feature software commonly used across campus; and several areas in Bracken Library have computers with specialized programs, including the GIS research and map collection, the music collection, and the multimedia area.
- Digitalization of DMR collections, including hours of video and audio to smartphones and other mobile devices through University Libraries’ DMR Mobile gateway, provides online access to a variety of collections, including an anatomical model collection. Online reference service via e-mail, text, chat, or Skype are available: [http://bsu.libguides.com/helpandFAQ/](http://bsu.libguides.com/helpandFAQ/).
- The Facebook site maintained by University Libraries is also an access point for students to stay connected with the Libraries’ community.
- The distance education web page ([http://cms.bsu.edu/academics/libraries/esslinks/distanceed](http://cms.bsu.edu/academics/libraries/esslinks/distanceed)) and the mobile site ([http://www.bsu.edu/libraries/mobile](http://www.bsu.edu/libraries/mobile)) provide online learners with a portal into all the library resources available to Ball State University students and faculty.

Interlibrary Loan Services

- Interlibrary Loan Service supports the instructional, scholarly, and research activities of currently enrolled and/or employed Ball State University students, faculty, and staff whether on or off campus by obtaining materials not owned by the University Libraries and items owned that are declared lost, missing, or checked out. Requests may be submitted through ILLiad, an electronic request system. Faculty document delivery service is available for materials owned by Ball State University Libraries to be scanned and delivered electronically to the requestors’ desktops. In most cases, Interlibrary Loan is free. The University Libraries pay for shipping, handling, and some copyright fees. Interlibrary Loan absorbs copyright charges for applicable requests up to a maximum of $100 per person per calendar year. Requestors are notified in advance if there are any lending fees before the order is placed.
- Online forms are provided for interlibrary loan requests, and distribution technology for Interlibrary Loan Services streamlines delivery of journal article PDFs to support document delivery requests.

Library-Based Instruction Programs for Students and/or Faculty

- The Instructional Services program provides orientations to University Libraries collections and services, self-guided tours of the facilities, workshops on a variety of topics, and specific course-related research instruction. Faculty members can schedule course-related research instruction for their classes. Common topics of discussion in the presentations include identifying and locating scholarly research; evaluating the appropriateness, accuracy, and bias of sources; and tips for using library research tools.
• Information Services & branch librarians create online tutorials and subject guides upon faculty requests to assist students and faculty with research. For a list of currently available subject guides, including one on Nursing go to http://bsu.libguides.com/nursing.

• The University Libraries have created tutorials related to database searching and using EndNote which are available in the Community of DNP Students in Blackboard.

• Distance education professors may request that Information Services Librarians be added to their Blackboard course. The librarian can act as contact for students and/or provide assistance in using library resources and services.

• In conjunction with DODE, the library offers online workshops designed to orient distance education students. Also more in depth webinars are offered on library resources, related to dissertation and thesis research for distance learners, and using EndNote. The Webinars are recorded and are available 24/7 on the Blackboard Commons, which is accessible to any student enrolled in online classes.

• The library has created a portal for distance education students on its website http://cms.bsu.edu/academics/libraries/esslinks/distanceed.

• The library has created a library guide for distance education students. http://bsu.libguides.com/distance

Print and Electronic Resources for the School of Nursing

• The School of Nursing has a library representative to facilitate communication and needs for resources. Faculty members have opportunity to provide input annually into the purchase of library resources, such as journals, books, and other education media.

• In addition to departmental selections, the Libraries acquire current materials to support student research and learning. Criteria for library selections are based on course descriptions and the curriculum and are periodically reviewed and updated with departmental library representatives.

• Electronic Databases http://www.bsu.edu/libraries/svl/databases/index.php

  Many databases have full-text journal articles or links to the full text and can be sorted by subject. All resources are available by accessing the Libraries’ databases page. Full text of articles can be obtained through the Multilink link resolver software. Examples include the following databases: CINAHL, Health Source: Nursing/Academic Edition, Medline (EBSCOhost), and ProQuest Nursing and Allied Health Source.

• Electronic journals (e-journals) can be browsed by subject via the e-journal portal (http://sb6nw2tx4e.search.serialssolutions.com/?L=SB6NW2TX4E); and titles related to nursing can be found under the subject categories of “Health and Biological Sciences.”

• Electronic Books (E-books) http://cms.bsu.edu/academics/libraries/researchtools

  The library collection includes 3641 e-books including the EBSCOhost eBook Collection Users are directed to hundreds of additional e-book titles in Project Gutenberg, Alex Catalogue, Google Book Search Project, and HathiTrust Digital Library.

• The Educational Technology & Resources Collection, located in the lower level of Bracken Library, include a vast number of visual resources including DVDs, VHS videos, and other non-book materials. The Science-Health Science Library, in the lower level of Cooper Science, has a collection of nursing-related DVDs as well. Media Finders http://cms.bsu.edu/Academics/Libraries/ResearchTools/MediaFinders.aspx can be used to search the collections for various film genres, production elements, electronic games and other elements of interest for instruction or entertainment.

TEACHING AND LEARNING SUPPORT Office of Educational Excellence (OEE)

The Office of Educational Excellence http://www.bsu.edu/educationalexcellence is Ball State University’s faculty support and development unit for those teaching face-to-face courses. OEE provides teaching consultations and interventions, Faculty Learning Communities, workshops and seminars, as well as other activities that develop and enhance pedagogy for higher education. OEE
promotes the advancement of teaching through informed reflection and practice. OEE supports the various elements of teaching—curriculum development, course design, pedagogy, assessment, and research—through a range of professional development services and resources. Examples of support services to the SON have included OEE multimedia classroom use for lecture capture, student response system technology, instructional design and curriculum consultation, and participation in formative and summative evaluation. Faculty may also apply for creative teaching grants, administered by OEE. The Interactive Learning Space Initiative, under the direction of OEE, began in the fall of 2012. The purpose of the initiative is to support pedagogy that moves away from the traditional lecture based course to an engaged learning course with additional support provided by the physical space, technology assets, and a robust faculty development program.

Integrated Learning Institute (iLearn)
The Integrated Learning Institute provides support for instructors who teach online or in technology enhanced courses. iLearn’s support focuses on three core areas: professional development, instructional design, and research support. One important piece of this support is the adoption of the Quality Matters national rubric for evaluating online courses. iLearn provides a range of professional development opportunities for faculty including training sessions on technology tools, pedagogy oriented training, and support for faculty research. These trainings are available in a variety of formats including face to face, one on one appointments, self-paced online training, and video conferencing. Additionally, these trainings are offered not only by iLearn staff, but also by faculty who can bring the unique perspective of showing how they have integrated new techniques and technologies into their classrooms.

In addition to professional development, an instructional design unit is available to guide faculty in the development of high-quality online and blended courses. This unit is responsible for ensuring compliance with all state, federal and university regulations, as well as encouraging the integration of best practices for successful online instruction.

Ball State University has adopted the Quality Matters Rubric to establish a baseline for quality in courses. The research support facet of iLearn includes training in qualitative and quantitative tools as well as project management services and assistance with research design issues. In addition, iLearn staff members regularly present at national conferences both individually and with faculty partners.

Office of Institutional Effectiveness (OIE)
The OIE [http://cms.bsu.edu/About/AdministrativeOffices/Assessment.aspx](http://cms.bsu.edu/About/AdministrativeOffices/Assessment.aspx) awards funds to departments for Summer Assessment projects to assist in program evaluation and accreditation. In 2014 the SON was awarded a summer assessment grant totaling $4000 to complete work on the DNP accreditation continuous improvement progress report (CIPR) and in 2016 was granted $5000 to complete work on the master’s and baccalaureate program CIPR and the DNP re-accreditation self-study (Exhibit II-B-2 in resource room).

OIE also provides technical advice and support for faculty, administration, and students in the development of Qualtrics surveys. This consultation is used by DNP students who want to conduct online confidential or anonymous surveys as part of their projects. The SON has worked in collaboration with OIE for continual quality improvement including the development, dissemination, and analysis of exit and alumni surveys.

University Writing Center
The Writing Center [http://cms.bsu.edu/academics/centersandinstitutes/writingcenter](http://cms.bsu.edu/academics/centersandinstitutes/writingcenter) provides free tutorial services that include individualized feedback on any writing assignment. This assistance is available online by appointment for distance education students; tutors and students meet for synchronous text and/or video conferencing. Tutors collaborate with the individual student to
improve aspects of writing such as organization and coherence. The Writing Center can also answer quick questions by email and has a variety of online writing resources available including tutorials and links for APA writing style. The Writing Center offers custom built workshops and presentations upon request.

**STUDENT RESEARCH SUPPORT**

**Sponsored Projects Administration (SPA)**

Sponsored Projects Administration [http://www.bsu.edu/spa](http://www.bsu.edu/spa) provides support primarily for faculty research and creative endeavors. Student support is provided through the COS Pivot and ASPiRE Internal Grants Program. All students have access to COS Pivot, a comprehensive database which allows users to search for external funding by keyword or sponsor. The user can then refine searches through various advanced fields. The ASPiRE program provides funding as start-up monies to faculty and students to support research, scholarly study, creative endeavors, and to further the goal of ultimately seeking sponsorship from external funding agencies. The outcome of any funded internal project is expected dissemination of findings through a refereed publication and/or presentation at the state, regional, national, and/or international levels, as well as external sponsored project applications. Competitive programs administered by the office have funds to support faculty in a variety of ways, including stipends, travel, supplies, and graduate assistants. DNP students are eligible to apply for ASPiRE grants for DNP Projects that meet the criteria.

**Research and Academic Effectiveness (RAE)**

The RAE area of the Office of the Associate Provost and Dean of University College is currently staffed by two research and statistical consultants. The primary focus of RAE is to provide research design and statistical analysis consultation and support for Ball State faculty, students, and staff.

**Research Consulting Services**

Some projects are funded, for which RAE provides in kind services, but most are unfunded individual research projects. For AY2014-15, RAE assisted with 202 projects from across the university with 20 of those projects involving the SON. Of the 20 projects, 14 involved the faculty and 6 were DNP student led projects. Consultation is provided in the areas of research design, instrumentation/survey construction, techniques of data collection and entry, statistical analysis and interpretation, and statistical software support.

**STUDENT ADVISING AND OTHER SUPPORT SERVICES**

**Advising Support Services**

The School’s Graduate Program Advisor assists DNP program applicants with the application process, manages admission procedures, and processes graduation paperwork. The advisor is available through phone or email communication to answer applicant and student questions regarding application, admission, and graduation procedures. The DNP Program Director works with each student to develop a plan of study and as needed to revise the plan of study. A phone meeting is conducted to review the plan of study with each student. At the beginning of the program, DNP students are assigned a faculty advisor. Faculty advisors are advanced practice nurses who teach in the DNP program or are members of the DNP Curriculum Committee. The student and faculty advisor meet each other at the new student orientation meeting. The faculty advisor collaborates with the student throughout the program to provide guidance during the development, implementation, and evaluation of the DNP Project.

**Counseling Center**

The Counseling Center offers a variety of services including individual, group, and crisis counseling for students. The Counseling Center staff has designed a Virtual Self-Help Library intended to provide the Ball State community with vital information. This information is not intended to replace professional
counseling, rather to educate readers concerning the academic, personal/emotional, and psychological issues faced by today's college students. The Counseling Center staff does not engage in telephone or e-mail counseling relationships, but students can contact the center via mail, phone, or e-mail to obtain further information. The Virtual Self-Help Library and links to other resources are available at the Counseling Center’s web page http://www.bsu.edu/students/cpsc. Examples of topics covered include anxiety, depression, stress, alcohol and other substance abuse, relationship violence, and sexual assault.

**Disability Services**
Disability Services facilitates services and accommodations for over 700 Ball State students with disabilities. The professional staff members at Disability Services review disability documentation that students submit, meet with students to determine appropriate accommodations, and then work with faculty and staff members to implement the needed accommodations. Typical accommodations requested by students with disabilities include: extended testing time, a testing location with reduced distractions, a peer to share lecture notes, and textbooks in electronic formats that allow the student to utilize screen-reading software.

On-campus students needing accommodations receive letters from Disability Services that outline the necessary accommodations. Students then present the letters to their instructors and meet to determine the best options for implementing the accommodations. For online students, Disability Services emails the instructor listing the accommodations and the manner in which the accommodations can be provided for the student. Disability Services and the SON have a collaborative relationship that has benefitted many students with disabilities. The SON is supportive of students receiving accommodations that can help them succeed in the program and refers many students to Disability Services to discuss potential help that the office could provide. The director of Disability Services is regularly invited to present to pre-Nursing and newly admitted Nursing students about services offered for students with disabilities.

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

*Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale and a plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).*

**Program Response:**
Dr. Linda Siktberg, SON Director for 14 years, is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes. In spring 2014, Dr. Siktberg was reappointed by the University President based on reelection by SON Faculty to another 5 year term as SON Director. She received her diploma in nursing from Hurley Hospital School of
Nursing in Flint, Michigan, a BS in Nursing from Ball State University, a MSN in community health with a cognate in teacher education from Indiana University, and a PhD in curriculum and instruction with a cognate in higher education from Indiana University. Prior to being elected as the SON Director, she was appointed in 1992 as the associate director of the associate degree program and RN to BS track and served in that position for 8 years until the associate degree program was closed in 2000. She has 18 years’ experience in administrative roles and a total of 34 years’ experience in higher education.

Dr. Siktberg has taught in the baccalaureate, RN to BS, and master’s educator track. Her experiences have included teaching courses in basic foundations, adult health, research, and community health in the basic undergraduate program, community health, applied nursing concepts, and research in the RN to BS track, and curricular designs in nursing, teaching in nursing, program evaluation, and educator practicum in the master’s educator tracks.

The Director is vested with the administrative authority to accomplish the mission, goals, and expected student and faculty outcomes. The Director plans, directs, and coordinates the operational, personnel, budgetary, and student activities of the SON and provides leadership and direction in the development and implementation of academic programs and related activities. The Director relies on the administrative team to provide input on faculty needs, faculty assignments, and additional financial program needs. The administrative team is composed of two associate directors, the DNP, master’s, and baccalaureate program directors, and the simulation and information technology director. As indicated in the position description, the Director reports to the Dean of the college (Exhibit II-C-1 in resource room).

Under her leadership as SON Director, the baccalaureate program has added nursing tracks, including second degree track, degree in three track, Miller’s and TLC Health and Rehabilitation Management, extended care facilities, LPN/CNA career ladder track through the Division of Online and Distance Education and SON, and increased the number of baccalaureate nursing scholarships. The SON added the DNP program for post-master’s advanced practice nurses. The SON’s physical structure was redesigned and renovated to have a state-of-the-art Simulation and Information Technology Center and an 8 room hospital/clinic facility. The SON baccalaureate and master’s student enrollment numbers continue to increase. Annual reports document continual quality improvements and status of the SON programs (SON Annual Reports notebook in resource room).

Dr. Siktberg was a 2010-2011 mentor for the NLN/Johnson & Johnson Faculty Leadership and Mentoring Program. Dr. Siktberg’s curriculum vita illustrates her education, scholarship in areas of publications and presentations, service, and clinical practice (Exhibit II-C-2 in resource room).

II-D. Faculty are:

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

Elaboration: The 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 overall faculty (whether full-time or part-time) is sufficient in number and qualifications to achieve the mission, goals, and expected program 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 are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

Program Response:

Faculty Qualifications

Faculty members are academically and experientially qualified to accomplish the mission, goals, and expected student outcomes. The university has four ranks including Professor, Associate Professor, Assistant Professor, and Instructor. As of August 2016, there are 55 faculty in the SON including 8 tenured with doctoral preparation, 2 tenure-track with doctoral preparation, 27 full time contract faculty (23 master’s prepared, 4 with doctoral preparation), 2 academic part-time faculty (1 master’s prepared, 1 with doctoral preparation) and 16 part-time contract faculty (13 master’s prepared, 3 with doctoral preparation). The number of faculty is based on student enrollment, scheduled classes, clinical faculty student ratio, and faculty responsibilities. The number of part-time faculty varies with instructional need.

Tenured and tenure-track faculty maintain excellence in teaching, scholarship, and service, and the contract faculty maintain excellence in teaching and service. Nurse practitioners maintain practice in order to retain certification. An example of teaching load for a tenured or tenure-track faculty includes 9 credit hours (75%) teaching, 3 credit hours (25%) scholarship, and service. An example of teaching load for a contract faculty is 12 credit hours (100%) teaching and service.

The role of nursing faculty in relation to teaching, scholarly productivity, and service directly relates to the university’s and SON’s mission, goals, and expected student outcomes. The faculty responsibilities are detailed in the Faculty and Professional Personnel Handbook 2015-2016 (http://cms.bsu.edu/Web/FacultyProfessionalHandbook.aspx) and the SON Faculty 2016-2017 Handbook Section IV Position Descriptions, Tenure/Tenure-Track Faculty, Contract Faculty - handbook files. The university, college, and SON actively support the teacher-scholar model. The college’s assigned time guidelines for scholarly productivity for tenure-track faculty are a minimum of 3 credit hours for fall and spring semesters (academic year) with expectations in the areas of publication, grants, presentations, and creative endeavors. The tenured faculty may receive 3 hours of assigned time per semester at the discretion of the SON Director and college Dean. Faculty teaching loads are assigned based on faculty education and expertise in content areas. SON faculty are actively engaged with students in classroom, clinical settings, and online to develop excellence in practice. The faculty have a strong commitment to teaching excellence, which is enhanced by professional practice and scholarly activities.

Six full time doctoral prepared nursing faculty members are currently assigned to teach specific courses in the DNP curriculum in conjunction with teaching assignments in master’s and/or baccalaureate programs. A doctoral prepared faculty from the Department of Economics teaches NUR 662 Health Care Business and Economics. The university policy indicates one full-time equivalency (FTE) is 12 credit hours. The number of DNP FTEs for academic year is 1.75. DNP program faculty members have obtained doctoral degrees from different academic institutions, representing a diversity of philosophies and approaches to education. One faculty member holds a DNP degree. They have a broad range of nursing, teaching, and research experience. Four DNP program nursing faculty are certified nurse practitioners (NP); one faculty is a certified clinical nurse specialist (CNS); and one
non NP faculty has a focus on clinical research. Each faculty member has current or recent practice experience. The DNP program nursing faculty, 2015-2016, included three Associate Professors, two Assistant Professors and one Instructor. Three of the DNP Program nursing faculty have achieved tenure, one is on tenure track and two are contract faculty (Exhibit II-D-2 - DNP Faculty Vitas in resource room).

Faculty numbers are sufficient to meet classroom, clinical, and distance instructional needs. Maximum enrollment per course section in all DNP courses is 20 students. The four NP and one CNS faculty teaching DNP courses serve as faculty advisors in addition to one other faculty member on the DNP Curriculum Committee who is an NP with a DNP degree. Each advisor works with one to six students who are at different stages in the program (Exhibit II-D-3 in resource room). Faculty members are academically and experientially prepared for the areas they are assigned to teach (See Table 2-D-1: DNP Faculty and Project Advisors Credentials).

Table 2-D-1: DNP Faculty and Project Advisors Credentials

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Educational Credentials</th>
<th>Relevant Certifications</th>
<th>Practice / Scholarship / Service</th>
<th>Teaching Responsibility in DNP Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bantz, Diana</td>
<td>Associate Professor</td>
<td>PhD</td>
<td>FNP</td>
<td>Clinical Practice - Family Practice and Urgent Care Research - Nursing Knowledge of Health Care Economics, Nursing Education, Behavioral Health Publications/Presentations - Behavioral Health, Smoking Cessation, Breastfeeding, Role of DNP Graduate</td>
<td>NUR 740: Theory Based Models of Care, Project Advisor</td>
</tr>
<tr>
<td>Brand, Juanita</td>
<td>Assistant Professor</td>
<td>EdD</td>
<td>WHNP</td>
<td>Clinical Practice- Public health/infectious disease/women’s health Research - Women’s Health/Sexually transmitted infections, public health &amp; housing &amp; health impact; infectious disease/STIs Publications/Presentations- Healthy homes &amp; health impact &amp; disparities; minorities &amp; vaccination uptake; sexually transmitted infections Service- Marion County Research Review Committee/ Indiana League for Nursing- Executive Committee/ Midwest Nursing Research Society Conference Planning Committee</td>
<td>NUR 760: Population Focused Health, Project Advisor</td>
</tr>
<tr>
<td>Gregg, Renee</td>
<td>Assistant Professor</td>
<td>DNP</td>
<td>FNP</td>
<td>Clinical Practice - Family practice with focus on underserved populations Research - Chronic conditions of vulnerable populations</td>
<td>Project Advisor</td>
</tr>
<tr>
<td>Horowitz, John</td>
<td>Associate Professor</td>
<td>PhD</td>
<td></td>
<td>Research and Publications - Economics, public finance, and public choice</td>
<td>NUR 662: Health Care Business and Economics</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Educational Credentials</td>
<td>Relevant Certifications</td>
<td>Practice / Scholarship / Service</td>
<td>Teaching Responsibility in DNP Program</td>
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</tr>
</tbody>
</table>
| Kelsey, Beth | Assistant Professor, DNP Program Director | EdD                     | WHNP                    | Clinical Practice - Women’s health  
Research - Contraception issues, role of DNP graduate  
Publications/Presentations - Women’s health, putting evidence in practice, role of DNP graduate  
Service - National Association of Nurse Practitioners in Women’s Health Consultant and Editor in Chief Women’s Healthcare: A Clinical Journal for NPs | NUR 764: Leadership and Health Policy, NUR 792: DNP Project 1, NUR 780 Advanced Practice Seminar, Project Advisor |
| Siela, Debra  | Associate Professor                 | PhD                     | CCNS, ACNS-BC, CCRN-K, CNE, RRT | Clinical Practice - Critical care & pulmonary nursing CNS  
Research - Family presence during Resuscitation, falls risk  
Publications/Presentations - Chest radiology, family presence, AACN practice alerts, pulmonary nursing  
Service - Contributing editor Critical Care Nurse Journal, American Association of Critical Care Nurses Task Forces, Reviewer for American Journal of Critical Care and Clinical Nurse Specialist Journal | NUR 744: Outcomes Research and Evaluation, Project Advisor |
| Twibell, Renee  | Associate Professor                | PhD                     | CNE                     | Clinical Practice - Adult critical care, nurse researcher in teaching hospital  
Research - Patient safety in acute illness, family-centered care during acute illness; fall prevention in cancer patients; compassion fatigue; nurse fatigue; venipuncture in pediatric patients; innovative learning strategies for students and nurses  
Publications/Presentations - Patient safety, family-centered care, professional issues in nursing, evidence-based practice  
Service - Boards/committees through American Association of Critical Care Nursing; Research-to-Practice Steering Committee, Indiana University Health; Reviewer for Heart Lung; Academic-Clinical Partnership Think Tank Indiana University Health | NUR 742: Research for Evidence Based Practice |
II-E. Preceptors, when used by the program 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 outcomes. Preceptor performance expectations are clearly communicated to preceptors and are reviewed periodically. The program ensures preceptor performance meets expectations.

Program Response:

Initially in the DNP program, students were required to obtain a preceptor/mentor for practicum courses, NUR 790 Practicum 1 and NUR 791 Practicum 2, in which they implemented and evaluated outcomes of their DNP projects. The project faculty advisor approved the preceptor/mentor based on education and professional experience/expertise as it related to the student’s project. The role of the preceptor/mentor was to mentor the student in the clinical setting; facilitate student’s access to organizational information, decision makers, and other personnel in order for the student to meet learning outcomes and implement the DNP project; and to participate in discussion as needed with student and faculty advisor, including progress, identify areas for improvement, and ability to meet learning needs in the clinical setting. Preceptors completed a midterm and final evaluation of the student based on individualized learning outcomes, planned activities, and methods for evaluating project outcomes developed by the student, approved by the faculty advisor, and shared with the preceptor/mentor.

At the September 13, 2012 DNP Curriculum Committee (DNPCC) meeting, the committee members began discussing the need to clarify the role of the preceptor/mentor and communication lines among preceptor/mentor, student and faculty advisor. Students reported mixed opinions about the utility of a preceptor/mentor for projects implemented in the clinical and community settings. Faculty advisors reported varying degrees of extent and meaningfulness in preceptor communications and evaluations of students. Other strategies for meeting the functions previously outlined for a preceptor/mentor were considered. The DNPCC decided that the preceptor/mentor role was not as important to the students’ success as the engagement with a variety of professionals to facilitate development and implementation of projects, and evaluation of project outcomes. The requirement for preceptor/mentor was discontinued and the change approved in November 2012 (Exhibit II-E-1 - 9.13.12 DNPCC Minutes in resource room).
Faculty advisors have worked closely with each student to design the best collaborations for the particular project and maintained regular communication with the student throughout all aspects of the project. In some situations, the student has chosen an informal mentor/champion within an organization or a specialist on the project focus to work with during the project.

At the August 21, 2015 DNPCC Committee Retreat Meeting, the group discussed The Doctorate of Nursing Practice: Current Issues and Clarifying Recommendations (AACN, August 2015) in regard to the recommendation that the DNP Project Team should include a practice mentor who may be from outside the university. The 2015 AACN document did not define the role, qualifications, performance expectations, type of collaboration/engagement the mentor would have with faculty and student, or criteria for mentor selection and review. The document did describe that faculty and mentors would oversee the DNP final project. It was decided at this meeting, that the committee would begin exploration of how to incorporate the use of a mentor in a manner that would best benefit students in planning and implementing their DNP Projects (Exhibit II-E-2 - DNPCC minutes August 21, 2015 in resource room).

The DNPCC reviewed feedback from recent DNP graduates concerning the use of practicum mentors and reviewed other DNP programs description of the mentor role, qualifications, performance expectations, type of collaboration/engagement the mentor should have with faculty and student, and criteria for mentor selection and review. At the February 18, 2016 DNPCC meeting the requirement of a practicum mentor was approved. The DNPCC agreed that because students in the DNP program are masters-prepared APRNs they do not need direct supervision by a clinical preceptor. However, a practicum mentor at the practicum site would facilitate the student’s ability to achieve individual learning objectives and implement the DNP project. The DNPCC further agreed that the qualifications for practicum mentors could vary depending on the student’s project, clinical/community setting, and other individual learning and support needs. As examples the mentor might be a doctoral-prepared (DNP, PhD, other) nurse, a master’s prepared APRN with expertise in the area of the student’s project, an administrator or other leader in the organization or other appropriate individual within the practicum setting. The DNPCC did decide that the mentor would have a role that includes regular communication and providing feedback to the student, maintaining communication with the faculty advisor, and input into student evaluation. For this reason, the mentor information is included in this Key Element II-E. (Exhibit II-E-3 - DNPCC Minutes 2.18.16 in resource room)

Guidelines for the use of a practicum mentor were approved at the March 17, 2016 meeting. (Exhibit II-E-4 - DNPCC Minutes 3.17.16 in resource room) Students who will be starting NUR 790 Practicum 1 in August 2016 will be required to have a practicum mentor. The 2016-2017 DNP Student Handbook was revised and approved at the DNPCC March 17, 2016 meeting to reflect this new requirement. (Exhibit II-E-5 in resource room) The students taking NUR 790 starting in August 2016 were notified of the requirement via an email sent to them on March 17, 2016 with DNP Project and Practicum Timeline (Exhibit II-E-6 - Timeline in resource room), and DNP Practicum Mentor Agreement (Exhibit II-E-7 in resource room). All other current DNP students were notified of the requirement change via email and the Community of DNP Students on May 24, 2016. Practicum mentor information will be provided for all new students at the new student orientation meeting.

The practicum mentor role includes:
- Provide student with orientation to agency policies and protocols as needed.
- Facilitate access to appropriate resources, personnel, or stakeholders in the clinical or community setting needed by student to meet learning objectives and implement DNP project.
• Identify committee/task force meetings or other activities/events that student may attend to meet learning objectives.
• Provide constructive feedback to student regarding learning objectives and activities.
• Maintain communication with the student’s faculty advisor as needed to discuss any factors that could interfere with the student successfully achieving learning objectives and implementing DNP project.
• Complete a phone interview with the student’s faculty advisor at the conclusion of the first semester of the practicum to provide feedback on student learning and practicum/project process.
• Complete and submit a final DNP Practicum Mentor Evaluation of the Student (Exhibit II-E-8 in resource room) at the conclusion of the second semester of the practicum.

The student in collaboration with the project faculty advisor will confirm the practicum site and identify a mentor at that site where the project will be implemented during the semester in which the project proposal is written. The individual learning and support needs of the student will be considered in the choice of mentor. The faculty advisor will send via e-mail a Practicum Mentor Introduction Letter (Exhibit II-E-9 in resource room), DNP Practicum Mentor Information form (Exhibit II-E-10 in resource room), and the Practicum Mentor Agreement (Exhibit II-E- in resource room) to the student’s identified mentor. The program faculty will conduct a WebEx orientation meeting for mentors. Students will submit a written DNP Student Evaluation of Practicum Mentor (Exhibit II-E-11 in resource room) at the completion of the second semester of the practicum.

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 faculty outcomes. For example:
- Faculty have opportunities for ongoing development in the scholarship of teaching.
- If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.
- 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 that require it.
- If service is an expected faculty outcome, expected service is clearly defined and supported.

**Program Response:**

The university, college, and SON provide a variety of resources to support faculty teaching, scholarship, and service in keeping with the mission, goals and expected faculty outcomes. The office of the Associate Provost offers professional development programs for faculty in the areas of teaching support, research and scholarship support, program development, travel support, leaves, administrative opportunities, and exchanges, and external funding support.

**TEACHING SUPPORT**

The university offers teaching support and faculty development as addressed in II-B through the Office of Educational Excellence (OEE), DODE, iLearn, Office of Information Technology, University Libraries, and University Media Services. OEE assists faculty to advance and support teaching through various elements including curriculum development, course design, pedagogy, assessment, and research through a range of professional development services and resources. DODE and iLearn support novice, intermediate, and expert online faculty in the areas of pedagogy and instructional design. Office of Information Technology provides and supports technology, communication,
information, and collaborative services to faculty in the pursuit of excellence in teaching, learning, and research. University Libraries provide tutorials and subject guides to assist faculty with teaching and research. University Media Services provides support for media-related projects and recording of lectures for distance education.

The university, college and SON support new faculty members by conducting orientation meetings and assigning a mentor for guidance in the areas of teaching, scholarship, and service. The SON has developed a web-based Community of Teaching-Learning in Blackboard to assist in orientation of new on campus and distance faculty. The website contains written information, PowerPoint presentations, and links to other resources that can be used by both new and established faculty. Examples of topics covered include Technology Resources (e.g., SITC orientation, Blackboard, Typhon electronic patient logging system), Library Resources (e.g., search databases, interlibrary loan, Endnote), and SON student/clinical related forms.

FACULTY SCHOLARSHIP AND RESEARCH SUPPORT
The University provides faculty scholarship and research support as addressed in II-B through Sponsored Projects Administration (SPA) and Research and Academic Effectiveness (RAE). Examples of offered services through SPA include: identification of potential external funding opportunities to carry out research, guidance in proposal and budget development, and submission of applications to funding agencies. SPA offers incentive programs designed to provide support for faculty members involved in research and creative endeavors and encourage external proposal submissions via the following programs:

The SUBMIT Program encourages proposal development and submission. When submitting a grant proposal, SUBMIT places funds into an account for extramural-related expenses of Project Directors/Co-Directors.

The goal of the ADVANCE Program is to increase both the quantity and quality of competitive external grant proposals submitted by BSU faculty members and professional personnel. As such, the Advance award will support a Principal Investigator’s proposal development needs by funding dedicated summer time, AY release time, travel and/or supplies for expenses that will directly impact the development and submission of a competitive federal, or national-level foundation, external grant proposal.

As described in II-B, The ASPiRE Internal Grants Program provides funding as start-up monies to faculty and students to support research, scholarly study, creative endeavors, and to further the goal of ultimately seeking sponsorship from external funding agencies. Competitive programs administered by the office have funds to support faculty in a variety of ways, including stipends, travel, supplies, and graduate assistants.

ASPiRE Faculty Programs focus on the support of Research and Creative Arts projects, as well as: Additional Programs - Ad-Hoc Program; Reprint Support; Travel Support; International Travel Support; Hollis Fund - Psychology-based research (Junior Faculty only)
International Travel - Facilitates international academic activity for tenure-track faculty New Faculty - Supplies, Expenses, Equipment, and Travel (SEET) funds for tenure-track faculty in their first year of employment.

An associate dean of the college facilitates tenure-track and tenured faculty to augment scholarship goals and address the university, college, and SON’s strategic performance indicators for scholarship.
FACULTY SERVICE AND PRACTICE SUPPORT
The university recognizes the importance of providing a climate in which faculty can remain active in their professional activities and organizations and can provide service to the university, community, and state. As such, the university, college, and SON provide and support an environment that encourages service in keeping with the mission, goals, and expected student outcomes of the programs. Such service may include but is not limited to consulting, officer/member in professional organizations, office/member in departmental, school, college, or university committees, and advising. Faculty have opportunities and an expectation to participate in university, college, and SON committees. University service includes participation in university governance, such as Faculty Senate, Faculty Council, Promotion and Tenure, and a variety of committees and strategic planning task forces.

The university, college, and SON support faculty practice. The university permits faculty to engage in professional practice 1 day per week or professional activities other than university activities provided that those activities do not interfere with the employee’s performance of his/her university responsibilities. Nurse practitioner faculty members in the DNP Program are currently or very recently employed in primary care clinics and offices. The clinical nurse specialist faculty in the DNP Program has a private consultation service, volunteers for the American Association of Critical Care Nurses, is a member of the American Nurses Credentialing Center Content Expert Advisory (CNS); and another member of the DNP faculty serves as Nurse Researcher, Indiana University Health Ball Memorial Hospital and member of the system-wide (17 hospitals) Evidence-based Practice Steering Committee. The program director serves as a consultant to the National Association of Nurse Practitioners in Women’s Health and as editor-in-chief of the organization’s professional nursing journal.
Standard III  
Program Quality: Curriculum and Teaching-Learning Practices

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

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program’s mission and goals, and with the roles for which the program is preparing its graduates.

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

Program Response:

The DNP program prepares post masters advanced practice registered nurses (APRNs) to assume leadership in nursing practice impacting health care outcomes at clinical and organizational levels. The DNP curriculum is developed, implemented, and revised by faculty to reflect clearly the DNP expected student outcomes that are congruent with SON’s mission and goals (Appendix I.A.1: Congruency of Ball State University Mission, College Mission (CAST), School Mission, Goals, and DNP Expected Student Outcomes). Congruency among expected student outcomes, expected student course outcomes, and didactic/clinical learning activities contribute to achievement of the DNP expected student outcomes (Table III-A-1 Examples of Congruency between Expected Student Program Outcomes, Expected Student Course Outcomes, and Didactic/Clinical Learning Activities in DNP Program).

<table>
<thead>
<tr>
<th>Expected DNP Student Program Outcomes</th>
<th>Expected Student Course Outcomes</th>
<th>Learning Experiences / Activities</th>
</tr>
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</table>
| 1. Demonstrate advanced nursing practice. | NUR 740 Theory Based Models of Care  
Evaluate theories for appropriateness to specific areas of advanced nursing practice. | NUR 740  
Students use readings, Discussion Board (DB) assignments, and presentations to evaluate the appropriateness of a variety of nursing and non-nursing theories to specific areas of advanced nursing practice.  
For the final paper students identify a theory/model that might be used to guide the DNP project.  
The student summarizes the relevant literature in a brief review and appraises the selected theory in relation to current understanding, knowledge and practice. |
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<tr>
<th>Expected DNP Student Program Outcomes</th>
<th>Expected Student Course Outcomes</th>
<th>Learning Experiences / Activities</th>
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<tbody>
<tr>
<td>2. Translate research and data to support evidence-based practice.</td>
<td>NUR 780 Seminar: Advanced Topics in Management of Client Health/Illness Status Demonstrate advanced levels of clinical judgment and systems thinking in designing, delivering, and evaluating evidence-based care to improve patient outcomes.</td>
<td>NUR 780 Students use evidence-based practice guidelines and other patient management resources to write a clinical case study that demonstrates integration of nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences in practice.</td>
</tr>
<tr>
<td></td>
<td>NUR 730 Statistics for Health Care Research Use SPSS to calculate the correct statistic.</td>
<td>NUR 730 Students complete specific computation of statistical methods using SPSS including; Organizing and Displaying Data, Univariate Descriptive Statistics, Principles of Statistical Inference, Nonparametric Techniques, t Tests, One-Way Analysis of Variance, Multifactorial Analysis of Variance, Repeated Measures Analysis of Variance, Correlations and Regression.</td>
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<tr>
<td></td>
<td>NUR 742 Research for Evidence Based Practice Describe strategies for translation of research evidence into nursing practice.</td>
<td>NUR 742 Students write a paper, Translation into Practice Project, to overview existing evidence on translation of research into practice, evaluate three EBP Models, and design an evidence-based method for disseminating evidence to a target audience.</td>
</tr>
<tr>
<td></td>
<td>NUR 744 Outcomes Research and Evaluation Apply relevant outcome research findings for quality improvement at all levels of care.</td>
<td>NUR 744 Students access Agency for Healthcare Research and Quality (AHRQ) and National Clearinghouse web sites, find and summarize clinical practice guidelines, outcome findings, and processes. Students access AHRQ and write a summary of why the APRN should be aware of the quality initiatives listed specific for their clinical practice. Students select 2 research articles for each type of APRN outcome, care-related, patient-related, and performance-related,</td>
</tr>
<tr>
<td>Expected DNP Student Program Outcomes</td>
<td>Expected Student Course Outcomes</td>
<td>Learning Experiences / Activities</td>
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| 3. Lead interprofessional collaboration for improving patient and population health outcomes. | **NUR 662 Health Care Business and Economics**  
Analyze the contributions advanced practice nurses can make in improving the health care system. | **NUR 662**  
Students use DB assignments based on learning from readings and quizzes to analyze and apply economic concepts to health care. Examples of DB topics include Health and the Demand for Medical Care, Health Insurance and Managed Care, Physicians and Nurses, Hospitals, Social Insurance, and Cost/Benefit & Cost Effectiveness Analysis. The final paper requires the student to apply economic concepts to address some aspect of improvement in healthcare quality, access to care, and/or cost effectiveness. |
|  | **NUR 764 Leadership and Health Policy in Advanced Practice**  
Synthesize essential components of interprofessional teams for development, implementation and evaluation of practice guidelines, health policy, standards of care or peer review procedures. | **NUR 764**  
Students complete an interprofessional collaboration and the team assignment and report that includes attending two meetings each of two interprofessional teams, use of evaluation tools to assess team dynamics/team member roles/team fitness, team member interviews, areas and strategies for improvement, and reflection (clinical hours). |
| 4. Utilize information systems/technology to improve health care outcomes. | **NUR 760 Population Focused Care**  
Analyze factors contributing to health disparities and strategies for reduction/elimination of health disparities at local, national and global levels. | **NUR 760**  
Students use reading and a DB assignment to explore how information technology could be used to implement strategies for community obesity prevention and evaluate outcomes as well as strategies to address the issue of low health literacy as a health disparity impacting obesity prevention. |
<table>
<thead>
<tr>
<th>Expected DNP Student Program Outcomes</th>
<th>Expected Student Course Outcomes</th>
<th>Learning Experiences / Activities</th>
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<tbody>
<tr>
<td>NUR 780 Seminar: Advanced Topics in Management of Client Health/Illness Status</td>
<td>NUR 780 Seminar: Advanced Topics in Management of Client Health/Illness Status</td>
<td>Analyze critical elements necessary to the selection, use and evaluation of health care information systems, and patient care technology.</td>
</tr>
<tr>
<td>NUR 780 Seminar: Advanced Topics in Management of Client Health/Illness Status</td>
<td>NUR 780 Seminar: Advanced Topics in Management of Client Health/Illness Status</td>
<td>Students use reading from nursing informatics text and other resources to analyze critical elements to the selection, use and evaluation of health information/patient care technology. Examples include but are not limited to point-of-care technology, clinical decision support systems, telehealth, and social media.</td>
</tr>
<tr>
<td>NUR 764 Leadership and Health Policy in Advanced Practice</td>
<td>NUR 764 Leadership and Health Policy in Advanced Practice</td>
<td>Create a personal definition of leadership that reflects its essential elements.</td>
</tr>
<tr>
<td>NUR 790/NUR 791 DNP Practicum I/II</td>
<td>NUR 790/NUR 791 DNP Practicum I/II</td>
<td>Develop, implement, and evaluate an individual immersion experience to provide context for final DNP project.</td>
</tr>
<tr>
<td>NUR 790/NUR 791 DNP Practicum I/II</td>
<td>NUR 790/NUR 791 DNP Practicum I/II</td>
<td>Students use leadership reading, nurse leader interview, interprofessional collaboration and the team clinical assignment, and personal experience to develop an individualized leadership conceptual model depicted by a concept map and synthesize learning through a self-reflection paper.</td>
</tr>
<tr>
<td>NUR 790/NUR 791 DNP Practicum I/II</td>
<td>NUR 790/NUR 791 DNP Practicum I/II</td>
<td>Students complete DNP project implementation, data collection/analysis, and outcome evaluation and present project to faculty and peers (clinical hours).</td>
</tr>
<tr>
<td>NUR 790/NUR 791 DNP Practicum I/II</td>
<td>NUR 790/NUR 791 DNP Practicum I/II</td>
<td>Students complete DNP project implementation, data collection/analysis, and outcome evaluation and present project to faculty and peers (clinical hours).</td>
</tr>
<tr>
<td>NUR 764 Leadership and Health Policy in Advanced Practice</td>
<td>NUR 764 Leadership and Health Policy in Advanced Practice</td>
<td>Analyze ethical, legal and social factors in health policy development.</td>
</tr>
<tr>
<td>NUR 764 Leadership and Health Policy in Advanced Practice</td>
<td>NUR 764 Leadership and Health Policy in Advanced Practice</td>
<td>Analyze a major health policy and related issues from multiple perspectives.</td>
</tr>
<tr>
<td>NUR 764 Leadership and Health Policy in Advanced Practice</td>
<td>NUR 764 Leadership and Health Policy in Advanced Practice</td>
<td>Students use assigned reading to complete an open book quiz covering topics of legal, social and ethical factors in health policy development.</td>
</tr>
<tr>
<td>NUR 764 Leadership and Health Policy in Advanced Practice</td>
<td>NUR 764 Leadership and Health Policy in Advanced Practice</td>
<td>Students use reading, DB assignments, stakeholder interviews (clinical hours), and SWOT analysis to describe in detail one of the Affordable Care Act provisions and to analyze it and related issues from multiple perspectives.</td>
</tr>
<tr>
<td>Expected DNP Student Program Outcomes</td>
<td>Expected Student Course Outcomes</td>
<td>Learning Experiences / Activities</td>
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</table>
| 7. Provide leadership to enhance population health initiatives in reducing health disparities. | **NUR 760 Population Focused Care**  
Analyze factors contributing to health disparities and strategies for reduction/elimination of health disparities at local, national and global levels. | **NUR 760**  
Open Book Quiz - topics include vulnerable populations, social justice, advocacy, HP2020, health disparity, principles of population-based approach to health care, HHS Action Plan to Reduce Health Disparities, IOM Report on Health Disparities. |
|  | **NUR 760 Population Focused Care**  
Evaluate a population focused health care delivery service/model for effectiveness in improving the health of that population. | **NUR 760**  
PFHC and Health Policy Paper - students synthesize information from reading and assignments completed throughout the semester to include statement of desired outcomes with baseline and target for community obesity prevention, description of IOM strategy with policy component to address community obesity prevention, evidence of need for policy in community and that implementation of policy would be effective as one strategy to meet desired outcomes, identification of stakeholders/partners in community that could bring together to strengthen support for policy, description of SMART process, impact, and outcome objectives for evaluation of outcomes of policy implementation (clinical hours). |

Course grids have been developed by faculty and are used for ongoing evaluation of congruency of *Doctoral Essentials* (2006), DNP expected student outcomes, student course outcomes, learning activities/experiences, and evaluation methods. The course grids are reviewed on a regular basis by the DNP Curriculum Committee (DNPCC). In academic year 2013-2014, the following course grids were reviewed and revisions approved by the DNPCC: NUR 730 Statistics for Health Care Research and NUR 740 Theory Based Models of Care (Exhibit III-A-1: DNPCC minutes, November 21, 2013 in resource room), NUR 742 Research for Evidence Based Practice and NUR 744 Outcomes Research and Evaluation (Exhibit III-A-2: DNPCC minutes, January 23, 2014 in resource room), NUR 760 Population Focused Care, NUR 764 Leadership and Health Policy in Advanced Practice, and NUR 792 DNP Project 2 (Exhibit III-A-3: DNPCC minutes, February 27, 2014 in resource room). In academic year 2014-2015, grids for NUR 790 Practicum 1, 791 Practicum 2, and 793 DNP Project 2 were reviewed and revisions approved (Exhibit III-A-4: DNPCC minutes, August 14, 2014 in resource room) and revisions in grids for NUR 662 Health Care Business and Economics, 740 Theory Based Models of Care, 742 Research for Evidence Based Practice were reviewed and approved (Exhibit III-A-5: DNPCC minutes, March 19,
2015 in resource room). In academic year 2015-2016, all of the course grids were reviewed by the
DNPCC: Course grid for NUR 790 Practicum 1 was reviewed and revisions approved (Exhibit III-A-6:
DNPCC minutes, August 20, 2015 in resource room), course grid for NUR 744 Outcomes and Research
Evaluation was reviewed and revisions approved (Exhibit III-A-7: DNPCC minutes, October 15, 2015 in
resource room), course grids for NUR 730 Statistics for Health Care Research, NUR 791 Practicum 2,
and NUR 793 DNP Project 2 were reviewed and revisions approved (Exhibit III-A-8: DNPCC minutes
March 17, 2016 in resource room), course grids for NUR 662 Health Care Business and Economics, NUR
740 Theory Based Models of Care, NUR 742 Research for Evidence Based Practice, NUR 760 Population
Focused Care, NUR 764 Leadership and Health Policy in Advanced Practice, NUR 780 Seminar:
Advanced Topics in Management of Client Health/Illness Status, NUR 790 Practicum 1, and NUR 792
DNP Project 1 were reviewed and revisions approved (Exhibit III-A-9: DNPCC minutes May 9, 2016;
Course Grids notebook in resource room).

During the new DNP student orientation, students are introduced to the student program outcomes
and how they relate to the **Doctoral Essentials** (2006). An overview of how each course builds to
support achievement of program outcomes is also provided. Students establish electronic portfolios
that include course outcomes and sample work from each course in the program. The portfolios also
include the students’ self-reflections completed in the first semester, midway through the program,
and in the last semester. These self-reflections contain self-ratings (novice to expert) in meeting the
program outcomes. Student comments when completing the self-reflection in the last semester
demonstrate an understanding of how courses and learning activities have provided them with the
knowledge and skills to rate themselves as competent to expert in meeting each of the program
outcomes and being prepared for leadership in nursing practice impacting health care outcomes at
clinical and organizational levels (Exhibit III-A-10: Spring 2014, 2015, 2016 Self-Reflections in
resource room). Example statements include: “While I’ve felt confident for some years in my clinical
practice, I feel I’ve grown significantly in my confidence and skills in the areas of research,
interprofessional collaboration and systems processes.” “I have gained substantial knowledge in the
area of translation of research to practice through my DNP studies.” “I also feel that my exposure to
health policy via the policy and leadership course as well as through my project development in
collaboration with management/leadership in my practice has grown my leadership skills
substantially.” “The DNP program, through mentoring, scholarship, and practical engagement in
translating research into EBP, has propelled me forward as a leader in my practice. I have gained
confidence in my leadership abilities, not only in my immediate practice team, but also within my
larger medical group.” “By learning more and understanding healthcare policy, interprofessional
collaboration, and evidence-based practice, I have increased my comfort level and gained more
confidence as an advanced practice nurse.” “I do however feel that I’m now able to demonstrate
advanced levels of judgment, systems thinking, and accountability in designing, delivering, and
evaluating evidence-based care to improve patient outcomes.” Students complete blog assignment
posts in NUR 790 Practicum 1 and NUR 791 Practicum 2 that include updates on projects, individual
learning objective activities, and discussion of how they are meeting DNP expected student outcomes
and **Doctoral Essentials** (2006). These posts demonstrate student understanding of DNP expected

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

- Baccalaureate program curricula incorporate **The Essentials of Baccalaureate Education for
  Professional Nursing Practice** (AACN, 2008).
- Master’s program curricula incorporate professional standards and guidelines as appropriate.
  - All master’s degree programs incorporate **The Essentials of Master’s Education in Nursing**
    (AACN, 2011) and additional relevant professional standards and guidelines as identified by
    the program.
b. All master’s degree programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012).

▪ 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 additional relevant professional standards and guidelines if identified by the program.
  b. All DNP programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012).

▪ Post-graduate APRN certificate programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012).

Elaboration: Each degree/certificate program incorporates professional nursing standards and guidelines relevant to that program, area, role, population focus, or specialty. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

APRN education programs (degree and certificate) (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:

▪ Advanced physiology/pathophysiology, including general principles that apply across the lifespan;

▪ Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and

▪ Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.

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

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

Master’s programs that have a direct care focus but are not APRN education programs (e.g., nursing education and Clinical Nurse Leader), incorporate graduate level content addressing the APRN core. They are not required to offer this content as three separate courses.

Program Response:

The DNP program curriculum and DNP expected student outcomes (individual and aggregate) reflect relevant nursing standards and guidelines to include the Doctoral Essentials (2006), NONPF Nurse Practitioner Core Competencies (2012), and NACNS DNP Competencies for Clinical Nurse Specialists (2009). Appendix I-A-3 DNP Program: Expected Program Outcomes and Professional Nursing Standards illustrates the interconnections among program outcomes and professional nursing standards. Course grids reflect congruency of Doctoral Essentials (2006), DPN expected student outcomes, individual student course outcomes, learning activities/experiences, and evaluation methods for each of the DNP courses (Course Grids notebook).

As described in Standard I-B in academic year 2013-2014, the DNPCC approved to add a new DNP expected student outcome to reflect an important focus of the program, “Lead interprofessional collaboration for improving patient and population health outcomes,” that is, addressed in the curriculum but not in the DNP expected student outcomes. The new outcome was approved by FOC (Exhibit III-B-1: DNPCC minutes, September 26, 2013; Exhibit III-B-2: FOC minutes, October 7, 2013 in resource room). The new outcome is congruent with DNP program PNSGs: AACN Doctoral Essential VI:
In academic year 2014-2015, The DNPCC approved to add a new DNP expected student outcome, “provide leadership to enhance population initiatives in reducing health disparities”. This new DNP expected student outcome was added to provide consistency of leveled outcomes regarding reduction of health disparities across the SON’s baccalaureate, master’s, and DNP programs. The DNPCC determined that current student course learning objectives contributed to achievement of the new expected student outcome. The new outcome was approved by FOC (Exhibit III-B-3: DNPCC minutes, March 19, 2015; Exhibit III-B-4: FOC minutes, February 2, 2016 in resource room). The new program outcome is congruent with DNP program PNSGs: AACN DNP Essential VII: Clinical Prevention and Population Health for Improving the Nation’s Health, NONPF NP Core Competencies: Leadership, Health Delivery System Competencies, and NACNS DNP Competencies for CNS: Sphere of Influence Organization/System.

III-C. The curriculum is logically structured to achieve expected student outcomes.
- Baccalaureate curricula build 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.
- Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.

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.

Program Response:
The DNP Program is a post-master’s program for APRNs to include clinical nurse specialists, nurse practitioners, and nurse midwives. The DNP program builds on master’s level competencies to prepare graduates with skills to assume leadership in nursing practice impacting healthcare outcomes at the clinical and organizational level Appendix I-B-3: Comparison Table: Baccalaureate, Master’s, and DNP Program Outcomes).

The core DNP curriculum consists of 38 credit hours and 510 clinical hours. Additional hours are arranged on an individual student basis if needed to equal the minimum of 1000 post-baccalaureate
clinical hours. The DNP curriculum is designed as a part-time program as a majority of applicants and students are also employed. Appendix III-C-1: Sample DNP Program Plan of Study shows a typical DNP program plan of study. The graduate catalog provides course descriptions (Graduate catalogs 2012-2014 pages 59-62; 2014-2015 pages 56-60; 2015-2016 pages 66-70, 2016-2017 pages 140-143).

The DNP courses are sequenced to build on master’s level research, statistics, and theory knowledge in NUR 730 Statistics for Health Care Research, NUR 740 Theory Based Models of Care, NUR 742 Research for Evidence Based Practice, and NUR 744 Outcomes Research and Evaluation. These four courses are the initial courses completed by DNP students.

Master’s level statistics course topics include concepts of statistical analysis, statistical procedures, and critical interpretation of results of research studies. In NUR 730 Statistics for Health Care Research, DNP students apply selected appropriate statistical tests for research questions and learn how to use SPSS software for data collection and organization, creating output files, and running statistical tests. NUR 740 Theory Based Models of Care expands beyond nursing theories studied at the master’s level to include interdisciplinary philosophies and theories with potential application in advanced practice. Examples include critical thinking and emancipatory knowing, feminist ethics, theories and methods in ethics, educational and learning theories, health behavior theories, and theories focused on interpersonal relationships. NUR 740 includes learning activities to foster the ability to apply and analyze a variety of theories in advanced practice. NUR 742 Research for Evidence Based Practice expands on students’ competency in critiquing research learned on the master’s level. NUR 742 evolves master’s level inquiry skills into the formulation of clinical problem statements that can be appropriately addressed through evidence-based quality improvement projects in advanced practice nursing. DNP students write a synthesis of eight studies that are focused on their DNP project topic. This course also builds on master’s level knowledge about ethics in research as well as cultural and economic aspects of evidence development. NUR 744 Outcomes Research and Evaluation adds to the obtained research knowledge of evidence-based practice from NUR 742. Students evaluate outcome research findings from research studies and quality improvement projects. Through various writing assignments, students apply outcome research findings for quality improvement in their advanced practice role. Students design an outcomes research project based either on their DNP quality improvement project topic or another area of interest.

The courses are also sequenced to allow students to begin conceptualizing their DNP project in the early semesters. In NUR 740 Theory Based Models of Care, students explore nursing and other theories and models that might provide a framework for their project. In NUR 742 Research for Evidence Based Practice, students begin the literature review to support the relevance of the problem they plan to address and evidence concerning both causes and strategies for addressing the problem. In the next semester, NUR 744 Outcomes Research and Evaluation, students acquire knowledge and skills to develop a plan for evaluation of outcomes in their DNP project.

Throughout the program, students’ progress through courses on leadership, health policy, population focused health, and health care business and economics (NUR 760 Population Focused Care, NUR 764 Leadership in Health Policy and Advanced Practice, NUR 662, Health Care Business and Economics) with student course learning objectives that contribute to meeting program outcomes.

In the last four semesters of the program, students take NUR 792 DNP Project 1, NUR 790 DNP Practicum 1, NUR 791 DNP Practicum 2, and NUR 793 DNP Project 2. In these courses, students write their project proposal, obtain IRB approval, implement and evaluate outcomes for their project over two semesters, and collaborate with their faculty advisor on steps for dissemination through conference presentation and manuscript preparation for journal submission. Students also collaborate with the faculty advisor and practicum mentor to develop and achieve individual learning
objectives during the practicum that relate to DNP expected outcomes that extend beyond the implementation of their DNP project.

In the semester prior to implementing the project, students take NUR 780 Seminar in Advanced Topics in Management of Client Health/Illness Status. This course has used different instructional strategies, such as case studies and the process of a systematic literature review to meet course outcomes. The course was revised in Spring Semester 2016 to strengthen demonstration of student knowledge synthesis and integration of program outcomes and Doctoral Essentials (2006) through development of a comprehensive clinical case study. Students in this course apply the program outcomes as well as the Doctoral Essentials (2006) as they develop the case study (e.g., translating research and data to support evidence-based practice, using interprofessional collaboration to improve patient outcomes, utilizing information systems/technology to improve health outcomes, guiding health policy development and implementation, and reducing health disparities through population health initiatives). In addition, students use chapter based questions from a textbook on nursing informatics for advanced practice nurses to analyze critical elements to the selection, use, and evaluation of health information/patient care technology.

Students complete additional elective courses as needed to meet the required 40 credit hours at Ball State and 90 post baccalaureate credit hours. Students may choose from a variety of on-line electives offered through the university, such as nursing educator role core courses (NUR 620 Curricular Designs in Nursing, NUR 622 Teaching in Learning, and NUR 626 Program Evaluation) or administrator role core courses (NUR 640 Nursing Administrations in Complex Organizations, NUR 642 Administrative Management for Nurses, and NUR 643 Financial Management for Nurses). Another option is the completion of a 12 credit hour Certificate in Health Economics, Policy and Administration through Ball State’s Miller College of Business. NUR 662 Health Care Business and Economics is applicable to this certificate. Other options for on-line electives include a variety of graduate level courses offered by School of Kinesiology (applied gerontology, wellness management), School of Educational Psychology and Department of Educational Studies.

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

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

Program Response:

The DNP program teaching-learning practices and environments are supported by distance education through the university administered learning system that provides asynchronous and synchronous learning experiences. All DNP courses currently use the Blackboard Learning System for course delivery. In fall semester 2016, NUR 662 Health Care Business and Economics/ECON 662 will pilot the Canvas Learning System. Simulation and Information Technology Center (SITC) and university Technology HelpDesk will assist DNP students taking the course in orientation to and assistance with the piloted system.

Courses are designed for a 16-week fall and spring semester or 10-week summer semester. Each course is organized into modules including an overview, objectives, required reading, assignments, and when appropriate, grading rubrics. Modules are enhanced with the use of on-line notes; narrated PowerPoint, Mediasite, and YouTube presentations; and tutorials. Students have online access to university libraries for database and journal searches. Students also have support through the Office of Institutional Effectiveness for online survey development and a university statistician for data analysis related to DNP projects. Scholarly assignments are required across the curriculum to reflect in-depth study and incorporate student program outcomes and Doctoral Essentials (2006) within the
Teaching-learning strategies include reading assignments, written assignments, database searching and document retrieval, asynchronous and synchronous discussions, small group activities, case studies, clinical assignments, quizzes, examinations, peer review assignments and concept mapping.

Tests/quizzes include both open-book and closed book online formats. Open-book quizzes allow for reflection on reading material. Asynchronous discussion board (DB) and blog assignments allow for reflection and time to locate resources to support postings. Students are required to respond to other students’ postings in a manner that promotes further exploration of the topic. Peer review assignments are designed so that students can enhance effective communication and collaborative skills in the development of scholarly products. Peer review is used in NUR 792 DNP Project 1 as students write project proposals, NUR 791 Practicum 2 as students prepare presentation posters, and NUR 793 DNP Project 2 as students write a journal manuscript (Exhibit III-D-1: sample peer review assignments in resource room). Synchronous discussion assignments through phone conference or WebEx meetings provide students with the opportunity to use collaborative problem solving and team building skills. For example, in NUR 764 Leadership and Health Policy in Advanced Practice, students meet via WebEx to develop a plan for interviewing APRN health policy leaders regarding full practice authority in a variety of states, and after the interviews, meet again to prepare strengths, weaknesses opportunities, threats (SWOT) analyses on successful and in progress states. Case studies and small group activities are used to promote student learning and fulfillment of course and program outcomes. For example, in NUR 740 Theory Based Models of Care, a case study scenario is presented using four separate video clips that students analyze using a chosen theory. Assigned students work together in a group to present their analysis in relation to one of the video clips and lead class discussions. A concept map software application is used in NUR 764 Leadership and Health Policy in Advanced Practice, to promote a constructivist and reflective approach to learning as students create an individualized leadership concept map.

Faculty teaching online have been oriented to web based education and have extensive technology support. The university has invested in the Integrated Learning Institute, iLearn (see Standard II-B), that assists faculty in creating, developing, and implementing an approved Quality Matters (QM) online course environment. DNP courses have been redesigned during academic years 2012-2013 (NUR 760 Population Focused Care), 2013-2014 (NUR 740 Theory Based Models of Care, NUR 742 Research for Evidence in Practice, NUR 764 Leadership and Health Policy in Advanced Practice, NUR 792 DNP Project 1), 2014-2015 (NUR 662 Health Care Business and Economics, NUR 730 Statistics for Health Care Research, NUR 744 Outcomes Research and Evaluation, NUR 790 Practicum 1), and 2015-2016 (NUR 791 Practicum 2, and NUR 793 DNP Project 2) using the QM Rubric in collaboration with the university’s iLearn. NUR 780 Seminar in Advanced Topics in Management of Client Health/Illness Status is on schedule as the final DNP course to be completed by Spring 2017. The Quality Matters Program is a national benchmark for online course design that applies a rubric to ensure incorporation of research-supported best practices.

Course instructors interact with students in the online class environment through responses to DB and Blog assignments, feedback on written assignments and quizzes/tests, and through e-mail and phone. Faculty project advisors interact with students on a regular basis throughout the program. This interaction begins with the new student orientation and continues through e-mail and phone communication each semester as the student formulates a project topic, writes a project proposal, implements the project and evaluates outcomes, and prepares to disseminate project information through poster presentations and journal manuscripts.

III-E. The curriculum includes planned clinical practice experiences that:
- enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
- are evaluated by faculty.
Elaboration: To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the degree/certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.

Program Response:

Clinical experiences in DNP courses afford students the opportunity to apply, integrate, and synthesize individual course outcomes, DNP expected student outcomes, and Doctoral Essentials (2006). Since the students are practicing APRNs, the DNP program clinical experiences focus on indirect care to broaden practice experiences outside of direct patient care. There are five DNP clinical required courses, including NUR 760 Population Focused Care for 60 clinical hours, NUR 764 Leadership and Health Policy in Advanced Practice for 60 clinical hours, NUR 790 Practicum 1 for 150 clinical hours, NUR 791 Practicum 2 for 150 clinical hours, and 793 DNP Project 2 for 90 clinical hours for a total of 510 clinical hours.

NUR 760 Population Focused Care includes 60 clinical hours incorporated into assignments to support achievement of course outcomes and student program outcomes. Clinical assignments focus on assessment and analysis of factors contributing to a particular health problem within the student’s community as well as evidence based strategies to reduce/eliminate the problem and methods for evaluation of outcomes. Clinical assignments are designed to align with course outcomes focused on demonstrating use of an evidence base of practice for disease prevention/health promotion with a population focus, analyzing factors contributing to health disparities and strategies for reduction/elimination of health disparities, and evaluating a population focused health care delivery model for effectiveness in improving the health of that population. The achievement of these course outcomes is connected to the student program outcome of providing leadership to enhance population health initiatives in reducing health disparities. Students complete clinical activities with a focus on a specific population/community health issue (e.g., obesity) using the PRECEDE-PROCEED model. Examples of clinical activities include an extensive assessment of the problem, its causes, and potential evidence based strategies for reducing/eliminating the problem in the student’s community through database searches, conducting a windshield/walking survey, and interviewing relevant stakeholders; exploring potential community partnerships; and participating in a simulated coalition forming activity with other students. Discussion board (DB) assignments, clinical journals/time logs, and a final written paper are used by the instructor to evaluate student demonstration of attainment of course outcomes. DB assignments are evaluated based on provided rubrics. Clinical journal/time logs are submitted throughout the semester and evaluated for inclusion of substantive detail to indicate activities were completed to meet clinical requirements of the course (Appendix III-E-1 NUR 760: Clinical Assignments with Related DB Assignments; Exhibit III-E-1: NUR 760 course grid in resource room).

The NUR 760 final population focused health care and policy paper for the course incorporates what students have learned in the community assessment, an evidence-based strategy with a policy component, coalition/partnership insights, specific attention to at least one vulnerable population in the community, and a strategy evaluation component. The instructor uses a grading rubric provided to the students for evaluation of the final paper (Exhibit III-E-2: NUR 760 samples of student work and final papers in resource room).

NUR 764 Leadership and Health Policy for Advanced Nursing includes 60 clinical hours incorporated in assignments to support achievement of course and student program outcomes focused primarily on
analysis of factors related to health policy development and analysis/synthesis of essential components for effective interprofessional team functioning. Clinical assignments are designed to align with course outcomes focused on analyzing ethical, legal, and social factors in health policy development; analyzing a major health policy and related issues from multiple perspectives; synthesizing essential components of interprofessional teams, and creating a personal definition of leadership that reflects its essential components. The achievement of these course outcomes is particularly connected to the student program outcomes of leading interprofessional collaboration for improving patient and population health outcomes, guiding health policy development and implementation, and providing leadership to enhance accessibility and quality of care. Examples of clinical activities include interviews with a variety of stakeholders related to a chosen health policy (e.g., provisions of the Affordable Care Act - ACA), a group project to collect, analyze, and synthesize data on state level activities and status of APRN full practice authority; assessment and analysis of interprofessional health care team function using a variety of tools, observations, and interviews; and interviews with nurse leaders. DB assignments, clinical journals/time logs, and a final written paper are used by the instructor to evaluate student demonstration of attainment of course outcomes related to clinical activities. DB assignments are evaluated based on provided rubrics. Clinical journal/time logs are submitted throughout the semester and evaluated for inclusion of substantive detail to indicate activities were completed to meet clinical requirements of the course. Appendix III-E-2 NUR 764: Clinical Assignments with Related DB Assignments; Exhibit III-E-3: NUR 764 course grid in resource room).

The course instructors for NUR 764 interact with students through a variety of mechanisms regarding clinical assignments. Interaction between students and instructors is fostered through narrated Power Point presentations explaining the clinical requirements for the course and a DB thread for posting questions, DB assignments based on clinical experiences, and participation in phone conference / WebEx meetings for student group work. The course instructors also review and provide feedback on clinical journals/time logs submitted throughout the semester and final written papers related to clinical experiences (Exhibit III-E-4: NUR 764 sample student work in resource room).

NUR 790 Practicum 1 is 150 clinical hours and NUR 791 Practicum 2 is 150 clinical hours. In each practicum course, students collaborate with their faculty advisor to develop a learning contract to include two individual learning objectives that go beyond implementation and of the DNP project. The learning objectives are linked with program outcomes. Specific activities are planned to meet the objectives within a time frame. Methods for evaluation of successful accomplishment of the learning objectives are included. The individual learning objective activities require communication and interaction over the two semesters with committees, task force groups, and content experts when appropriate; faculty advisor; practicum mentor* (* starting fall semester 2016); and other students. A few examples of individual learning objective activities include leading the development of a countywide breastfeeding support taskforce, collaborating with hospice and palliative care teams to develop an educational presentation and written materials on the difference between hospice and palliative care, utilizing information technology in the primary care office setting for ongoing provider and staff education on counseling for health behavior change, and collaborating with a pharmacist and social worker to develop strategies to improve adherence to medication regimens by patients with diabetes upon hospital discharge (Exhibit III-E-5: sample practicum learning contracts in resource room).

Faculty use a variety of mechanisms to evaluate student demonstration of attainment of course outcomes and student program outcomes related to clinical activities during the practicum. Evaluation methods include clinical journals/time logs, student learning contracts, communication with practicum mentors for feedback, blog assignments, student self-evaluations and formal presentation of the final DNP project. Clinical journals / time logs submitted to faculty advisors and practicum mentors* every two weeks throughout the practicum are designed to provide substantive...
documentation of completion of clinical activities (Exhibit III-E-6: sample practicum clinical journals/time logs in resource room). Faculty advisor communication with practicum mentors* will take place at the end of each practicum semester to obtain feedback on student learning and the practicum/project process. The practicum mentor* will complete a written DNP practicum mentor evaluation of student at the end of NUR 791 Practicum 2, review with the student, and submit to the faculty advisor (Exhibit III-E-7: DNP practicum mentor evaluation of student in resource room). Blog assignments are posted in the blackboard Community of DNP Students. The lead instructor for the practicum uses a grading rubric provided to the students to evaluate blog posts (Exhibit III-E-8: sample blog posts in resource room. Student self-evaluations are completed at the end of each of the practicum semesters. Students evaluate their progress made in completing the implementation and evaluation of outcomes of their project with discussion of facilitators and any barriers that need to be addressed. They also evaluate progress in completing individual learning objective activities. The student shares the evaluation with the faculty advisor and will share also with the practicum mentor* so they can collaborate to address any barriers or concerns (Exhibit III-E-9: sample student self-evaluations in resource room). As of fall semester 2016, all students are required to have a formal practicum mentor at the practicum site. Standard III-H describes the DNPCC decision making process for this change. An asterisk is provided by the term practicum mentor to reflect that this is an addition to the practicum/project team for fall semester 2016. Students implement DNP final projects and evaluate outcomes within clinical or community settings under the guidance of a faculty advisor and practicum mentor.

Final DNP project presentations are prepared and presented to students, faculty and other guests in the final semester. This presentation may be conducted on campus or via distance technology. This formal dissemination of the DNP project includes a description of the purpose, planning, implementation, and evaluation components of the project. The faculty advisor and one other DNP faculty member conduct a formal evaluation of the presentation based on a grading rubric (Exhibit III-E-10: sample completed presentation grading rubrics in resource room).

Examples of a few student final projects using project titles include: “Improving HCV Screening in a Free Clinic: Using Rosswurm and Larrabee’s Evidence-based Practice Model,” “Improving New Healthcare Provider Orientation using Adult Learning Theory: A Quality Improvement Project,” “Breastfeeding Education and the Baby-Friendly Hospital Initiative: A Quality Improvement Project,” “Enhancing Health Care Provider and Staff Confidence and Skills in Addressing Health Literacy in Diabetes Care,” and “The 5As Model for Smoking Cessation: Engaging Health Care Providers and Overcoming Barriers to Change” (Exhibits III-E-11: sample project proposals, power point presentations, and PDF of posters in resource room).

NUR 793 DNP Project 2 is completed in the final semester and includes 90 clinical hours. The clinical hours are devoted to the student working closely with the faculty advisor to write a manuscript suitable for submission to a chosen peer reviewed journal for publication consideration. The student and faculty advisor determine if the manuscript will be about the project or a topic related to the project. Students conduct peer reviews of drafts of other students’ manuscripts and have two other colleagues outside the program to also review the manuscript. DB assignment topics include ethical issues in authorship, choosing peer reviewers, and using graphics. Evaluation methods for NUR 793 include clinical journals/time logs, assessment of manuscript drafts throughout the semester, and assessment of peer reviews. The faculty advisor uses a grading rubric provided to the students for evaluation of manuscript drafts. The lead instructor uses a grading rubric provided to students for evaluation of peer reviews (Exhibit III-E-12: manuscript grading rubric, sample peer reviews, sample clinical journals/logs in resource room).
III-F. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

Elaboration: The curriculum and teaching-learning practices (e.g., use of distance technology, didactic activities, and simulation) are appropriate to the student population (e.g., adult learners, second language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.

Program Response:
Faculty consider needs and expectations of the COI when designing curriculum and implementing teaching-learning practices. The COI is defined as groups and individuals who have an interest in the mission, goals, and expected student outcomes for the DNP program and its effectiveness in achieving them. The COI includes nursing faculty, current DNP students, DNP graduates/alumni, prospective DNP students, community and clinical agencies, practicum mentors, employers, and administration (university and college).

DNP Faculty - The community of DNP faculty and project advisors is invested in the mission, goals and expected outcomes for the program. DNP faculty are responsible to ensure that curriculum design and teaching-learning practices are effective in achieving the expected student outcomes for the program. Through regularly scheduled DNPPCC meetings and DNP annual faculty retreats, DNP faculty and advisors discuss and make decisions regarding curriculum and teaching-learning practices with input from the COI.

Current DNP students - The community of DNP students is of primary interest for faculty. Faculty utilize a variety of teaching-learning strategies to accommodate students’ learning needs and to promote interaction among students and faculty. Active learning engages and facilitates students’ application and transferal of knowledge from the classroom to clinical, community, and organizational settings. Teaching-learning strategies include DB, blogs, group work facilitated through WebEx videoconferencing, clinical and practicum experiences, information/concept representation through concept maps, and portfolio building housed electronically in Typhon.

The unique teaching-learning needs of distance learners are considered by faculty. As one example of a change made to accommodate the needs of distance learners, students who accepted admission in the DNP program were initially required to attend the mandatory orientation meeting on campus on a specified date before starting the program. As of November 2014, new DNP students are able to attend the program orientation on campus or via distance technology through the SON’s SITC support and collaboration with the university Unified Technology Support. Second year students may attend the mandatory half day meeting on campus or via distance technology.

The DNPPCC has a DNP student representative. The role of the DNP student representative is to add the student perspective at DNPPCC meetings. Meeting attendance is facilitated through WebEx videoconferencing. An exit survey sent to graduates within one month after graduation, includes questions about the quality of courses taken, quality of teaching, and opportunities for interaction with classmates and faculty.

DNP alumni - Faculty value feedback from the community of alumni on the level of effectiveness of the curriculum in achieving expected outcomes of the DNP program. Alumni surveys provide feedback about the program.

Prospective students - Scheduled live webinar information sessions for prospective DNP students are held during the year. The Division of Online and Distance Education (DODE) disseminates information about and facilitates these webinar sessions with the DNP program director. The format of the
webinar allows for participants to electronically submit questions and receive answers from the program director during the session. Common questions addressed during webinars regard on-campus requirements, how long it takes to complete the program, expectations for clinical hours, and expectations for the DNP project. Information for prospective students is available on the SON’s website to include information regarding these common questions (e.g., the option of attending yearly mandatory meetings on campus or via distance technology, length of time to complete program as well as a sample plan of study, credit hour requirements, DNP course descriptions, and clinical hour requirements). Contact information for the DNP program director, graduate advisor, and DODE is provided. Questions are answered via email or phone conversations.

Community and clinical agencies - Faculty collaborate with students in communication with agencies in which they implement projects to ensure agency agreements and letters of support are obtained, HIPAA requirements are met, and IRB review and approval obtained. This collaboration fosters the ability of students to achieve practicum outcomes to (1) develop, implement, and evaluate an individual immersion experience to provide context for the final DNP project and (2) synthesize learning to integrate program outcomes and Doctoral Essentials (2006).

Practicum mentors - Formal practicum mentors will be required for all DNP students as of the start of NUR 790 Practicum 1 in August, 2016. Project faculty advisors will complete phone interviews with practicum mentors during the practicum to obtain feedback on the practicum/project process. Data from these interviews will be reviewed by DNPCC to determine if any changes related to practicum/project process are needed.

University - The university, as a COI, financially supports the curriculum and teaching-learning practices by hiring faculty, professional personnel, technical staff, and secretarial staff for the SON; supports the expansion of the SITC and university technology and communication systems for the faculty to create and incorporate teaching-learning practices appropriate to the online DNP student population.

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

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

Program Response:

Student evaluation and grading criteria policies and procedures are clearly outlined in the DNP student handbook and course syllabi (Course Syllabi 2016-2017 notebook in resource room). The formal grading scale is consistent across all DNP courses (93-100 A, 90-92.9 A-, 87-89.9 B+, 84-86.9 B, 81-83.9 B-, 78-90.9 C+, 74-77.9 C+, 74-77.9 C, 70-73.9 C-, 69 and < F) except in NUR 662/ECON 662. NUR 662 Health Care Business and Economics is taught as a combined course with ECON 662 Health and Economics by an economics professor in Ball State University’s Miller College of Business. The Miller College of Business grading scale is 93-100 A, 90-92.9 A-, 87-89.9 B+, 83-86.9 B, 80-82.9 B-, 77-79.9 C+, 73-76.9 C, 70-72.9 C-, 67-69.9 D+, 52-66.9 D, 50-51.9 D-, 0-49.9 F. Each course syllabus
clearly states course outcomes in didactic and clinical portions of the course. All syllabi use a standard syllabus template to provide consistency across program courses expect NUR 662 Health Care Business and Economics but the syllabus contains the same information.

Evaluation tools include asynchronous DB assignments, major written papers, case study presentations, case studies, small group activities, database searching and document retrieval, quizzes, exams, clinical journals/time logs, individual student practicum learning contracts, student self-evaluations, and final project presentations (notebook in resource room sample student work for each course each semester 2013-2014, 2014-2016, 2015-2016). Grading rubrics are provided within course modules for major assignments and the final project presentation (Exhibit III-G-1: Examples of Grading Rubrics Non-Clinical in resource room). Students receive feedback from faculty on assignments through responses to DB posts, written comments on papers, e-mail and phone correspondence, and access their assignment grades online throughout the semester via the course’s learning management system’s grade center. The faculty of record for each course is responsible for the evaluation of each student’s didactic and clinical performance.

Clinical practice experiences in NUR 760 Population Focused Care and 764 Leadership and Health Policy in Advanced Practice are evaluated by the course faculty via major written assignments based on the clinical experiences, DB assignments, and clinical journals. Students have faculty advisors who work closely with them throughout project design, implementation, evaluation, and dissemination. A team of two DNP faculty members evaluates each student’s formal project presentation using established criteria provided to the student. NUR 790 Practicum 1 and NUR 791 Practicum 2 clinical practice experiences are evaluated by the course faculty through clinical journals/time logs, regularly scheduled meetings with faculty advisor, formative and summative self-evaluation, Blog assignments, formal project presentation. Starting Fall Semester 2016, an additional evaluation tool will include the practicum mentor evaluations in which the mentor will provide input to the faculty of record regarding the student’s performance. Clinical practice experiences in NUR 793 DNP Project 2 are evaluated through clinical journals/time logs, assessment of manuscript drafts throughout the semester by the faculty advisor, and assessment of peer reviews by the lead course faculty. Faculty are responsible for assigning student grades (notebook in resource room sample student work for each course each semester, Exhibit III-G-2: Examples of Grading Rubrics and Evaluation Forms Clinical Courses in resource room).

III-H. 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 student 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.

Program Response:

Formative and summative data regarding curriculum and teaching-learning practices are regularly reviewed and evaluated by faculty to inform decisions that facilitate achievement of student program outcomes. The Systematic Evaluation Plan (SEP) provides guidance for areas to be evaluated, responsibility for the evaluation, evaluation methods, frequency, and documentation (Appendix I-B-1: SEP).

A variety of tools and resources are used for assessment of curriculum and teaching-learning practices, including student course and faculty evaluations, online and distance education surveys,
Simulation and Information Technology Center (SITC) evaluation, DNP student self-reflection, program exit surveys, alumni surveys, and practicum clinical/community agency interviews. Student course and faculty evaluations are completed at the end of each semester and reviewed by course faculty who then bring recommended changes to the DNPCC. Aggregate data from student course evaluations are also reviewed annually by the DNPCC along with the course grids to determine any needed curriculum changes. Student distance education, learning resources (e.g., library, computer and technical support services, other support services), self-reflection, exit, and alumni surveys are conducted and reviewed annually by the DNPCC. Practicum clinical/community agency interviews and practicum mentor interviews are conducted by project faculty advisors during semesters in which students are enrolled in practicum courses and data are reviewed by DNPCC.

The following are examples of curriculum revisions as a result of student and faculty evaluation of teaching-learning practices.

During the DNP Faculty Retreat on August 14, 2014, the faculty discussed student course evaluations that reflected a need for earlier introduction of some aspects of the practicum expectations. The faculty reviewed and revised the flow of assignments/activities in the two practicum courses, NUR 790 Practicum 1 and NUR 791 Practicum 2, and in the final semester, NUR 793 DNP Project 2 course. Another change was in the structure of required yearly on-campus student meetings. Some agenda items during the on-campus meeting were moved to specific courses that would improve the correlation of the content for students’ progression with final project planning. The presentations on Working with a Statistician and The IRB Application Process were moved to NUR 792 DNP Project 1 when students were writing their project proposals. The presentation on Creating Presentation Posters was moved to NUR 790: Practicum I when students were implementing their projects. (Exhibit III-H-1: DNPCC retreat minutes, August 14, 2014 in resource room).

During the DNP Faculty Retreat on August 20, 2015, the faculty focused on NUR 790/791 Practicum 1/2 clinical activities and documentation. Faculty discussed the value of adding clinical activities to the practicum beyond implementation and evaluation of the project that would enhance learning and evaluation of students regarding program outcomes. The DNP Practicum Learning Contract and instructions were revised for students to establish two individual learning objectives to go beyond the project and related to DNP program outcomes and DNP Essentials. To facilitate communication and documentation regarding the project and the two individual learning objectives, clinical log instructions were updated to require substantive detail on activities (e.g., meeting agendas and minutes, written reports) and it was decided that students would be required to submit logs to the faculty advisor for review and feedback every 2 weeks. Faculty also discussed the role of a formal practicum mentor for DNP projects. Faculty agreed to continue discussion concerning a potential requirement for a practicum mentor, qualifications, and procedure for obtaining mentor at 2015-2016 DNPCC meetings. (Exhibit III-H-2: DNP Faculty retreat minutes, August 20, 2015; Exhibit-III-H-3: DNP practicum learning contract in resource room)

The DNPCC reviewed feedback from recent DNP graduates concerning the use of practicum mentors and reviewed other DNP programs description of the qualification, role and process for using practicum mentors. At the February 18, 2016 DNPCC meeting the requirement of a practicum mentor was approved. Guidelines for the use of a practicum mentor were approved at the March 17, 2016 meeting. Students who will be starting NUR 790 Practicum 1 in August 2016 will be required to have a practicum mentor. The DNP Student Handbook was revised and approved at the DNPCC March 17, 2016 meeting to reflect this new requirement. The students taking NUR 790 starting in August 2016 were notified of the requirement via an email sent to them on March 17, 2016 with the revised DNP Student Handbook, DNP Project and Practicum Timeline, and Practicum Mentor Agreement and instructions. All current DNP students were notified of the requirement change via email and the Community of DNP Students on May 24, 2016. Practicum mentor information will be provided for all
Standard IV
Program Effectiveness: Assessment and Achievement of Program Outcomes

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

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

**Elaboration:** The program uses a systematic process to obtain relevant data to determine program effectiveness. The process:

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

**Program Response:**

The SON’s systematic evaluation plan (SEP) (Appendix I-B-1) provides a written, ongoing process used by the DNPCC to determine program effectiveness. The process for determining program effectiveness is comprehensive, including program completion and employment rates, student and alumni satisfaction, and student achievement of expected program outcomes. The SEP is based on the CCNE (2013) four standards for accreditation and key elements for each standard. The SEP identifies areas to be evaluated, who is responsible, evaluation methods, frequency, and documentation.

The DNP program is evaluated regularly by faculty, students, and alumni. The DNPCC uses the SEP as a guide to assure all areas are addressed for assessment of program effectiveness. Timelines for data collection and analysis are designated on the SEP. Benchmarks have been established for each evaluation tool - course evaluations, online and distance education surveys, student self-reflections, final project presentations, exit surveys, and alumni surveys.

The DNPCC is responsible for analysis of evaluation data on an ongoing basis. The data analysis reflects whether benchmarks established by the DNPCC are met or not met. Results and recommendations for any program changes based on the analysis are disseminated to the Faculty Organization Committee (FOC), recorded in the DNPCC annual report, and communicated to students and other community of interest group when applicable (DNPCC Annual Reports, 2013-2014, 2014-2015, 2015-2016 in DNPCC/DNPAPC minutes notebook in Resource Room). Examples of use of data analysis in making program changes are in IV-H.

The SEP is reviewed annually and as needed by the DNPCC (Exhibit IV-A-1: DNPCC minutes, November 6, 2014; Exhibit IV-A-2: DNPCC minutes, November 19, 2015; Exhibit IV-A-3: DNPCC minutes, March 17, 2016 in Resource Room). Any DNPCC approved changes are brought forward to the FOC for discussion and approval. The FOC approved SEP revisions (Exhibit IV-A-4: FOC minutes, December 1, 2014; Exhibit IV-A-5: FOC minutes, December 7, 2015; Exhibit IV-A-6: FOC minutes, February 1, 2016; Exhibit IV-A-7: FOC minutes, March 14, 2016; Exhibit IV-A-8: FOC minutes, August 19, 2016 in Resource Room). Table IV-A-1: Periodic Review of the SEP provides examples of revisions made.
<table>
<thead>
<tr>
<th>Date</th>
<th>Area of Evaluation</th>
<th>Change(s) Made</th>
<th>Document</th>
<th>Rationale</th>
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<tr>
<td>Spring 2014</td>
<td>IV-B Program completion rates demonstrate program</td>
<td>Retention and graduation benchmark set - 70% of students will graduate within 5 calendar years of entry into program, qualifiers/exclusions established</td>
<td>DNPCC Minutes 4/24/14</td>
<td>CCNE sets minimum at 70% for graduation rate, students taking 1-2 courses/semester can typically complete the program in &lt; 5 calendar years</td>
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<tr>
<td>Spring 2014</td>
<td>IV-D Employment rates demonstrate program</td>
<td>Graduate employment benchmark set - &gt;70% within 12 months of program completion</td>
<td>DNPCC Minutes 4/24/14</td>
<td>CCNE sets minimum at 70% for employment within 12 months of program completion</td>
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<td>Fall 2014</td>
<td>IV-E Program outcomes demonstrate program</td>
<td>Annual benchmarks for respondents satisfied/very satisfied with quality of program changed from 85% to 80% on exit, alumni, distance education surveys</td>
<td>DNPCC Minutes 11/6/14</td>
<td>At this time the benchmarks for these surveys were not separated out by program and 80% was chosen across programs</td>
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<td>(2014/2015)</td>
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<td>Fall 2015</td>
<td>IV-E Program outcomes demonstrate program</td>
<td>Evaluation method with benchmark added - 80% of students will achieve a score of &gt; 220 out of 250 on project presentation based on established grading rubric</td>
<td>DNPCC Minutes 11/19/15</td>
<td>DNPCC determined that project presentations demonstrate achievement of several student program outcomes</td>
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<tr>
<td>(2015/2016)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall 2015</td>
<td>IV-E Program outcomes demonstrate program</td>
<td>Evaluation methods with benchmarks organized by program (BS, MS, DNP)</td>
<td>SEP Fall 2014 SEP Fall 2015</td>
<td>Organizing evaluation methods and benchmarks by program provides clarity and allows for each program to set benchmarks appropriate for students</td>
</tr>
<tr>
<td>(2015/2016)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring 2016</td>
<td>IV-E Program outcomes demonstrate program</td>
<td>Specific DNP student program outcome questions approved to be added to exit and alumni surveys</td>
<td>DNPCC Minutes 1/21/16</td>
<td>Provides additional tools to evaluate DNP student program outcome achievement</td>
</tr>
<tr>
<td>(2015/2016)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IV-B. Program completion rates demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master’s, and DNP) and post-graduate APRN certificate program:

- The completion rate for each of the three most recent calendar years is provided.
- The program specifies the entry point and defines the time period to completion.
- The program describes the formula it uses to calculate the completion rate.
- The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.

A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.

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

Program Response:

In April 2014, the DNPCC reviewed benchmarks for retention and graduation. The university allows 7 calendar years for completion of a doctoral degree. The part-time structure of the DNP program allows students to graduate in a minimum of 7 semesters or 2.5 calendar years if the student follows the standard plan of study; and if the student takes one course at a time, the student may complete the DNP program in 14 semesters or 4.5 calendar years. The benchmark chosen by the DNPCC is that a minimum of 70% of the students will graduate within 5 calendar years of entry into the program. The start of the semester count begins with the first DNP courses. Semesters in which a student chooses to take electives prior to starting the DNP courses are not counted. Program completion rate is calculated by the number of graduates to-date (numerator) divided by the total number of students admitted (denominator) in a calendar year excluding students who withdraw from the program due to such factors as family obligations, relocation, and/or financial barriers or students who withdraw from the program in the first semester without completing any credit hours (Exhibit IV-B-1: DNPCC minutes, April 24, 2014 in Resource Room). The program enrolled the first cohort of DNP students in Fall Semester 2009. Table IV-B-1, DNP Program Admission and Completion Rates (2009-2016), data for DNP students admitted in the calendar years 2009-2016 demonstrate the DNP completion rates from 2009-2013 exceed the benchmark of 70% or higher of students graduating within 5 calendar years. The data were most recently reviewed by the DNP Admission and
Progression Committee (DNPAPC) (Exhibit IV-B-2: DNPAPC minutes, March 17, 2016 in Resource Room).

Table IV-B-1 DNP Program Admissions and Completion Rates (2009-2016)

<table>
<thead>
<tr>
<th>Admission Year</th>
<th>Number of Students Starting DNP Courses</th>
<th>Number of Students Graduating in 3 Calendar Years</th>
<th>Number of Students Graduating in 4 Calendar Years</th>
<th>Number of Students Graduating in 5 Calendar Years</th>
<th>Percentage of Completion within 5 calendar years</th>
<th>Students Not Included in Completion Rate Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>10</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>6/7 (85.7%)</td>
<td>3</td>
</tr>
<tr>
<td>2010 *</td>
<td>0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2011</td>
<td>8</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>7/7 (100%)</td>
<td>1</td>
</tr>
<tr>
<td>2012</td>
<td>8</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>4/5 (80%)</td>
<td>3</td>
</tr>
<tr>
<td>2013</td>
<td>6</td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>6/6 (100%)</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>4</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2015</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* No new students were admitted in calendar year 2010

IV-C. Licensure and certification pass rates demonstrate program effectiveness.

Elaboration: The pre-licensure program demonstrates achievement of required program outcomes regarding licensure.

- The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years.
- The NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year. However, if the NCLEX-RN® pass rate for any campus/site and track is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.

A campus/site or track with an NCLEX-RN® pass rate of less than 80% for first-time takers for the most recent calendar year provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, data relative to specific campuses/sites or tracks, and data on repeat takers.

The graduate program demonstrates achievement of required program outcomes regarding certification. Certification results are obtained and reported in the aggregate for those graduates taking each examination, even when national certification is not required to practice in a particular state.

- Data are provided regarding the number of graduates and the number of graduates taking each certification examination.
- The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.
- The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that certification
examination is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.

A program with a pass rate of less than 80% for any certification examination for the most recent calendar year provides a written explanation/analysis for the variance and a plan to meet the 80% certification pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, and data on repeat takers.

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

Program Response:

The DNP Program is a post master’s program. All students have completed a master’s degree for advanced practice as a clinical nurse specialist, nurse practitioner, or nurse midwife prior to admission. Therefore, certification pass rates are not applicable.

IV-D. Employment rates demonstrate program effectiveness.

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

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

Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance.

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

Program Response:

The DNPCC established a benchmark of > 70% of DNP Program graduates are employed at the time of graduation or within 12 months of program completion (Exhibit IV-D-1: DNPCC minutes, April 24, 2014 in Resource Room). A question on the DNP Exit Survey is “What are your plans for the next year?” Of the graduates responding to the survey (2013-2016), all graduates indicated that they would be “returning to/continuing prior job” or “starting a new job”. Table IV-D-1 Exit Survey Employment Responses (2013-2016) depicts the data. Informal communication with 2013, 2014, 2015, and 2016 students in their final semester and at the time of graduation indicates that 100% were employed at the time of graduation. The DNP Program Exit Survey has been disseminated by the university through the Office of Institutional Effectiveness starting in 2014. The SON is collaborating with the university Office of Institutional Effectiveness to explore strategies for improving exit survey response rate. DNP students will be asked in the final semester to provide a permanent (non-BSU) e-mail address and permission to use email address for sending exit and alumni surveys. DNP graduate employment rates for the calendar years 2013-2016 demonstrate the DNP employment rates exceed the benchmark of 70% or higher being employed within 12 months of program completion.
Table IV-D-1 Exit Survey Employment Responses (2013-2016)

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Number (%) Responses</th>
<th>Returning to/continuing prior job</th>
<th>Starting a new job</th>
<th>Employment Rate based on Exit Survey responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2 (50%)</td>
<td>2</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>2014</td>
<td>5 (100%)</td>
<td>5</td>
<td>1*</td>
<td>100%</td>
</tr>
<tr>
<td>2015</td>
<td>4 (50%)</td>
<td>3</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>2016</td>
<td>1 (20%)</td>
<td>1</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

* staying at prior job but in new position

IV-E. Program outcomes demonstrate program effectiveness.

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

Program outcomes are defined by the program and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the degree and certificate programs offered and may include (but are not limited to) student learning outcomes; student and alumni achievement; and student, alumni, and employer satisfaction data.

Analysis of the data demonstrates that, in the aggregate, the program is achieving its outcomes. Any program with outcomes lower than expected provides a written explanation/analysis for the variance.

Program Response:

DNP Other program outcomes evaluated include achievement of expected student program outcomes and student and alumni satisfaction with quality of DNP courses, distance education, and program overall. The DNPCC has established benchmarks for expected levels of achievement for these program outcomes (Appendix I-B-1: SEP). Data are evaluated on an annual basis to compare expected levels of achievement with actual levels of achievement. The DNPCC uses data analysis to determine if any program changes are needed.

Expected Student Program Outcomes

The DNP Program has established expected student program outcomes. Aggregate data on achievement of student program outcomes is collected through the use of student self-reflections, student final project presentations, exit surveys, and alumni surveys.

Student Self-Reflections

In the 2013-2014 academic year the DNPCC developed and implemented a process for student self-reflection on level of achievement of expected student program outcomes at the end of the first semester, midway in program, and at the end of the last semester of the program. The annual benchmark for the self-reflection completed by students in the last semester is > 80% of respondents will indicate self-evaluation as competent. Aggregate data from the self-reflections have been reviewed by the DNPCC at the end of the 2013-2014, 2014-2015, 2015-2016 academic years (Exhibit IV-E-1: DNPCC Minutes March 27, 2014; Exhibit IV-E-2: DNPCC Minutes, April 16, 2015; Exhibit IV-E-3: DNPCC Minutes, April 21, 2016 in Resource Room). The data from all three of these academic years indicate that 100% of students in their final semester evaluate themselves to be competent to expert related to expected student program outcomes. Tables IV-E-1, IV-E-2, IV-E-3 Student Self-Reflections show data.
### Table IV-E-1 Student Self Reflections Final Semester Spring 2014 (N = 5)

<table>
<thead>
<tr>
<th>DNP Program Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Demonstrate advanced nursing practice</td>
</tr>
<tr>
<td>Translate research and data to support EBP</td>
</tr>
<tr>
<td>Lead interprofessional collaboration for improving patient/population health outcomes</td>
</tr>
<tr>
<td>Utilize information systems/technology to improve healthcare outcomes</td>
</tr>
<tr>
<td>Provide leadership to enhance accessibility and quality of care</td>
</tr>
<tr>
<td>Guide health policy development and implementation</td>
</tr>
</tbody>
</table>

### Table IV-E-2 Student Self Reflections Final Semester Spring 2015 (N = 8)

<table>
<thead>
<tr>
<th>DNP Program Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Demonstrate advanced nursing practice</td>
</tr>
<tr>
<td>Translate research and data to support EBP</td>
</tr>
<tr>
<td>Lead interprofessional collaboration for improving patient/population health outcomes</td>
</tr>
<tr>
<td>Utilize information systems/technology to improve healthcare outcomes</td>
</tr>
<tr>
<td>Provide leadership to enhance accessibility and quality of care</td>
</tr>
<tr>
<td>Guide health policy development and implementation</td>
</tr>
</tbody>
</table>
### Table IV-E-3 Student Self Reflections – Final Semester Spring 2016 (N = 5)

<table>
<thead>
<tr>
<th>DNP Program Outcomes</th>
<th>1 Novice</th>
<th>2 Competent</th>
<th>3</th>
<th>4</th>
<th>5 Expert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate advanced nursing practice</td>
<td></td>
<td></td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Translate research and data to support EBP</td>
<td></td>
<td></td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Lead interprofessional collaboration for improving patient/population health outcomes</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Utilize information systems/technology to improve healthcare outcomes</td>
<td></td>
<td></td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Provide leadership to enhance accessibility and quality of care</td>
<td></td>
<td></td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Guide health policy development and implementation</td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Student Final Project Presentation Evaluations**

The DNPCC approved the addition of the DNP final project presentation benchmark of ≥ 80% of students achieving a rubric based score of ≥ 220 points out of a possible 250 points as a contributing measure of expected student program outcome achievement (Exhibit IV-E-4: DNPCC Minutes January 21, 2016 in Resource Room). 100% of the 5 students presenting their projects on April 8, 2016 achieved a score of ≥ 220 points (Exhibit IV-E-5: DNP final project presentation rubric in Resource Room).

**Exit and Alumni Surveys**

In an effort to improve response rates, the School partnered with the Office of Institutional Effectiveness in 2013 for the administration of the university graduate exit surveys and alumni surveys. The DNPCC determined at the March 19, 2015 meeting upon reviewing the university graduate exit and alumni surveys, that questions specifically addressing expected student program outcomes should be added to enhance the value of the survey. Additional questions using expected student program outcomes were approved by the DNPCC at the January 21, 2016 meeting and added to the May 2016 exit survey and July 2016 alumni survey. At the March 17, 2016 meeting the DNPCC approved the benchmark of ≥80% of exit survey respondents agree/strongly that they have achieved program outcomes and >80% of alumni survey respondents agree/strongly agree that they demonstrate program outcomes in their professional role (Exhibit IV-E-6: DNPCC Minutes - March 19, 2015; Exhibit IV-E-7: DNPCC Minutes, January 21, 2016; Exhibit IV-E-8: DNPCC Minutes, March 17, 2016 in Resource Room). Data for the May 2016 exit survey are provided in Table IV-E-4 Exit Survey Student Program Outcomes Data. The data will be reviewed by the DNPCC in Fall 2016.
Table IV-E-4 Exit Survey Student Program Outcomes Data (2016) (N = 1 / 20%)

<table>
<thead>
<tr>
<th>Student Program Outcome</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>demonstrate advanced nursing practice</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>translate research and data to support evidence-based practice</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lead interprofessional collaboration for improving patient and population health outcomes.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>utilize information systems/technology to improve health care outcomes</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>provide leadership to enhance accessibility and quality of care</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>guide health policy development and implementation.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>provide leadership to enhance population health initiatives in reducing health disparities.</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student and Alumni Satisfaction
The DNPCC uses student course evaluations, online and distance education surveys, exit surveys, and alumni surveys to collect aggregate data on satisfaction with quality of DNP courses, distance education, and program overall.

DNP Course Evaluations
DNP course evaluations are reviewed by the DNPCC annually with a benchmark of ≥ 2.5 out of a possible 5 rating for overall course evaluations. A course evaluation review template was developed in Fall 2015 to facilitate this review. The template includes course title, semester/year taught, number of student responses and the eight university core course evaluation items with mean, median, and SD of students' ratings. The faculty identifies strengths, areas for improvement, and recommendations in the course(s). Faculty agreed to use the template to review data from DNP courses taught in academic years 2013-2014 and 2014-2015 at Spring 2016 DNPCC meetings. NUR 730, NUR 740, NUR 742, NUR 744, NUR 760, NUR 764, NUR 790, NUR 792 course evaluations were reviewed at the February 18, 2016 meeting. NUR 662, NUR 780, NUR 791, NUR 793 course evaluations were reviewed at the May 9, 2016 meeting. The overall 2013-2014 course evaluation mean rating was 4.634. The overall 2014-2015 course evaluation mean rating was 4.660. Table IV-E-5 Mean Ratings for Course Evaluations shows individual course data. (Exhibit IV-E-9: DNPCC Minutes February 2, 2016; Exhibit IV-E-10: DNPCC Minutes, May 9, 2016; course evaluations in Resource Room).

University course core questions focus on eight areas, including course objectives clear; course effective in meeting its objectives; course assignments related to the objectives of the course; clear grading system; course broadens my perspective and/or knowledge; critical thinking required analysis, synthesis and evaluation; interaction evident among participants; and online environment facilitated learning.
### Table IV-E-5 Mean Ratings for Course Evaluations

<table>
<thead>
<tr>
<th>DNP Course</th>
<th>Mean Rating 2013</th>
<th>N*</th>
<th>Mean Rating 2014</th>
<th>N*</th>
<th>Mean Rating 2015</th>
<th>N*</th>
<th>Mean Rating 2016**</th>
<th>N*</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 730 Statistics for Health Care Research</td>
<td>3.605</td>
<td>4/7</td>
<td>57.1%</td>
<td>No Report</td>
<td>4.275</td>
<td>5/5</td>
<td>100%</td>
<td>2.625</td>
</tr>
<tr>
<td>NUR 740 Theory Based Models of Care</td>
<td>4.531</td>
<td>4/7</td>
<td>57.1%</td>
<td>2.875</td>
<td>2/6 33.3%</td>
<td>4.312</td>
<td>6/6 100%</td>
<td>Not offered</td>
</tr>
<tr>
<td>NUR 742 Research for Evidence Based Practice</td>
<td>4.958</td>
<td>3/6</td>
<td>50.0%</td>
<td>No Report</td>
<td>4.593</td>
<td>4/5</td>
<td>80.0%</td>
<td>No Report</td>
</tr>
<tr>
<td>NUR 744 Outcomes Research and Evaluation</td>
<td>4.596</td>
<td>6/8</td>
<td>75.0%</td>
<td>No Report</td>
<td>No report</td>
<td>No report</td>
<td>Offered Fall 16</td>
<td>----</td>
</tr>
<tr>
<td>NUR 760 Population Focused Care</td>
<td>4.793</td>
<td>5/6</td>
<td>83.3%</td>
<td>4.868</td>
<td>5/9 55.5%</td>
<td>4.667</td>
<td>3/4 75.0%</td>
<td>4.781</td>
</tr>
<tr>
<td>NUR 662 Health Care Business and Economics</td>
<td>4.725</td>
<td>5/6</td>
<td>83.3%</td>
<td>4.000</td>
<td>8/11 72.7%</td>
<td>4.562</td>
<td>2/4 50.0%</td>
<td>Offered Fall 16</td>
</tr>
<tr>
<td>NUR 764 Leadership and Health Policy in Advanced Practice</td>
<td>4.687</td>
<td>6/7</td>
<td>85.7%</td>
<td>5.000</td>
<td>3/4 75.0%</td>
<td>3.229</td>
<td>3/4 75.0%</td>
<td>Offered Fall 16</td>
</tr>
<tr>
<td>NUR 780 Seminar: Advanced Topics in Management of Client Health/Illness Status</td>
<td>5.000</td>
<td>5/5</td>
<td>100%</td>
<td>4.593</td>
<td>5/6 83.6%</td>
<td>No report</td>
<td>----</td>
<td>No Report</td>
</tr>
<tr>
<td>NUR 790 Practicum 1</td>
<td>5.000</td>
<td>5/6</td>
<td>83.3%</td>
<td>4.843</td>
<td>5/7 71.4%</td>
<td>4.646</td>
<td>3/5 60.0%</td>
<td>Offered Fall 16</td>
</tr>
<tr>
<td>NUR 791 Practicum 2</td>
<td>5.000</td>
<td>1/4</td>
<td>25.0%</td>
<td>4.975</td>
<td>5/6 83.3%</td>
<td>4.979</td>
<td>6/7 85.7%</td>
<td>5.000</td>
</tr>
<tr>
<td>NUR 792 DNP Project 1</td>
<td>4.800</td>
<td>5/6</td>
<td>83.3%</td>
<td>5.000</td>
<td>4/7 57.1%</td>
<td>5.000</td>
<td>5/6 83.3%</td>
<td>No Report</td>
</tr>
<tr>
<td>NUR 793 DNP Project 2</td>
<td>5.000</td>
<td>1/4</td>
<td>25.0%</td>
<td>5.000</td>
<td>5/6 83.3%</td>
<td>4.928</td>
<td>7/8 87.5%</td>
<td>5.000</td>
</tr>
</tbody>
</table>

* numerator number of student responses/dominator number of students enrolled in the course

**2016 data will be reviewed by DNPCC in 2016-2017 academic year

### Online and Distance Education Survey

DNP Program Online and Distance Education surveys are conducted annually. The Division of Online and Distance Education distributes the survey to all current DNP students. The benchmark is that ≥ 80% of respondents will be satisfied/very satisfied with the quality of the program and courses. Items on the 2013-2014 survey relevant to quality of the program and courses include level of satisfaction with overall quality of the program, overall quality of online/distance courses, overall quality of online/distance education services, and overall quality of faculty. The results of the 2013-2014 survey were reviewed by the DNPCC at the November 6, 2014 meeting. Six DNP students responded to the survey. In regard to overall satisfaction with quality of program, quality of online/distance
courses, and quality of online/distance education services 100% of responses were at the satisfied/very satisfied level. In regard to overall quality of faculty 83% of responses were at the satisfied/very satisfied level. The 2014-2015 survey did not include questions regarding overall satisfaction with quality of program or overall quality of faculty. The results of the 2014-2015 survey were reviewed by the DNPCC at the February 18, 2016 meeting. Seven DNP students responded to the survey. In regard to overall quality of online/distance course and all individual items regarding satisfaction with faculty 100% responses were at the satisfied/very satisfied level. In regard to overall satisfaction with online/distance education services, 80% of the respondents were at the satisfied/very satisfied level with one student rating as neutral (Exhibit IV-E-11: DNPCC Minutes November 6, 2014; Exhibit IV-E-12: DNPCC Minutes, February 18, 2016 in Resource Room). Tables IV-E-6 and IV-E-7 Online and Distance Education Satisfaction show data for 2013-2014 and 2014-2015 surveys.

Table IV-E-6 Online and Distance Education Satisfaction 2013-2014 (6 respondents)

<table>
<thead>
<tr>
<th>How satisfied were you with the following characteristics of your online and distance courses?</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall quality of your academic program</td>
<td>5 (83%)</td>
<td>1 (17%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall quality of your online/distance education courses</td>
<td>5 (83%)</td>
<td>1 (17%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall quality of online/ distance education services</td>
<td>6 (100%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall satisfaction with program faculty</td>
<td>5 (83%)</td>
<td>1 (17%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table IV-E-7 Online and Distance Education Satisfaction 2014-2015 (7 respondents)

<table>
<thead>
<tr>
<th>How satisfied were you with the following characteristics of your online and distance courses?</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall quality of your online/distance education courses</td>
<td>6 (86%)</td>
<td>1 (14%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall quality of online/ distance education services</td>
<td>2 (40%)</td>
<td>2 (40%)</td>
<td>1 (20%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All individual items regarding satisfaction with faculty (e.g., expertise, communication, enthusiasm, approachability)</td>
<td>6 (86%)</td>
<td>1 (14%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Exit Survey

The university graduate exit survey provides data on student/graduate satisfaction related to quality of courses, quality of teaching, professional expertise of faculty, opportunities for interaction with faculty, availability of faculty as mentors, interactions with faculty advisors, and opportunities for interaction with classmates.

Exit survey data for the 2013 (N = 2 / 50%) 2014 (N = 5 / 100%) and 2015 (N = 4 / 50%) graduates were reviewed by the DNP Curriculum Committee (Exhibit IV-E-13: DNPCC Minutes, September 18, 2014; Exhibit IV-E-14: DNPCC Minutes, October 15, 2015 in Resource Room). Almost all applicable satisfaction related responses to the survey were positive with 100% ratings of good or
excellent thus meeting the established benchmark of > 80% of respondents satisfied/very satisfied with the quality of the program. The exceptions were one of two respondents from 2013 rating opportunities for interactions with classmates as fair while the other respondent rated this item as excellent and one of four respondents from 2015 rating interactions with faculty advisors in the program as poor while three respondents rated this item as excellent (2013-2014 and 2014-2015 Exit Surveys in survey data notebook in Resource Room). Tables IV-E-8, IV-E-9, IV-E-10, IV-E-11 Exit Survey Satisfaction Data show ratings for each of the items.

Table IV-E-8. Exit Survey Satisfaction Data 2013 (N=2 / 50%)

<table>
<thead>
<tr>
<th>How would you characterize each of the following:</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses you have taken</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of teaching</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional expertise of faculty</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of faculty as mentors</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities for interactions with faculty</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interactions with your faculty advisors</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities for interactions with classmates</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Table IV-E-9 Exit Survey Satisfaction Data 2014 (N=5 /100%)

<table>
<thead>
<tr>
<th>How would you characterize each of the following:</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses you have taken</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of teaching</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional expertise of faculty</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of faculty as mentors</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities for interactions with faculty</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interactions with your faculty advisors</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities for interactions with classmates</td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table IV-E-10 Exit Survey Satisfaction Data 2015 (N=4 / 50%)

<table>
<thead>
<tr>
<th>How would you characterize each of the following:</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses you have taken</td>
<td>2</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Quality of teaching</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional expertise of faculty</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of faculty as mentors</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities for interactions with faculty</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interactions with your faculty advisor</td>
<td>3</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Opportunities for interactions with classmates</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table IV-E-11 Exit Survey Satisfaction Data 2016 (N= 1 / 20%) *

<table>
<thead>
<tr>
<th>How would you characterize each of the following:</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses you have taken</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of teaching</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional expertise of faculty</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of faculty as mentors</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities for interactions with faculty</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interactions with your faculty advisor</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities for interactions with classmates</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How satisfied were you with the following</td>
<td>Very Satisfied</td>
<td>Satisfied</td>
<td>Dissatisfied</td>
<td>Very Dissatisfied</td>
</tr>
<tr>
<td>Program overall</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 2016 data will be reviewed by DNPCC in Fall 2016

Alumni Survey

The university alumni survey provides data on alumni satisfaction related to graduate program in general, quality of teaching, professional expertise of faculty, and faculty advising. Data from the Fall 2014 DNP alumni survey that included graduates from 2012 and 2013 were limited. Two of the eight graduates (25%) from this time period completed the survey. Almost all applicable satisfaction related responses were positive with 100% ratings of strongly agree/agree thus meeting the established benchmark of > 80% respondents satisfied/very satisfied with the quality of the program. The exception was one of the two respondents indicating neither agree or disagree for satisfaction with faculty advising in the program and the other respondent rating strongly agree for satisfaction with faculty advising. The DNPCC reviewed the data (Exhibit IV-E-15: DNPCC Minutes - December 4, 2014 in Resource Room). Data from the Fall 2015 DNP alumni survey that included graduates from 2014 were also limited. Two of the five graduates (40%) from this time period completed the survey. All applicable satisfaction related responses were positive with ratings of strongly agree/agree thus meeting established benchmark. The DNPCC reviewed the data (Exhibit IV-E-16: DNPCC Minutes, May 9, 2016 in Resource Room). The SON is collaborating with the university Office of Institutional Effectiveness to explore strategies for improving alumni survey response (Alumni Surveys, 2014, 2015 in survey data notebook in Resource Room).

Resources are evaluated annually by faculty and students through SITC distributed surveys. Faculty responses have indicated consistently that the majority agree or strongly agree that SITC is a beneficial resource for student learning, the service provided by the SITC staff is adequate, and institutional support services are adequate. Faculty responses to whether the learning resources supported the purpose of the program maintained a high value of 89% (2013-2014), increased to 96% (2014-2015) and was 100% in (2015-2016); the majority of faculty also agreed or strongly agreed to having sufficient fiscal resources 75% (2013-2014), 68% (2014-2015) and 94% (2015-2016) (Faculty SITC Evaluation Data 2013-2014, 2014-2015, 2015-2016 in survey data notebook in Resource Room).

Student evaluations also indicate satisfaction with the learning resources. In 2013-2014 evaluations, the DNP students indicated they have what they need in terms of learning resources in quantity (82%), quality (86%), and services support (86%). The majority agreed or strongly agreed the equipment and staff support were adequate to meet course outcomes (86%). In 2014-2015 evaluations, the DNP students indicated they have what they need in terms of learning resources in quantity (86%), quality (89%), and services support (91%). The majority agreed or strongly agreed the equipment and staff support was adequate to meet course outcomes (93%). In 2015-2016 evaluations, the NP students indicated they have
what they need in terms of learning resources in quantity (83%), quality (83%), and services support (82%). The majority agreed or strongly agreed the equipment and staff support was adequate to meet course outcomes (82%) (Student SITC Evaluation Data 2013-2014, 2014-2015, 2015-2016 in survey data notebook in Resource Room).

An exit survey sent to graduates within one month after graduation includes questions about the quality of courses taken, quality of teaching, and opportunities for interaction with classmates and faculty. In the exit surveys for 2014, 2015, 2016 graduates (10 out of 18 responded), results showed ratings of 90% excellent/10% good for quality of courses taken, 100% excellent for quality of teaching, and 90% excellent/10% good for opportunities for interaction both with classmates and with faculty. The DNPCC reviews exit survey data on an annual basis to determine if any changes to program curriculum, program delivery, or course sequencing should be considered to meet students’ needs or expectations. Because exit surveys results have been positive no changes have been made based on this data (2014, 2015, 2016 Exit Surveys in survey data notebook, Exhibit IV-E-17: DNPCC minutes, September 18, 2014; Exhibit IV-E-18, DNPCC minutes, October 15, 2015 in Resource Room).

Students will be required to have formal practicum mentors as of the start of NUR 790 Practicum 1 in August, 2016. A student evaluation of mentor and clinical/community agency form has been developed and approved by the DNPCC at the March 17, 2016 meeting. Students will complete the evaluation form at the completion of NUR 791 Practicum 2. Data from evaluations will be reviewed by DNPCC to determine if any changes related to practicum are needed (Exhibit IV-E-19: DNPCC March 17, 2016 minutes, Exhibit IV-E-20: DNP Student Evaluation of Practicum Mentor form in Resource Room).

Faculty value feedback from the community of alumni on the level of effectiveness of the curriculum in achieving expected outcomes of the DNP program. Alumni surveys provide feedback about the program. The response to alumni surveys has been low but positive. The DNP program director requested non-BSU email addresses and permission to use for program follow-up from the May 2015 and May 2016 graduates to improve ability to reach them for alumni surveys. The next alumni survey will be distributed in July 2016 (2014, 2015 Alumni Surveys in survey data notebook in Resource Room).

Student Project Dissemination Outcomes

The DNP students collaborate with their faculty advisor to prepare and submit an abstract for conference presentation, and article preparation for journal submission. Twelve (55%) DNP graduates (2013-2016) have presented on their DNP projects at refereed state, regional, and national conferences. Seven (32%) DNP graduates (2013-2016) have had articles focused on DNP project topics published/accepted for publication in peer reviewed journals (Sample of DNP student and graduate refereed presentations and referred publications in Resource Room).

IV-F. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:

- are identified for the faculty as a group;
- incorporate expected levels of achievement;
- reflect expectations of faculty in their roles and evaluation of faculty performance;
- are consistent with and contribute to achievement of the program’s mission and goals; and
- are congruent with institution and program expectations.

Actual faculty outcomes are presented in the aggregate for the faculty as a group, analyzed, and compared to expected outcomes.
Program Response:

The SON and university faculty outcomes are teaching, scholarship, and service. The faculty outcomes are consistent with and contribute to achievement of the SON’s mission, goals and DNP expected student outcomes. DNP faculty outcomes in teaching, scholarship, and service reflect expectations of faculty of the SON and support significant contribution to achievement of program outcomes. Table 2-D-1 in Standard II-D provides descriptions of educational credentials, relevant certifications, examples of practice/scholarship/service, and teaching/advising responsibilities in DNP program.

Faculty Teaching Effectiveness

The individual and aggregate faculty outcomes for teaching effectiveness are based on the end-of-course evaluations by the students each semester. The faculty evaluations are based on a 1 - 5 scale (1: Strongly Disagree - 2: Disagree - 3: Neutral - 4: Agree - 5: Strongly Agree). University course core teaching questions focus on eight areas, including my instructor: explains the course objectives clearly; explains course content clearly; uses effective examples and illustrations; is respectful when I have a question or comment; provides feedback that helps me improve my performance in the class; is available for consultation; was well organized; and emphasized relationships between and among topics. Table IV-F-1 presents the overall faculty aggregate teaching effectiveness for 2013, 2014, 2015.

Table IV-F-1 Results of Student Completed End-of-Course Evaluations of Faculty Teaching DNP Courses during the Calendar Year - Benchmark 2.5 out of 5.0

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Nursing Faculty Evaluated</th>
<th>Number of Non-Nursing Faculty Evaluated</th>
<th>Number of DNP Courses Taught</th>
<th>Number of Students Completing Evaluations</th>
<th>% of Students Completing Evaluations</th>
<th>Range of Means Low to High</th>
<th>Overall Mean on a 1 to 5 Point Likert Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>5</td>
<td>1</td>
<td>12</td>
<td>45/66</td>
<td>68.2%</td>
<td>4.638 - 4.755</td>
<td>4.704</td>
</tr>
<tr>
<td>2014</td>
<td>5</td>
<td>1</td>
<td>12</td>
<td>42/62</td>
<td>67.7%</td>
<td>4.351 - 4.719</td>
<td>4.530</td>
</tr>
<tr>
<td>2015</td>
<td>6</td>
<td>1</td>
<td>12</td>
<td>44/54</td>
<td>81.5%</td>
<td>4.426 - 4.612</td>
<td>4.533</td>
</tr>
</tbody>
</table>

Faculty established an annual benchmark of 2.5 on a 5 point scale for overall teaching evaluations. The DNP faculty performance through the end of course evaluations by students from 2013 to 2015 indicated strong evidence of teaching effectiveness with an overall mean range of 4.530 to 4.704.

Student, peer, and administrative faculty teaching evaluations are used to improve faculty’s teaching and to make personnel decisions, such as promotion, tenure, and merit pay. The university provides teaching support for faculty through the Office of Educational Excellence (OEE) that offers a variety of pedagogy and technology professional development workshops to support on campus and online teaching. Faculty may be referred to and collaborate with OEE personnel as needed to assist them in improving teaching through the use of incorporating innovative and effective teaching strategies. Two DNP program faculty members are NLN certified nurse educators. Six DNP faculty members have participated in the online Quality Matters (QM) ‘Applying the QM Rubric’ course.
Scholarship

Tenured and tenure-track faculty are eligible to receive assigned time for scholarship. The SON follows the college assigned time guidelines for scholarly productivity. The college guidelines provide faculty direction for assigned time research and scholarly productivity. An annual and/or semester faculty memorandum of agreement serves to clarify the faculty’s goals for the assigned time. The minimum levels of productivity for the academic year, three hours of assigned time for fall and spring semesters, are submission of one publication and one external grant proposal, and at least one presentation at a national/international meeting. If a faculty receives more than three hours of assigned time per semester for the academic year, expectations are increased. Four of the seven DNP tenured and tenure-track nursing faculty have an academic year assigned time contract. If a tenured and tenure-track nursing faculty has three hours of assigned time, the faculty’s workload is nine credit hours of teaching and three credit hours for scholarship. If a tenured faculty does not have assigned time, the faculty’s teaching assignment is twelve credit hours. If a tenured faculty has administrative workload, the faculty’s teaching assignment is six to nine credit hours and three to six credit hours for administration. Of the DNP faculty identified in Table 2-D-1 in Standard II-D, the faculty composition is four tenured (three DNP nursing faculty, one non-nursing faculty), one tenure-track, and two contract faculty and one tenure-track project advisor who transitioned to full-time contract faculty Fall Semester 2016. One tenured and one contract nursing faculty are assigned administrative workload.

A university requirement for faculty to teach in graduate programs is to be approved by the Graduate School as a full member or an associate member. To be eligible for full member graduate faculty renewal, the faculty must demonstrate scholarship by publication of at least two refereed articles within a six-year period or the equivalent, such as one refereed published article and one significant externally funded grant, at least three refereed presentations within a six-year period at state, regional, national, and/or international professional meetings, and ability to teach graduate courses effectively based on faculty teaching evaluations. To be appointed as an associate member, the faculty must have earned a doctoral degree in nursing or a related field for a doctoral program or demonstrate a high level of competence in an area of special need, such as certified advanced practice nurse for a three-year appointment. Seven of the faculty members teaching in the DNP program and the one project advisor have graduate faculty appointment as full member and one faculty has graduate faculty appointment as an associate member.

Table IV-F-2 DNP Tenured/Tenure Track Nursing Faculty Scholarship from 2012-2016 Academic Years

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of DNP Tenured/Tenure-Track</th>
<th>Refereed Journal Publications</th>
<th>Refereed Book Chapter(s)</th>
<th>Revised Book</th>
<th>Refereed National/International Presentations</th>
<th>External Funded Grants</th>
<th>External Not-Funded Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>3/3 (100%)</td>
<td>4</td>
<td>1</td>
<td>----</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2013-2014</td>
<td>3/3 (100%)</td>
<td>2</td>
<td>5</td>
<td>----</td>
<td>8</td>
<td>----</td>
<td>1</td>
</tr>
<tr>
<td>2014-2015</td>
<td>3/4 (75%)</td>
<td>5</td>
<td>----</td>
<td>1</td>
<td>10</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2015-2016</td>
<td>3/4 (75%)</td>
<td>8</td>
<td>----</td>
<td>----</td>
<td>7</td>
<td>2</td>
<td>----</td>
</tr>
</tbody>
</table>
The SON’s director discusses and encourages scholarship activities at annual meetings with faculty. Scholarship achievements are reviewed by the School’s Promotion and Tenure Committee, Salary Committees, and School’s Annual Report reviewed by college dean. In 2012-2013 academic year, the DNP tenured/tenure track nursing faculty had four refereed journal publications, one refereed book chapter, four refereed national/international presentations, one funded external grant, and three not-funded external grants. In 2013-2014 academic year, the tenured/tenure track DNP nursing faculty had two refereed journal publications, one book with five refereed book chapters, eight refereed national/international presentations, and one not-funded external grant. In 2014-2015 academic year, the tenured/tenure track DNP nursing faculty had five refereed journal publications, one revised third edition book, 10 refereed national/international presentations, two funded external grants, and two not-funded external grants. In 2015-2016 academic year, the DNP faculty had eight refereed journal publications, seven refereed national/international presentations, and two external funded grants. Faculty scholarship through refereed journal publications, refereed national/international presentations, and external grants submissions (funded, not-funded) met the nursing program’s annual benchmark for >70% of tenured/tenure-track faculty having a minimum of one activity per year.

Service

DNP faculty actively participates in SON, college, and university committees. In academic years 2013-2014, 2014-2015, and 2015-2016, the DNP faculty participated on SON committees, including DNP Curriculum Committee, DNP Admission and Progression Committee, SON Promotion and Tenure Committee, and Tenure/Tenure-track Salary Committee; college committees, including Diversity Committee, Promotion and Tenure Committee, Promotion and Tenure Appeals Committee, Salary Committee, and Graduate Curriculum Committee, COH Planning Committees; and university committees, including Higher Learning Commission Criterion 1 and Mission Committees, COH Planning Committees. DNP faculty are active in local, state, regional, and national level professional organizations and volunteer boards. Current professional examples include editor, contributing editor, and reviewers for four professional peer-reviewed journals; committee chairs for Beta Rho Chapter, Sigma Theta Tau International; board of directors and committee chairs for national nursing organizations; and committee members of local and state volunteer organizations (SON annual reports 2013-2014, 2014-2015, 2015-2016 in Resource Room). The six DNP nursing faculty participate on SON, college, and /or university committees. The faculty service outcome is met at 100% and meets the SON annual benchmark of ≥ 90% of tenured, tenure track, full-time contract, and part-time contract faculty will serve on one or more committees at SON, college, or university levels.

Practice

All DNP faculty that are advanced practice nurses maintain national certification. DNP faculty maintain clinical practice in primary care, consultation, and clinical research in the hospital setting.

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

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

Program Response:

The SON follows the university policies and procedures for formal complaints and appeals which are discussed in Student Rights and Community Standards, Code of Student Rights and Responsibilities in
VII Student Academic Ethics Policies

http://cms.bsu.edu/about/administrativeoffices/studentrights/policiesandprocedures/studentcode/viiethicspolicy. Information from students who have an individual or group formal complaint is handled according to the policy and lines of authority in a timely manner. Formal complaints of faculty (individual or group) are handled by the SON director and program directors. The SON follows the university guidelines for formal complaints and appeals. Formal complaints are those that allege (1) violation of approved departmental, collegiate, and/or university policies, (2) unfair treatment on the part of decision makers, or (3) discriminatory treatment on the part of decision makers. Information on the process for grade appeals and for grievances or concerns other than grade appeals is provided in the DNP Student Handbook along with reference to university policies (DNP Student Handbook). The SON has not received any formal complaints related to the DNP program during the period of time from accreditation to the time of this report. Written grievances and complaints are maintained in a secure area in the office of the SON director. Review of formal complaint data is used to take appropriate action to promote program improvement.

IV-H. Data analysis is used to foster ongoing program improvement.

Elaboration: The program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement.

- Data regarding actual outcomes are compared to expected outcomes.
- Discrepancies between actual and expected outcomes inform areas for improvement.
- Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

Program Response:
The DNP program uses data analysis for ongoing program improvement in a deliberate and ongoing manner. DNP faculty and SON faculty as appropriate are engaged in the program improvement process. The SON’s SEP guides the areas to be evaluated, who is responsible, the evaluation methods, frequency, and methods of documentation for program evaluation and ongoing improvement. (Appendix I-B-1: SEP).

While all established DNP Program effectiveness benchmarks (e.g., program completion, graduate employment, satisfaction with quality of program, achievement of expected student program outcomes) have been achieved during the academic years in which they were measured from 2013 - 2015, this does not mean that there is not room for ongoing program improvement. The DNPCC reviews not just numerical data on surveys but also the comments made by the respondents on the surveys. In February and March 2016 the DNP program director interviewed representatives from the clinical agencies where the five students were implementing projects for their feedback on the project implementation process and value of projects to the agency to obtain additional data for continuous quality improvement. All responses from the representatives were positive.

Examples of Changes to DNP Program Based on Program Effectiveness Data Analysis

Early Student Attrition

Early student attrition was noted as a concern with the first DNP student cohort (Fall 2009). Eleven individuals were accepted into the first cohort. One decided not to start the program and was not counted in enrollment numbers. Of the 10 students who did start the program two students withdrew
both after completing 2 semesters. The reason for the early attrition was identified as student realization of the amount and depth of work required. Although this early attrition was not noted in the second cohort (Spring 2011), four of the eight students in this cohort elected to extend their plan of study (e.g., only taking one course, taking a semester off) in the first few semesters.

In an effort to reduce early attrition of students in the first one to two semesters and to provide better advising of students about the program expectations, the DNP Admission and Progression Committee and DNPCCC made the decision to implement a two day mandatory on campus orientation for new students initiated in Fall 2011 for the newly admitted 2012 DNP students. In Fall 2012, a two day on campus meeting was added at the same time for second year students. A Community of DNP Students was also developed in the Blackboard area for general student communication and updates. The new student on campus orientation meeting provides hands on instruction on the technology used in the program, an opportunity to meet with faculty, advisors, and other students, and an introductory discussion of DNP projects. The second year on campus meeting initially provided presentations on IRB, working with the university statistician, preparing posters, and an opportunity to meet with advisors and to have further discussion about DNP projects.

Student evaluations of the two day on campus meetings (Fall 2011, Fall 2012, Fall 2013) were for the most part positive. Changes were made in some presentations (e.g., library resources, using Endnote) to provide better structure in response to student evaluations. One student at Fall 2013 on campus meeting noted that material could be covered in one full day rather than the current two days. Although the second year students gave good ratings to the IRB, working with the university statistician, and poster preparation presentations the faculty and advisors for projects noted that most students did not retain this information for use in later semesters.

At the August 14, 2014 retreat, the DNPCCC reviewed the advantages and disadvantages of having required on campus meetings. Advantages of the meetings include the building of a sense of community as students and faculty meet face-to-face as well as provision of assistance with technology used in the program if needed. Disadvantages include expense and time for students to travel to campus who live at a distance and the on campus requirement may deter individuals who would otherwise consider applying to the program. Ball State University is a leader in the use of technology for distance education. The decision was made to take advantage of this technology to build a sense of community, encourage student-to-student and student-to-faculty/advisor interaction, and provide students with the option of coming to the on meeting on campus or participating via distance technology (Exhibit IV-H-1: DNPCCC August 14, 2014 minutes in Resource Room).

The expanded use of technology also allows the faculty to provide second and third year students with improved timing of information on the topics of IRB process, working with a statistician, and preparing poster presentations. In August 2014, the DNP program director, associate director/director of SITC and SITC staff met to begin the restructure of the mandatory meetings and initiate further collaboration with the university’s Integrated Learning Institute (iLearn) for technology consultation and support.

Two new student orientation/second year student meetings (Fall 2014, Fall 2015) have been conducted in the one day format and with the use of distance technology. Student evaluations for these two meetings continue to be overall positive. At both meetings all students who completed the evaluation indicated agree/strongly agree that the combination on campus/distance format provided an opportunity for all students and faculty to interact with each other. However, there was one written comment about some difficulties with the distance audio cutting in and out. This issue was discussed with our SITC staff and the problem was resolved for our next meeting.
Of note, tracking early attrition of students in the first one to two semesters since the initiation of mandatory orientation for new students (whether on or off campus) shows only one or no early withdrawals for the 2012, 2013, 2014, and 2015 new student cohorts.

2012 - 8 students admitted and started program, one student left program without completing the first semester for health-related reasons

2013 - 6 students admitted and started program, no student withdrawals during program

2014 - 8 students admitted, 5 students started the program, one student left without completing the first semester stating the program was not a good fit for her and that she thought this might be the case after attending orientation. Of the three admitted who did not start the program none attended the orientation.

2015 - 6 students admitted, 5 students started program, one student left program in second semester stating the program required too much work and was not what she had expected. The one admitted who did not start the program did attend orientation but then had a change in job responsibilities that would not allow time for study.

The program will continue to monitor retention and early attrition rates and student evaluations concerning orientation for continual quality improvement.

Achievement of Expected Student Program Outcomes

The self-reflections of the students in their last semester provides ratings of levels of competence for each expected student program outcome using a scale of 1 to 5 (1 = novice, 5 = expert). Aggregate data for 2014, 2015, 2016 indicated 100% ratings of level 3 (competent) or greater on all outcomes for students in their last semester. This meets the benchmark of >80% of students rating themselves competent related to expected student program outcomes.

One student (2014) made a comment suggesting that students begin to work on manuscripts earlier in the program. Assignments on choosing journals and writing query letters were moved to NUR 790 Practicum 1 so that students can move into the last semester with journal already chosen and author guidelines reviewed. In addition, NUR 793 DNP Project 2 in which students work with faculty advisor to write manuscript was reformatted for Spring 2016 to provide more structure for students and faculty advisors in the writing and feedback process.

As described in IV-E the DNPCC approved the addition of questions using expected student program outcomes January 21, 2016 meeting and added to the May 2016 exit survey and July 2016 alumni survey.
### Appendix I-A-1 Congruency of Ball State University Mission, College Mission, School Mission, Goals, and DNP Expected Student Outcomes

<table>
<thead>
<tr>
<th>University Mission</th>
<th>College Mission</th>
<th>School Mission</th>
<th>School Goals</th>
<th>DNP Expected Student Outcomes</th>
</tr>
</thead>
</table>
| "As a public research university, we focus on students and high-quality, relevant educational outcomes. Disciplinary knowledge is integrated with application. We do this in a manner that fundamentally changes students, researchers, and our external partners, who look to the university for guidance. We transform information into knowledge, knowledge into judgment, and judgment into action that addresses complex problems." | "Enhance the quality and ...the quantity of the educational and creative opportunities available through the departments of the college to students, faculty, and the broader community." | "Ball State University School of Nursing is an innovative, challenging, and transformative academic community that inspires students by: Offering evidence-based, interactive, transdisciplinary, collaborative learning, including immersive clinical and culturally diverse experience." | "The School of Nursing will promote academic excellence through high quality learning experiences." | • Demonstrate advanced nursing practice.  
• Lead interprofessional collaboration for improving patient and population health outcomes.  
• Utilize information systems and technology to improve health care outcomes.  
• Provide leadership to enhance accessibility and quality of care.  
• Guide health policy development and implementation.  
• Provide leadership to enhance population health initiatives in reducing health disparities.  

• Demonstrate advanced nursing practice.  
• Utilize information systems and technology to improve health care outcomes.
<table>
<thead>
<tr>
<th>University Mission</th>
<th>College Mission</th>
<th>School Mission</th>
<th>School Goals</th>
<th>DNP Expected Student Outcomes</th>
</tr>
</thead>
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<tr>
<td>“As a public research university, we focus on students and high-quality, relevant educational outcomes. Disciplinary knowledge is integrated with application. We do this in a manner that fundamentally changes students, researchers, and our external partners, who look to the university for guidance. We transform information into knowledge, knowledge into judgment, and judgment into action that addresses complex problems.”</td>
<td>“Teaching, the primary emphasis of the college, is designed both to prepare students for professions and to maximize students' cultural, intellectual, and fitness/wellness potential. The departments form a well-integrated teaching-learning community that emphasizes learning by doing... Research and creative activity are encouraged and seen as inseparable from effective teaching.”</td>
<td>“Ball State University School of Nursing is an innovative, challenging, and transformative academic community that inspires students by: Providing access to faculty and professional practice experts who advance nursing knowledge, research, collaborative evidence-based practice, excellence in teaching, and applied technology, facilitating transforming information into knowledge, knowledge into clinical judgment, and clinical judgment into nursing action that addresses complex health problems in individuals and populations.”</td>
<td>“The School of Nursing will engage in various forms of scholarship to add to the body of evidence for nursing practice.”</td>
<td>• Demonstrate advanced nursing practice. • Translate research and data to support evidence-based practice. • Utilize information systems and technology to improve health care outcomes. • Provide leadership to enhance accessibility and quality of care.</td>
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<tr>
<td>University Mission</td>
<td>College Mission</td>
<td>School Mission</td>
<td>School Goals</td>
<td>DNP Expected Student Outcomes</td>
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</table>
| “As a public research university, we focus on students and high-quality, relevant educational outcomes. Disciplinary knowledge is integrated with application. We do this in a manner that fundamentally changes students, researchers, and our external partners, who look to the university for guidance. We transform information into knowledge, knowledge into judgment, and judgment into action that addresses complex problems.” | “The departments form a well-integrated teaching-learning community that emphasizes learning by doing, as well as learning through stimulating classroom/laboratory experiences and international exchange programs.” | “Ball State University School of Nursing is an innovative, challenging, and transformative academic community that inspires students by: Engaging with local, state, national, and international communities to enhance quality of life, reduce health disparities, and improve access to care delivery.” | “The School of Nursing will collaborate with local, state, national, and international agencies and organizations to create and sustain mutual trust and mutually beneficial relationships.” | • Lead interprofessional collaboration for improving patient and population health outcomes.  
• Provide leadership to enhance accessibility and quality of care.  
• Guide health policy development and implementation.  
• Provide leadership to enhance population health initiatives in reducing health disparities. |

DNPC reviewed and approved 5/9/16
### Appendix I-A-2 DNP Program: Expected Program Outcomes and Professional Nursing Standards

|-------------------------------|-----------------------------|-----------------------------------|--------------------------------------|
| 1. Demonstrate advanced nursing practice | Essential I: Scientific Underpinnings for Practice  
Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice  
Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care  
Essential VII: Clinical Prevention and Population Health for Improving the Nation’s Health  
Essential VIII: Advanced Nursing Practice | **Scientific Foundation Competencies**  
1. Critically analyzes data and evidence for improving advanced nursing practice.  
2. Integrates knowledge from the humanities and sciences within the context of nursing science.  
3. Translates research and other forms of knowledge to improve practice processes and outcomes.  
4. Develops new practice approaches based on the integration of research, theory, and practice knowledge  
**Practice Inquiry Competencies**  
3. Applies clinical investigative skills to improve health outcomes.  
6. Analyzes clinical guidelines for individualized application into practice  
**Technology and Information Literacy Competencies**  
1. Integrates appropriate technologies for knowledge management to improve health care.  
2. Translates technical and scientific health information appropriate for various users’ needs.  
2a). Assesses the patient’s and caregiver’s educational needs to provide effective, personalized health care. | **Sphere of Influence: Client Sphere**  
1. Conducts evidence-based, comprehensive assessment of client health care needs, integrating data from multiple sources which could include the client and interprofessional team members.  
2. Implements client assessment strategies based on analysis of psychometric properties, clinical fit, feasibility, and utility.  
3. Uses advanced clinical judgment to diagnose client conditions related to disease, health and illness within cultural, ethnic, behavioral and other contexts.  
4. Designs, implements and evaluates a broad range of evidence-based interventions for clients, which may include prescribing and administering pharmacologic and/or other therapeutic interventions.  
5. Directs the analysis and dissemination of outcomes of client care programs based on multiple considerations including: socioeconomic, cultural and environmental factors; epidemiology; symptomatology; cost and clinical effectiveness; satisfaction; safety; and quality. |
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<td>2b). Coaches the patient and caregiver for positive behavioral change. 3. Demonstrates information literacy skills in complex decision making. <strong>Ethics Competencies</strong> 1. Integrates ethical principles in decision making. 2. Evaluates the ethical consequences of decisions. 3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care. <strong>Independent Practice Competencies</strong> 1. Functions as a licensed independent practitioner. 2. Demonstrates the highest level of accountability for professional practice. 3. Practices independently managing previously diagnosed and undiagnosed patients. 3a). Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care. 3b). Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings. 3c). Employs screening and diagnostic strategies in the development of diagnoses.</td>
<td>6. Advocates for integration of client preferences and rights in health care decision making among the interprofessional team. 7. Applies principles of teaching/learning and health literacy to design, provide, and evaluate client education. 8. Participates as a practice specialist in the translation and generation of knowledge. 9. Provides expert consultation for clients with complex health care needs utilizing a broad range of scientific and humanistic theories.</td>
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<td>3d). Prescribes medications within scope of practice.</td>
<td>3e). Manages the health/illness status of patients and families over time.</td>
<td>4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.</td>
<td>4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</td>
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<tr>
<td>4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</td>
<td>4b). Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</td>
<td>4c). Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care.</td>
<td>4d). Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care.</td>
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<td>2. Translate research and data to support evidence-based practice</td>
<td>Essential I: Scientific Underpinnings for Practice Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice</td>
<td>Scientific Foundation Competencies 1. Critically analyzes data and evidence for improving advanced nursing practice. 2. Integrates knowledge from the humanities and sciences within the context of nursing science. 3. Translates research and other forms of knowledge to improve practice processes and outcomes. 4. Develops new practice approaches based on the integration of research, theory, and practice knowledge</td>
<td>Sphere of Influence: Client Sphere 5. Directs the analysis and dissemination of outcomes of client care programs based on multiple considerations including: socioeconomic, cultural and environmental factors; epidemiology; symptomatology; cost and clinical effectiveness; satisfaction; safety; and quality. 8. Participates as a practice specialist in the translation and generation of knowledge.</td>
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<td>Practice Inquiry Competencies 1. Provides leadership in the translation of new knowledge into practice. 2. Generates knowledge from clinical practice to improve practice and patient outcomes. 3. Applies clinical investigative skills to improve health outcomes. 4. Leads practice inquiry, individually or in partnership with others. 5. Disseminates evidence from inquiry to diverse audiences using multiple modalities. 6. Analyzes clinical guidelines for individualized application into practice</td>
<td>Sphere of Influence: Organization/System 3. Evaluates and improves system level programs and outcomes based on the analysis of information from relevant sources, such as databases, benchmarks, and epidemiologic data. 4. Develops and disseminates synthesis and application of evidence to advance client care and healthcare delivery.</td>
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<td>3. Lead interprofessional collaboration for improving patient and population health outcomes</td>
<td>Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes</td>
<td><strong>Leadership Competencies</strong>&lt;br&gt;1. Assumes complex and advanced leadership roles to initiate and guide change.&lt;br&gt;2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.&lt;br&gt;3. Demonstrates leadership that uses critical and reflective thinking.&lt;br&gt;4. Advocates for improved access, quality and cost effective health care.&lt;br&gt;5. Advances practice through the development and implementation of innovations incorporating principles of change.</td>
<td><strong>Sphere of Influence: Client Sphere</strong>&lt;br&gt;1. Conducts evidence-based, comprehensive assessment of client health care needs, integrating data from multiple sources which could include the client and interprofessional team members.&lt;br&gt;6. Advocates for integration of client preferences and rights in health care decision making among the interprofessional team.&lt;br&gt;8. Provides expert consultation for clients with complex health care needs utilizing a broad range of scientific and humanistic theories. <strong>Sphere of Influence: Nurse and Nursing Practice</strong>&lt;br&gt;1. Provides leadership to the interprofessional team to incorporate ethical principles in healthcare planning and delivery.&lt;br&gt;2. Facilitates interprofessional collaboration in the achievement of practice outcomes.&lt;br&gt;3. Provides leadership to the interprofessional team in translating knowledge into practice.&lt;br&gt;4. Promotes the development of health care team members’ competencies related to care delivery and evaluation, professional growth and effective team functioning.&lt;br&gt;5. Promotes improvements in healthcare team processes as they impact clinical and fiscal outcomes.</td>
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<td>4. Utilize information systems/technology to improve health care outcomes</td>
<td>Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care</td>
<td><strong>Technology and Information Literacy Competencies</strong>&lt;br&gt;1. Integrates appropriate technologies for knowledge management to improve health care.&lt;br&gt;2. Translates technical and scientific health information appropriate for various users' needs.&lt;br&gt;3. Demonstrates information literacy skills in complex decision making.&lt;br&gt;4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.&lt;br&gt;5. Uses technology systems that capture data on variables for the evaluation of nursing care.</td>
<td><strong>Sphere of Influence:</strong> Organization/System&lt;br&gt;2. Leads the development, management, and evaluation of information technology to promote safety, quality, and resource management.&lt;br&gt;3. Evaluates and improves system level programs and outcomes based on the analysis of information from relevant sources, such as databases, benchmarks, and epidemiologic data.</td>
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<td>5. Provide leadership to enhance accessibility and quality of care</td>
<td>Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking</td>
<td><strong>Leadership Competencies</strong>&lt;br&gt;1. Assumes complex and advanced leadership roles to initiate and guide change.&lt;br&gt;2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.&lt;br&gt;3. Demonstrates leadership that uses critical and reflective thinking.&lt;br&gt;4. Advocates for improved access, quality and cost effective health care.&lt;br&gt;5. Advances practice through the development and implementation of innovations incorporating principles of change.</td>
<td><strong>Sphere of Influence:</strong> Nurse and Nursing Practice&lt;br&gt;1. Provides leadership to the interprofessional team to incorporate ethical principles in healthcare planning and delivery.&lt;br&gt;2. Facilitates interprofessional collaboration in the achievement of practice outcomes.&lt;br&gt;3. Provides leadership to the interprofessional team in translating knowledge into practice.</td>
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<td>6. Communicates practice knowledge effectively both orally and in writing. 7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus. <strong>Quality competencies</strong> 1. Uses best available evidence to continuously improve quality of clinical practice. 2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care. 3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care. 4. Applies skills in peer review to promote a culture of excellence. 5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality. <strong>Health Delivery System Competencies</strong> 1. Applies knowledge of organizational practices and complex systems to improve health care delivery. 2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering. 3. Minimizes risk to patients and providers at the individual and systems level.</td>
<td>4. Promotes the development of health care team members’ competencies related to care delivery and evaluation, professional growth and effective team functioning. 5. Promotes improvements in healthcare team processes as they impact clinical and fiscal outcomes. <strong>Sphere of Influence: Organization/System</strong> 1. Uses organizational and system theory to facilitate and create clinical environments that promote care delivery that is evidence-based, outcome focused, collaborative, cost-effective, and ethical. 2. Leads the development, management, and evaluation of information technology to promote safety, quality, and resource management. 3. Evaluates and improves system level programs and outcomes based on the analysis of information from relevant sources, such as databases, benchmarks, and epidemiologic data. 4. Develops and disseminates synthesis and application of evidence to advance client care and healthcare delivery. 5. Designs entrepreneurial programs of care that improve(s) delivery and outcomes of health care.</td>
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| 6. Guide health policy development and implementation | Essential V: Health Care Policy for Advocacy in Health Care | **Leadership Competencies**  
1. Assumes complex and advanced leadership roles to initiate and guide change.  
7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.  
**Quality competencies**  
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.  
**Policy Competencies**  
1. Demonstrates an understanding of the interdependence of policy and practice.  
2. Advocates for ethical policies that promote access, equity, quality, and cost. | 6. Secures fiscal and other resources for system-level programs and for evaluation of interventions, products and services.  

7. Shapes health care policy at local, regional, and national levels to optimize client health and healthcare system delivery.  
8. Demonstrates leadership by advocating for the profession of nursing through participating in professional organizations, boards and taskforces at the institutional, local, state, national and international levels.  

**Sphere of Influence: Organization/System**  
1. Uses organizational and system theory to facilitate and create clinical environments that promote care delivery that is evidence-based, outcome focused, collaborative, cost-effective, and ethical.  
7. Shapes health care policy at local, regional, and national levels to optimize client health and healthcare system delivery.  
8. Demonstrates leadership by advocating for the profession of nursing through participating in professional organizations, boards and taskforces at the institutional, local, state, national and international levels. |
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<td>3. Analyzes ethical, legal, and social factors influencing policy development. 4. Contributes in the development of health policy. 5. Analyzes the implications of health policy across disciplines. 6. Evaluates the impact of globalization on health care policy development.</td>
<td>7. <strong>Leadership Competencies</strong> 1. Assumes complex and advanced leadership roles to initiate and guide change. 2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care. 4. Advocates for improved access, quality and cost effective health care. 7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus. <strong>Health Delivery System Competencies</strong> 1. Applies knowledge of organizational practices and complex systems to improve health care delivery. 2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.</td>
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<td>7. <strong>Provide leadership to enhance population health initiatives in reducing health disparities</strong></td>
<td>Essential VII: Clinical Prevention and Population Health for Improving the Nation’s Health</td>
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<td>4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders. 5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment. 6. Analyzes organizational structure, functions and resources to improve the delivery of care.</td>
<td>6. Secures fiscal and other resources for system-level programs and for evaluation of interventions, products and services. 7. Shapes health care policy at local, regional, and national levels to optimize client health and healthcare system delivery. 8. Demonstrates leadership by advocating for the profession of nursing through participating in professional organizations, boards and taskforces at the institutional, local, state, national and international levels.</td>
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American College of Nurse Midwives does not provide DNP specific competencies.

DNPCC approved 10.6.15
### Appendix 1-B-1

#### Ball State University

#### School of Nursing

**Systematic Evaluation Plan**

### Standard I

**Program Quality: Mission and Governance**

<table>
<thead>
<tr>
<th>Area to be Evaluated</th>
<th>Responsibility of</th>
<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
</tr>
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</table>
| Mission, goals, philosophy, & (I-A, I-B, I-C) expected student & faculty outcomes | - Baccalaureate, Master’s, & DNP Curriculum Committees (Curriculum Committees) - Faculty Organization | Review:  
- Congruency with institutional mission & goals, and student & faculty outcomes  
- Consistency with professional nursing standards and guidelines  
- Reflect needs and expectations of community of interest | Every 5 years based on University Strategic Plan or earlier as needed  
Next review 2017-2018 | - Curriculum Committees’ minutes  
- Faculty Org minutes  
- Community of interest feedback  
- Congruence of university, college, SON missions & expected student and faculty outcomes tables |
| Governance (faculty & students) (I-D) | - Curriculum Committees  
- Faculty Org  
- Faculty | Review:  
- Faculty and students involvement in governance in SON, college, & university | Annual, September | - Faculty Org minutes  
- Committees’ minutes  
- Committee Membership table on school, college, and university  
- Baccalaureate and Master’s, DNP students on University Committee as CAST rep  
- Faculty and student handbooks |
| Documents/Publications/Policies (I-E, I-F) | - Curriculum Committees  
- Baccalaureate, Master’s, & DNP (A & P Committees) Director & Program Directors  
- Board of Trustees  
- Bursar | Review:  
- Catalogs  
- Student handbooks  
- Faculty handbooks (school, university)  
- Blackboard Student Communities  
- Promotional materials  
- Admission policies  
- NLN PAX benchmark of 75% of admitted students score ≥120  
- Grading policies  
- Appeal & grievance policies  
- Degree completion requirements  
- Academic calendar (withdrawal-finals)  
- Tuition & fees (linked to Bursar)  
- School of Nursing website  
- Licensure and certification information | Annual, April or as needed | - Curriculum Committees’ minutes  
- A & P committees’ minutes  
- Written/online materials identified in the evaluation column  
- NLN PAX admission score  
- Email announcements re: policy changes  
- Blackboard students communities - policy changes  
- Course syllabi – policy changes  
- NCLEX-RN & Certification discussed in baccalaureate seminar & graduate practicum NP courses |
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<th>Area to be Evaluated</th>
<th>Responsibility of</th>
<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
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<tr>
<td>Fiscal &amp; physical resources (II-A)</td>
<td>-Director</td>
<td>Review: Fiscal budget, Physical resources, Computer &amp; equipment replacement plans</td>
<td>Annual, September</td>
<td>-Fiscal Budget</td>
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<td>-Program Directors</td>
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<td>-Computer plan (faculty &amp; students)</td>
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<td>-Director, SITC</td>
<td></td>
<td></td>
<td>-Equipment replacement plan</td>
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<td></td>
<td>-Curriculum Committees</td>
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<td>-Simulation and Technology</td>
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<td>Evaluation Survey: faculty &amp; students</td>
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<td>-Baccalaureate, Master’s, &amp; DNP</td>
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<td>Curriculum Committees’ minutes</td>
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<td>Simulation Evaluation (baccalaureate &amp; master’s)</td>
</tr>
<tr>
<td>Academic support services (II-B)</td>
<td>-Director</td>
<td>Review: Library resources, Campus/Computer labs availability, Admission/Advising Services, Counseling Services, Research/Project Support, Financial Aid, Distance Education Support, Technology Support, Annual ISBN SON report, Annual distance education</td>
<td>Bi-Annual, November &amp; March</td>
<td>-Simulation, information, technology (SITC) evaluations</td>
</tr>
<tr>
<td></td>
<td>-Program Directors</td>
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<td>-Program exit evaluations</td>
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<td></td>
<td>-Director, SITC</td>
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<td></td>
<td>-Annual ISBN report</td>
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<td>-Curriculum Committees</td>
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<td>-Distance education evaluations</td>
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<td>-Office of Institutional Effectiveness evaluations</td>
</tr>
<tr>
<td>Chief nurse administrator (II-C)</td>
<td>-Dean of College</td>
<td>Review: Curriculum Vitae, Annual Report</td>
<td>Annual, April</td>
<td>-Position description</td>
</tr>
<tr>
<td></td>
<td>-Faculty</td>
<td></td>
<td></td>
<td>-Curriculum vitae</td>
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<td>-Annual report/SON</td>
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<td>-Annual evaluation/Dean</td>
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<td>-Faculty Org minutes/Dean</td>
</tr>
<tr>
<td>Faculty members (II-D)</td>
<td>-Director</td>
<td>Review: Curriculum vitae, Annual report/SON, ISBN faculty qualifications, Faculty FTE</td>
<td>Bi-Annual, October &amp; February</td>
<td>-Curriculum vitae</td>
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<tr>
<td></td>
<td>-Program Directors</td>
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<td></td>
<td>-Annual faculty report</td>
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<td></td>
<td>-Course Faculty</td>
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<td>-Faculty qualifications table</td>
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<td></td>
<td></td>
<td>-Annual ISBN faculty qualifications</td>
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<td>-Faculty FTE</td>
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## Standard II
Program Quality: Institutional Commitment and Resources (cont.)

<table>
<thead>
<tr>
<th>Area to be Evaluated</th>
<th>Responsibility of</th>
<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor (II-E)</td>
<td>-Director</td>
<td>Review:</td>
<td>Bi-Annual,</td>
<td>-Preceptor roles/responsibilities</td>
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<tr>
<td></td>
<td>-Program Directors</td>
<td>-Preceptor</td>
<td>October &amp;</td>
<td>-Preceptor/clinical supervisor</td>
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<td>-Faculty (Course/</td>
<td>qualifications</td>
<td>March</td>
<td>Information forms/qualifications</td>
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<td></td>
<td>Clinical)</td>
<td>-ISBN preceptor</td>
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<td>-Distance student clinical supervisor</td>
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<td>qualifications</td>
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<td>and preceptor evaluations</td>
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<td>-NONPF preceptor</td>
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<td>-Student agency evaluations</td>
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<td>qualifications</td>
<td></td>
<td>-Orientation packets (baccalaureate &amp;</td>
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<td>-DNP mentor/clinical/practice expert</td>
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<td>master's)</td>
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<tr>
<td>Environment that promotes faculty teaching, scholarship, service, &amp; practice (II-F)</td>
<td>-Director</td>
<td>Review:</td>
<td>Annual,</td>
<td>-Sponsored Programs Office</td>
</tr>
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<td></td>
<td>-Director, SITC</td>
<td>-Faculty annual report</td>
<td>March</td>
<td>-Office of Educational Excellence –</td>
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<tr>
<td></td>
<td>-Faculty (annual report)</td>
<td>-Faculty workload policies</td>
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<td>Teaching/scholarship/service/practice</td>
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<td>Curriculum Committees</td>
<td>-Assigned time reports</td>
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<td>workload</td>
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<td>-Resource survey</td>
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<td>--Curriculum committees’ minutes</td>
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<td>-Professional Faculty Handbook</td>
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<td>-New faculty mentors/SON community</td>
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<td>of teaching/learning</td>
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<td>-Assigned time policy</td>
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</table>
Standard III
Program Quality: Curriculum, Teaching-Learning practices and Individual Student Learning Outcomes

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<tr>
<th>Area to be Evaluated</th>
<th>Responsibility of</th>
<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum Structure (III-A)</td>
<td>-Curriculum Committees</td>
<td>Review: Consistency with mission, goals, philosophy, professional nursing stds, expected student outcomes, student learning outcomes</td>
<td>Every 5 years based on University Strategic Plan or earlier as needed Next review 2017-2018</td>
<td>- Curriculum Committees’ minutes -Faculty Org minutes -Course grids -Tier 3</td>
</tr>
<tr>
<td>-Mission</td>
<td>-Faculty</td>
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<td>-Goals</td>
<td>-Director</td>
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<td>-Philosophy</td>
<td>-Program Directors</td>
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<td>-Organizing Framework</td>
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<td>-Expected Student Outcomes</td>
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<td>-Student Learning Outcomes</td>
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<tr>
<td>-Professional Nursing Stds.</td>
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<tr>
<td>Expected Student Outcomes (III-B)</td>
<td>-Curriculum Committees</td>
<td>Review: Consistency of expected student outcomes with essentials of baccalaureate, essentials of master’s, DNP essentials, NONPF criteria for NP programs,</td>
<td>Every 3 years based on professional nursing standards or earlier as needed</td>
<td>- Curriculum Committees’ minutes -Faculty Org Minutes -Baccalaureate, Master’s, &amp; DNP expected learning outcomes, baccalaureate essentials, master’s essentials, DNP essentials, and professional nursing stds tables -Course notebooks</td>
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<tr>
<td>-Professional Nursing Stds.</td>
<td>-Faculty</td>
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<td>-Expected student outcomes (individual /aggregate)</td>
<td>-Director</td>
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<td>-Program Directors</td>
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<tr>
<td>Curriculum Logically Structure (III-C)</td>
<td>-Baccalaureate, Master’s, &amp; DNP Curriculum Committees</td>
<td>Review: Sequencing of courses to meet program outcomes Congruent with educational standards (state board of nursing, AACN)</td>
<td>Every 3 years based on professional nursing standards or earlier as needed</td>
<td>- Curriculum Committees’ minutes -Faculty Org minutes -Sample baccalaureate, master’s &amp; DNP curriculum plans</td>
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<tr>
<td>Baccalaureate</td>
<td>-Faculty Organization</td>
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<td>-Basic</td>
<td>-Director</td>
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<td>-Degree in Three</td>
<td>-Program Directors</td>
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<td>-LPN transition</td>
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<td>-Second degree track</td>
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<td>-RN to BS Completion</td>
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<td>Master’s</td>
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<td>-NP (adult gero/family)</td>
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<td>-Leadership</td>
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<td>-Educator</td>
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<td>-Administrator</td>
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<td>-Post-Master’s Certificate</td>
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<td>DNP</td>
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<td>Area to be Evaluated</td>
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</tbody>
</table>
| Teaching-learning practices / environment support achievement of expected student outcomes (III-D) | - Curriculum Committees  
- Director  
- Program Directors  
- Faculty  
- SITC Director  
- SITC Staff & Professional Staff | Review:  
- Course grids  
- Course clinical evaluations (student eval of faculty)  
- Simulation evaluations  
- Faculty eval of agency/preceptor  
- Student eval of agency/preceptor  
- Distance Education evaluations  
- Exit evaluations  
- Preceptor evaluation of students | Annual, April | - Curriculum Committees’ minutes  
- Evaluation Reports  
- Course grids |
| Curriculum includes planned clinical practice (III-E)                                | - Curriculum Committees  
- Faculty  
- Director  
- Program Directors | Review:  
- Course syllabi  
- Clinical evaluation forms  
- Course grids | Annual, April | - Baccalaureate, Master’s, & DNP Curriculum Committees’ minutes  
- Baccalaureate, Master’s, & DNP course syllabi  
- Agency agreements |
| Teaching learning/community of interest (III- F)                                     | - Curriculum Committees  
- Director  
- Program Directors  
- Faculty  
- SITC Director  
- SITC Staff & Professional Staff | Review:  
- Distance education evaluations  
- Course/clinical teaching evals  
- Simulation evaluations  
- Agency evals of program  
- Exit and alumni surveys | Annual, February | - Curriculum Committees’ minutes  
- Faculty Org minutes  
- Agency advisory minutes  
- Annual ISBN Report & approval  
- Affiliation agreements  
- Evaluation Reports |
| Student Performance (III G) Evaluation of policies & procedures                   | - Baccalaureate, Master’s, & DNP curriculum committees  
- Baccalaureate & Master’s Admission & Progression committees  
- Director  
- Program Directors  
- Faculty | Review:  
- Baccalaureate grading policy  
- Graduate grading policy  
- Course syllabi  
- Clinical evaluation forms  
- Course Grids  
- Student handbooks | Bi-Annual, October & March | - Curriculum Committees’ minutes  
- Faculty Org minutes  
- Student clinical evaluation forms  
- Course syllabi |
### Standard III
Program Quality: Curriculum, Teaching-Learning practices and Individual Student Learning Outcomes (cont.)

<table>
<thead>
<tr>
<th>Area to be Evaluated</th>
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<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
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</thead>
</table>
| Teaching – Learning Practice Improvement (III-H) | • Director  
• Program Directors  
• Faculty  
• Baccalaureate, Master’s, DNP Curriculum Committees | Review  
- Distance education evals  
- Course/clinical teaching evals  
- Simulation evals  
- Evidence based in literature  
- Faculty development program surveys | Annual, February | - Curriculum Committees’ minutes  
Faculty Org minutes  
-Evaluation Reports |
### Standard IV
Program Effectiveness: Aggregate Student Performance and Faculty Accomplishments

<table>
<thead>
<tr>
<th>Area to be Evaluated</th>
<th>Responsibility of</th>
<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
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</thead>
</table>
| Systematic Evaluation Plan (IV-A)                      | - Curriculum Committees  
- Faculty Organization                                                                | Review: Evaluation plan, recommend revision                                       | Annual, December   | - Curriculum Committees’ minutes  
- Faculty Org minutes                                                               |
| Program completion rates demonstrate program effectiveness (IV-B) | - Baccalaureate, Master’s, & DNP A & P Committees and Curriculum Committees  
- Director  
- Program Directors                                                                 | Retention & Graduation rates: $\geq 70\%$ calendar year  
- Specific entry point and defines time period to completion baccalaureate, master’s, & DNP  
- Baccalaureate $\geq 70\%$ of students will graduate within 3 calendar years of entry into the nursing program.  
- Master’s $\geq 70\%$ of students will graduate within 6 calendar years of entry into the program.  
- DNP $\geq 70\%$ of students will graduate within 5 calendar years of entry into the program. | Annual, February  | - Baccalaureate, Master’s, & DNP A & P Committees’ minutes  
- Faculty Org minutes  
- Calendar year retention & graduation reports (exclude students for family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education) |
| Licensure and certification pass rates demonstrate program effectiveness (IV-C) | - Curriculum Committees  
- Director  
- Program Directors                                                                 | Review:  
- NCLEX-RN pass rates: $\geq 80\%$ calendar year  
- NP Certification exam pass rates: $\geq 80\%$ calendar year  
- NP Postgraduate APRN certificate exam pass rates: $\geq 80\%$ calendar year | Annual, February  | - Baccalaureate & Master’s A & P Committees’ minutes  
- Curriculum Committees’ minutes  
- Faculty Org minutes  
- NCLEX-RN, NP & post APRN certificate certification pass rate reports |
| Employment rates demonstrate program effectiveness (IV-D) | Baccalaureate, Master’s, DNP Curriculum Committees  
- Director  
- Program Director                                                                 | Employment rates:  
- Baccalaureate $\geq 70\%$ of graduates employed at time of graduation or within 12 months of program completion  
- Master’s $\geq 70\%$ of graduates employed at time of graduation or within 12 months of program completion  
- DNP $\geq 70\%$ of graduates employed at time of graduation or within 12 months of program completion | Annual, February  | - Curriculum Committees’ minutes  
- Faculty Org minutes  
Employment rates for baccalaureate, master’s, post-graduate APRN certificate, & DNP |
Standard IV
Program Effectiveness: Aggregate Student Performance and Faculty Accomplishments (cont.)

<table>
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<tr>
<th>Area to be Evaluated</th>
<th>Responsibility of</th>
<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
</tr>
</thead>
</table>
| Program outcome demonstrate program effectiveness (IV-E) | -Baccalaureate, Master’s, & DNP Curriculum Committees  
- Director  
- Program Directors | Review:  
Baccalaureate  
- Program Exit surveys (calendar year) benchmark of ≥80% of respondents satisfied/very satisfied with the quality of the program  
- Course evaluations (calendar year) benchmark of ≥2.5 for overall course evaluations  
- Alumni surveys - (calendar year) benchmark of ≥80% of respondents satisfied/very satisfied with the quality of the program  
- HESI Exit Exam –(calendar year) Benchmark of ≥65% at Recommended and Acceptable levels of performance  
- NCLEX-RN reports (calendar year) benchmark of 46-65 percentile for test plan report and content dimension (nursing process, categories of health alteration, stages of maturity)  
Master’s  
- Program Exit surveys (calendar year) benchmark of ≥80% of respondents satisfied/very satisfied with the quality of the program  
- Course evaluations (calendar year) benchmark of ≥2.5 for overall course evaluations  
- Alumni surveys – (calendar year) benchmark of ≥80% of respondents satisfied/very satisfied with the quality of the program  
- Master’s Program Online and Distance Education surveys –(calendar year) benchmark of ≥80% of respondents satisfied/very satisfied with the quality of the program and courses  
- Barkley & Associates NP Diagnostic Readiness Test (DRTs) annual (calendar) benchmark ≥65% composite score | Annual, April | - Curriculum Committees’ minutes  
- Faculty Org minutes  
- Evaluation Reports |
<table>
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<tr>
<th>Area to be Evaluated</th>
<th>Responsibility of</th>
<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
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</thead>
</table>
| Faculty Outcomes, individually and aggregate, demonstrate program effectiveness (IV-F) | - Director                   | DNP  
- Program Exit surveys (calendar year) benchmark of ≥80% of respondents satisfied/very satisfied with the quality of the program  
- Course evaluations (calendar year) benchmark of ≥2.5 for overall course evaluations  
- Alumni surveys –(calendar year) benchmark of ≥80% of respondents satisfied/very satisfied with the quality of the program  
- DNP Program Online and Distance Education surveys –(calendar year) benchmark of ≥80% of respondents satisfied/very satisfied with the quality of the program and courses  
- DNP student self-reflection benchmark of ≥ 80% of students evaluate themselves to be competent related to program outcomes | Annual, April | - Annual Reports  
- benchmarks findings |
|                                                          | - P & T Committee            | Review:  
- Faculty publications, presentations, grants, and creative endeavors-(calendar year) ≥70% of tenured, tenure-track faculty will have a minimum of one publication, presentation, grant, or creative endeavor per calendar year  
- Faculty evaluations –(calendar year) ≥90% of tenured, tenure-track, full-time contract, and part-time contract faculty will have an overall teaching evaluation average of ≥2.5  
- Faculty service (calendar year) ≥90% of tenured, tenure-track, full-time contract, and part-time contract faculty will serve on one or more committees at SON, CAST, or University level |                |               |
Appendix I-B-2 Congruency of Ball State University Mission, College of Health Mission, SON Mission and Goals, and DNP Expected Student Outcomes

<table>
<thead>
<tr>
<th>University Mission</th>
<th>College of Health Mission Statement</th>
<th>School Mission</th>
<th>School Goals</th>
<th>DNP Expected Student Outcomes</th>
</tr>
</thead>
</table>
| “As a public research university, we focus on students and high-quality, relevant educational outcomes. Disciplinary knowledge is integrated with application. We do this in a manner that fundamentally changes students, researchers, and our external partners, who look to the university for guidance. We transform information into knowledge, knowledge into judgment, and judgment into action that addresses complex problems.” | “Our College embraces an innovative, collaborative, and interprofessional environment for learning, discovery, and engagement. The learning environment is shaped by core content that enhances understanding of health and well-being throughout the life span.” | “Ball State University School of Nursing is an innovative, challenging, and transformative academic community that inspires students by: Offering evidence-based, interactive, transdisciplinary, collaborative learning, including immersive clinical and culturally diverse experience.” | “The School of Nursing will promote academic excellence through high quality learning experiences. “ | • Demonstrate advanced nursing practice.  
• Lead interprofessional collaboration for improving patient and population health outcomes.  
• Utilize information systems and technology to improve health care outcomes.  
• Provide leadership to enhance accessibility and quality of care.  
• Guide health policy development and implementation.  
• Provide leadership to enhance population health initiatives in reducing health disparities.  
• Demonstrate advanced nursing practice.  
• Utilize information systems and technology to improve health care outcomes.  |
<table>
<thead>
<tr>
<th>University Mission</th>
<th>College of Health Mission Statement</th>
<th>School Mission</th>
<th>School Goals</th>
<th>DNP Expected Student Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>“As a public research university, we focus on students and high-quality, relevant educational outcomes. Disciplinary knowledge is integrated with application. We do this in a manner that fundamentally changes students, researchers, and our external partners, who look to the university for guidance. We transform information into knowledge, knowledge into judgment, and judgment into action that addresses complex problems.”</td>
<td>“Discovery occurs across the health-related disciplines that comprise the college and readily engages students and faculty in a collaborative manner.”</td>
<td>“Ball State University School of Nursing is an innovative, challenging, and transformative academic community that inspires students by: Providing access to faculty and professional practice experts who advance nursing knowledge, research, collaborative evidence-based practice, excellence in teaching, and applied technology; facilitating transforming information into knowledge, knowledge into clinical judgment, and clinical judgment into nursing action that addresses complex health problems in individuals and populations.”</td>
<td>“The School of Nursing will engage in various forms of scholarship to add to the body of evidence for nursing practice.”</td>
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<td>• Demonstrate advanced nursing practice.</td>
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<td>• Translate research and data to support evidence-based practice.</td>
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<tr>
<td>• Utilize information systems and technology to improve health care outcomes.</td>
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<tr>
<td>• Provide leadership to enhance accessibility and quality of care.</td>
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<tr>
<td>University Mission</td>
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<tr>
<td><strong>Mission Statement</strong></td>
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<tr>
<td>&quot;As a public research university, we focus on students and high-quality, relevant educational outcomes. Disciplinary knowledge is integrated with application. We do this in a manner that fundamentally changes students, researchers, and our external partners, who look to the university for guidance. We transform information into knowledge, knowledge into judgment, and judgment into action that addresses complex problems.&quot;</td>
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<thead>
<tr>
<th>College of Health Mission Statement</th>
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<tr>
<td>&quot;Our commitment to interprofessional development and community engagement unites our faculty and students while strengthening our educational programs and serving the needs in the region, state and nation.&quot;</td>
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<tr>
<th>School Mission</th>
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<tr>
<td>&quot;University School of Nursing is an innovative, challenging, and transformative academic community that inspires students by: Engaging with local, state, national, and international communities to enhance quality of life, reduce health disparities, and improve access to care delivery.&quot;</td>
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<thead>
<tr>
<th>School Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;The School of Nursing will collaborate with local, state, national, and international agencies and organizations to create and sustain mutual trust and mutually beneficial relationships.&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DNP Expected Student Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lead interprofessional collaboration for improving patient and population health outcomes.</td>
</tr>
<tr>
<td>• Provide leadership to enhance accessibility and quality of care.</td>
</tr>
<tr>
<td>• Guide health policy development and implementation.</td>
</tr>
<tr>
<td>• Provide leadership to enhance population health initiatives in reducing health disparities.</td>
</tr>
</tbody>
</table>

DNPCC approval 8/18/16; FOC approval 8/19/16
# Appendix I-B-3 Comparison Table: Baccalaureate, Master’s, and DNP Program Outcomes

<table>
<thead>
<tr>
<th>Baccalaureate</th>
<th>Master’s</th>
<th>DNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Exemplifies professionalism, professional values, honesty and ethical behaviors utilizing evidence-based knowledge, skills, and attitudes in professional nursing practice.</td>
<td>1. Demonstrate role competency and leadership in a selected advanced nursing role based on professional standards.</td>
<td>1. Demonstrate advanced nursing practice.</td>
</tr>
<tr>
<td>1. Integrates knowledge, skills, and values from biological, psychological, social sciences, and arts in nursing practice.</td>
<td>2. Integrate nursing and related sciences and theories in delivery of advanced nursing practice.</td>
<td>1. Demonstrate advanced nursing practice.</td>
</tr>
<tr>
<td>3. Demonstrates an understanding of the basic research process by integrating evidence-based practice and clinical judgment, which will allow student to evaluate and improve patient outcomes.</td>
<td>3. Analyze research to support evidence-based practice.</td>
<td>2. Translate research and data to support evidence-based practice.</td>
</tr>
<tr>
<td>6. Utilizes effective inter/intraprofessional communication, collaboration, and change processes to provide evidence-based patient-centered care.</td>
<td>4. Function as a member of inter/intraprofessional collaborative team for improving patient and population health outcomes.</td>
<td>3. Lead interprofessional collaboration for improving patient and population health outcomes.</td>
</tr>
<tr>
<td>4. Integrates use of information management and application of patient care technology in professional nursing.</td>
<td>5. Utilize information systems/technology in professional practice.</td>
<td>4. Utilize information systems/technology to improve health care outcomes.</td>
</tr>
<tr>
<td>2. Demonstrates basic organizational and systems leadership to promote patient safety and quality improvement.</td>
<td>6. Analyze quality improvement and safety initiatives to improve health outcomes.</td>
<td>5. Provide leadership to enhance accessibility and quality of care.</td>
</tr>
<tr>
<td>5. Demonstrates a basic knowledge of health care systems, including the organization and financing of patient services, reimbursement structure, healthcare policies, and regulatory processes.</td>
<td>7. Analyze health policy development and implementation.</td>
<td>6. Guide health policy development and implementation.</td>
</tr>
<tr>
<td>7. Integrates culturally appropriate health promotion and clinical prevention strategies across the lifespan, for individuals, families, groups, communities, and populations.</td>
<td>8. Integrate clinical prevention and population health concepts for improving health.</td>
<td>7. Provide leadership to enhance population health initiatives in reducing health disparities.</td>
</tr>
</tbody>
</table>
SECTION III: COMMITTEE ORGANIZATION
SCHOOL OF NURSING GOVERNANCE STRUCTURE
(Flow Chart for Policy Decisions)

Agency Representatives

Clinical Agencies

Faculty Organization

Director
School of Nursing

Nursing Alumni Society

BSNA

Department Senate Representative

PROGRAMS

Baccalaureate

Master’s

DNP

Curriculum

Curriculum

Curriculum

Admission & Progression

Admission & Progression

Admission & Progression

FACULTY

Promotion & Tenure

Salary

Tenure & Tenure Track Appeal

Salary Appeal

Contract

KEY:
Direct Line
Advisory

Faculty Org Approval: December 7, 2015
## Sample DNP Program Plan of Study

<table>
<thead>
<tr>
<th>Fall 13</th>
<th>Spring 14</th>
<th>Summer 14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NUR 730 Statistics for Health Care Research (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NUR 740 Theory Based Models of Care (3)</td>
<td>NUR 742 Research for EBP (3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fall 14</th>
<th>Spring 15</th>
<th>Summer 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 744 Outcomes Research and Evaluation (3)</td>
<td>NUR 760 Population Focused Care (4) 60 clinical hours</td>
<td>NUR 780 Seminar in Advanced Topics I Management of Client Health/Illness Status (3)</td>
</tr>
<tr>
<td>NUR 764 Leadership and Health Policy in Advanced Practice (4) 60 clinical hours</td>
<td>NUR 792 DNP Project 1 (3)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fall 15</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 662 Health Care Business and Economics (3)</td>
<td>NUR 791 Practicum 2 (3) 150 clinical hours</td>
<td>Elective hours as needed may be completed during the 7 semesters or student may choose to extend program to extra semesters for elective hour completion to meet required 40 credit hours at Ball State and total 90 post-baccalaureate credit hours.</td>
</tr>
<tr>
<td>NUR 790 Practicum 1 (3) 150 clinical hours</td>
<td>NUR 793 DNP Project 2 (3) 90 clinical hours</td>
<td></td>
</tr>
</tbody>
</table>
Appendix III-E-1 NUR 760: Clinical Assignments with Related DB Assignments

Clinical assignments with DB assignments based on clinical activities and clinical journal/time log requirements for the course include:

<table>
<thead>
<tr>
<th><strong>Obesity in Your Community</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical assignment</strong> - Students use multiple data bases to obtain and analyze demographic and epidemiologic information to support the need for a community based approach to obesity prevention.</td>
<td></td>
</tr>
<tr>
<td><strong>DB assignment</strong> – For each set of data, students examine and compare local data (city or town) being used for their community obesity project. Students compare collected data to classmate’s data related to similarities, differences and trends. Students provide discussion responses relating variances and consistencies in data findings.</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical journal/time log</strong> – student logs describe activities and the time involved in completing this clinical assignment.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Windshield/Walking Survey</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical assignment</strong> – Students assess a community directly through the use of an extensive windshield/walking survey of their community using the Community Toolbox (<a href="http://ctb.ku.edu">http://ctb.ku.edu</a>).</td>
<td></td>
</tr>
<tr>
<td><strong>DB assignment</strong> – Students synthesize survey data and compare collected data with classmate’s windshield/walking survey—providing direct opportunity for insight into community, environmental, and sociocultural stressors and strengths of the target communities assessed.</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical journal/time log</strong> - student logs describe activities and the time involved in these activities related to directly assessing community through the windshield walking survey.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Community Focus on Nutrition and Physical Activity</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical assignment</strong> - Students use CDC Community Health Assessment and Evaluation Tool and Action Guide questionnaires to interview relevant stakeholders (e.g. representatives from schools, worksites, organizations/institutions, local government).</td>
<td></td>
</tr>
<tr>
<td><strong>DB assignment</strong> – Students present and compare data from stakeholder interviews from four identified areas [schools, worksites, organizations/institutions and local governments] with reported aggregate findings from classmates interviews.</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical journal/time log</strong> - student logs describe activities completed for this clinical assignment and the time involved in these activities.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>PRECEDE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical assignment</strong> - Students synthesize data from previous clinical assignments to answer</td>
<td></td>
</tr>
</tbody>
</table>
questions related to social, epidemiological, educational, ecological, and administrative/policy assessment and intervention alignment.

| **DB assignment** – Utilizing the PRECEDE model students identify and summarize information from Community stakeholder interviews, direct visual assessment of the community, and aggregate data. Students identify gaps in information and ways to obtain needed information to complete PRECEDE portion of the Model. Students review classmates’ findings and gaps, providing suggestions for ways to address identified gaps. |
| Clinical journal/time log - student logs describe activities completed for this clinical assignment and the time involved in these activities. |

| **Stakeholder/Partner Interviews** |
| Clinical assignment - Students obtain and analyze data from interviews with community stakeholders/partners (e.g., organizations, agencies, businesses) who have an interest in and/or influence on obesity and prevention to identify predisposing, reinforcing, and enabling factors; assets each would bring to a coalition; and potential barriers to being a coalition member. |
| DB assignment – Students post their 'analyzed' interview information for classmates to review and provide suggestions and guidance as needed for collection of additional information when data/information gaps are noted and discussion of similarities of students’ information in specific instances. |
| Clinical journal/time log - student logs describe activities completed for this clinical assignment and the time involved in these activities. |

| **Coalition Building & PROCEED** |
| Clinical assignment - Students work in groups using each other’s stakeholder/partner interview data to choose appropriate coalition members and identify gaps in membership that would need to be addressed for a community based obesity prevention project. |
| DB assignment – Student workgroups share coalition mission statement and strategies to achieve desired outcomes for obesity prevention project. Student workgroups also describe evaluation method objectives developed utilizing the ‘SMART’ objective format. Individual students provide suggestions to student workgroups to help clarify connection between desired outcomes and objectives. |
| Clinical journal/time log - student logs describe the activities completed for this clinical assignment and the time involved in these activities. |
Appendix III-E-2 NUR 764: Clinical Assignments with Related DB Assignments

Clinical assignments with DB assignments based on clinical activities and clinical journal/time log requirements for the course include:

<table>
<thead>
<tr>
<th>Health Policy Analysis Section 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical assignment</strong> - Students obtain and synthesize information from relevant document analysis and interviews with at least eight stakeholders to include consumers, health care providers, administrators, and legislators / legislative aides for the chosen ACA health policy provision.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DB assignment - Students post the synthesis on DB and other students pose questions.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Clinical journal/time log - 20 clinical hours are allotted for this project to include all time spent on:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparing script for describing the provision and relevant background to stakeholders</td>
</tr>
<tr>
<td>Arranging and conducting interviews</td>
</tr>
<tr>
<td>Completing notes after each interview</td>
</tr>
<tr>
<td>Writing a synthesis of stakeholder interviews and document analysis</td>
</tr>
<tr>
<td>Interview notes for each stakeholder interview are included in the clinical log</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final NUR 764 health policy analysis paper – includes, but goes beyond the clinical activities to incorporate reading, stakeholder interviews, SWOT analysis of the ACA provision, a summary of the analysis process, and information on how the provision implementation and outcomes will be evaluated. The instructor uses a grading rubric provided to the students for evaluation of the final paper (NUR 764 samples of final papers).</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>APRN Full Practice Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical assignment (Part 1)</strong> – Students meet via phone conference or WebEx to develop a plan for communicating with APRN health policy leaders in states with success in obtaining full practice authority, or in the process, as well as each student’s own state regardless of the full practice status. One student takes minutes to include members present, decisions made, timeline and responsibilities. Students arrange for and conduct interviews with APRN health policy leaders at state level regarding full practice authority status to obtain information on strategies, key players, barriers, facilitators, failures, successes, resources used, recommendations, etc. Students also obtain written information on current state status.</td>
</tr>
</tbody>
</table>
**DB assignment** (Part 1) - Each student posts information on a state for which they conducted an interview with APRN health policy leader to include current state status, strategies, key players, barriers, facilitators, failures, successes, resources used, and recommendations.

**Clinical assignment** (Part 2) - Students meet via phone conference or WebEx to review interview information and develop a SWOT analysis using successful states and another analysis using states that do not yet have full practice authority.

**DB assignment** - SWOT analysis drafts are posted for review, revisions, and final group approval by consensus. One student posts the final analysis report.

**Clinical journal/time log** - 10 clinical hours are allotted for this project to include all time spent on:
- Preparation for and attending group meeting with classmates
- Arranging, preparing, and conducting interview with state APRN health policy leader
- Preparing and posting report on your interview
- Review of classmates’ interview reports
- All work done on the group strategic plan

**Interprofessional Collaboration (IPC) and the Team**

**Clinical assignment** - Students collect, analyze, and present data and recommendations on the functioning of two different interprofessional health teams using a variety of assessment and analysis tools (e.g., team dynamic observation tool, team member interview guide, team fitness test, team fitness test for individual team member interviews, team fitness scoring sheet, team fitness interpretation sheet).

**DB assignment** – Students post completed team dynamics observations tools, synopsis of information from member interviews using team member interview guide, range of scores and average score for each item on team fitness interpretation sheet, reflections on experience tying in readings, own experience and how will continue to develop own IPC and team functioning skills.

**Clinical journal/time log** - 25 clinical hours are allotted for this project to include all time spent on:
- Finding two teams and obtaining permission to attend meetings and interview team members
- Obtaining written information on each team regarding function(s) and a practice guideline, policy, or standard of care that was developed, reviewed or revised by each team in past year
- Attending the team meetings (total 4)
- Completing the Team Dynamics Observation Tool after each meeting
<table>
<thead>
<tr>
<th>Arranging and conducting team member interviews (total 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completing the Team Fitness Scoring Sheets and Interpretation Sheets</td>
</tr>
<tr>
<td>Preparing a synopsis of findings from team member interviews</td>
</tr>
<tr>
<td>Writing reflections paper on the experience</td>
</tr>
</tbody>
</table>

**Nurse Leader (NL) Interview**

**Clinical assignment** – Students choose a nurse they consider to be an exemplary leader and a topic within assigned chapters of textbook or from Institute of Medicine transforming leadership chapter to discuss with leader. Students conduct NL interview.

**DB assignment** – Students post report to include description of NL leadership experience and current position, defining characteristics of an exemplary leader possessed by NL, topic discussed, key points, and reflection.

**Clinical journal/time log** - Five (5) clinical hours are allotted for this assignment to include:

- Arranging and conducting NL interview
- Preparing script for describing own viewpoint on chosen topic
- Reviewing notes and preparing report on interview
Continuous Improvement Progress Report (CIPR) Template

Standards for Accreditation of Baccalaureate and Graduate Nursing Programs

Official Name of Institution: Ball State University
Continued Compliance with CCNE Standards & Key Elements

Program Response:

Accreditations and Recognitions: Higher Learning Commission of the North Central Association of Colleges and Schools - continuing institutional accreditation 2014 - 2024; NLN Center of Excellence in Nursing Education Award 2013 - 2017

Governance Changes: Education Redefined 2.0: Advancing Indiana University Strategic Plan 2012-2017; University’s Centennial Commitment 18 by ’18 refreshed vision and strategic plan, 2015

Administrative Changes: New appointments - Interim University President (2016); Acting Provost (2016), Acting Dean of Graduate School (2016), second Associate Dean of College of Applied Sciences and Technology (2014); Director of School of Nursing reappointed for 5 year term (2014); DNP program director change (2012); Master’s program director change (2012), Baccalaureate program director change (2014)

Board of Trustees’ on January 29, 2016 finalized the academic plan for the College of Health

School of Nursing Staff Changes: Undergraduate advisor position for baccalaureate program hired (2013) to advise nursing students and develop and maintain students’ plans of study. Graduate advisor position for master’s and DNP programs hired to oversee program applications, graduation processes, and maintain plans of study (2012).

Curriculum Updates: Baccalaureate - Revised baccalaureate admission criteria to increase the pre-assessment exam score percentage from 20% to 35%, overall GPA 35%, and pre-nursing GPA 30% for a total of 100%; delete the interview, paper, and resume admission requirements. The university Undergraduate Education Committee and Indiana State Board of Nursing (ISBN minutes, May 16, 2013) approved the revised admission criteria. The university contracted with B Virtual, an online proctoring service to enhance the academic integrity of online exams in online courses.

Master’s - RES 697 Research Paper no longer required for Leadership Track (2012); NUR 608 Pathophysiology / Pharmacology and NUR 609 Health Assessment for Educators added to Leadership Track (2013). FNP concentration curriculum changes included deleting NUR 611 Concepts Analysis 2 (3 cr. hrs.) and NUR 614 Issues in the Aging Adult Population (3 cr. hrs.), and NUR 680 Primary Care of the Adult/Geriatric Clients (7 cr. hrs.). The ethics and decision making concepts from NUR 611 are incorporated in NUR 630 Advanced Practice Nursing and Role Theory. The content in NUR 680 in addition to content on aging was placed into two courses; NUR 681 Adult Primary Care 1, (4 cr. hrs.) and NUR 683 Adult Primary Care 2 (4 cr. hrs.). The content on aging is incorporated in NUR 681 Primary Care of Adult 1 (4 cr. hrs.) and NUR 683 Primary Care of Adult 2 (cr. hrs.). B Virtual an online proctoring service for major online course examinations was adopted (2013); clinical option for leadership track no longer offered (2014); Admission GPA changed from 2.8 to 3.0 (2014). At present time, students are not being admitted to the adult-geriatric NP (AGNP) concentration during curriculum revision. Last CNS student graduated summer 2015.

DNP - Changed course number for Health Care Business and Economics from NUR 762 to NUR 662 to allow master’s level students (nursing and other disciplines) to take the course (2014); DNP program outcomes reviewed and revised, no major changes but reworded for clarity (2013); NUR 730 Statistics for Health Care Research course outcomes revised to better facilitate achievement of program outcome to translate research and data to support evidence-based practice.

Quality Matters (QM) Initiative - partnership of School with University iLearn Instructional design team for continuous quality improvement of online Master’s in nursing and DNP education (2013); 20 School faculty completed the QM Rubrics Course (2013-2014); 16 courses redesigned (2013-2016); 3 courses externally reviewed and certified by QM (2014).
Assessment by Standard

Following each key element statement, please provide evidence demonstrating continued compliance. Additionally, summarize any pertinent changes or program improvement initiatives that have occurred since the last comprehensive on-site evaluation by CCNE. Before completing this template, refer to CCNE’s FAQs and Guidelines for Preparing the Continuous Improvement Progress Report.

Were you requested to address any specific areas of focus/concern (e.g., a compliance concern at the key element level) according to the most recent CCNE accreditation action letter? If so, please note the specific areas of focus/concern here by indicating which key element(s) this translates to in the 2013 CCNE Standards:

[Please contact CCNE if you need a copy of the most recent accreditation action letter. Refer to the reminder email to access the Crosswalk Table showing the relationship between the former (2009) CCNE Standards and the current (2013) CCNE Standards.]

A response must be provided for each standard and key element below. Give special attention to any specific areas of focus/concern that were identified previously in the CCNE accreditation action letter.

There were no compliance concerns or requested specific areas of focus/concern to address in the CCNE accreditation action letter.
Standard I
Program Quality: Mission and Governance

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

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

Elaboration: The program’s mission statement, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. 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/certificate programs exist. Student outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:
- The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];
- The Essentials of Master’s Education in Nursing (AACN, 2011);
- The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and
- Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2012].

A program may select additional standards and guidelines.

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

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

Program Response:
The School of Nursing’s (SON) mission, goals, and expected student outcomes are congruent with the university and college, and consistent with relevant professional nursing standards and guidelines. The university strategic plan 2012-2017 includes university’s vision, mission and goals (http://cms.bsu.edu/-media/www/departmentalcontent/factbook/1213pdfs/20122017%20strategic%20plan.pdf). The university’s vision asserts, “We seek to become recognized for providing bright and curious students a holistic learning experience that occurs both in and out of the classroom; for being relentlessly focused on learning outcomes; for embracing and solving today’s greatest educational challenges; and for bringing fresh and pragmatic thinking to the problems facing communities, businesses, and governments in Indiana and beyond.” The university’s mission affirms, “As a public research university, we focus on students and high-quality, relevant educational outcomes. Disciplinary knowledge is integrated with application. We do this in a manner that fundamentally changes students, researchers, and our external partners, who look to the university for guidance. We transform information into knowledge, knowledge into judgment, and judgment into action that addresses complex problems.” The university’s four goals are 1) “Provide distinctive, high-quality educational experiences; 2) Become a recognized leader for educational and disciplinary innovation; 3) Invest in an
increasingly vibrant and integrated university community; and 4) Advance Indiana through student engagement and faculty expertise.”

A Strategic Planning Leadership Team composed of 23 members representing faculty, staff, students, alumni, administrators, and community members were appointed by the president “to serve as the ‘guiding hand’ for the [university’s Centennial Commitment 18 by ‘18] refreshed vision and strategic plan (http://centennialcommitment.bsu.edu/wp-content/uploads/2015/12/FY15AnnualReport.pdf). “Grounded in the previous university strategic plan, The Centennial Commitment extends 18 major goals for the university to accomplish by 2018 (the university’s 100th anniversary).” The goals are organized within three major themes, student-centered, community-engaged, and a model 21st century public research university, that reflect the vision. The refreshed vision ‘…aspires to be a model of the most student-centered and community-engaged of the 21st century public research universities, transforming entrepreneurial learners into impactful leaders—committed to improving quality of life for all.”

The mission of the College of Applied Sciences and Technology (CAST) “is to enhance the quality and, when appropriate, the quantity of the educational and creative opportunities available through the departments of the college to students, faculty, and the broader community.” “Teaching, the primary emphasis of the college, is designed both to prepare students for professions and to maximize students’ cultural, intellectual, and fitness/wellness potential." “The departments form a well-integrated teaching-learning community that emphasizes learning by doing, as well as learning through stimulating classroom/laboratory experiences and international exchange programs." There are eight college goals 1) “Develop students’ critical thinking and problem-solving skills; 2) Prepare students to apply knowledge to meet the changing needs of an increasingly technological global community; 3) Enhance student learning through international, internship, practicum, research, and service experiences; 4) Support currently successful programs and encourage the development of innovative and promising new programs and adapting them to the needs of an ever-changing global community; 5) Provide the finest faculty and professional staff available; 6) Optimize the use of technology to enhance teaching and student learning; 7) Improve the college’s physical facilities for all programs and activities; and 8) Support opportunities for faculty and students to make contributions to the representative fields within the college” (http://cms.bsu.edu/academics/collegesanddepartments/cast/aboutcast).

The university Board of Trustees on September 23, 2015 approved the concept and structure of the eighth college. The Board of Trustees on January 29, 2016 finalized the academic plan for the eighth College of Health (COH). The COH’s vision is “Our students will embrace critical thinking, creative problem solving, and lifelong learning. Graduates will become engaged citizens in a diverse world, and be attentive to the health and social justice of a diverse population. Premier educational programs, cutting-edge scholarship, and clinical professional preparation will emphasize health and well-being across the lifespan.” The COH’s mission is “Our college embraces an innovative, collaborative, and interprofessional environment for learning, discovery, and engagement. The learning environment is shaped by core content that enhances understanding of health and well-being throughout the life span. Discovery occurs across the health-related disciplines that comprise the college and readily engages students and faculty in a collaborative manner. Our commitment to interprofessional development and community engagement unites our faculty and students while strengthening our educational programs and serving the needs of the region, state, and nation” (http://cms.bsu.edu/news/articles/2015/9/trustees-approve-creation-of-college-of-health-and-renovation-of-emens-auditorium).

The faculty reviewed, revised, and approved the SON vision, mission, and goals. The SON’s vision “will be a model of excellence in nursing education, locally and globally, as a learner-centered academic community that advances nursing knowledge and practice to impact health care outcomes of populations.” SON’s mission “is an innovative, challenging, and transformative academic community that inspires students by: Offering evidence-based, interactive, transdisciplinary, and collaborative learning, including immersive clinical and culturally diverse experiences; Providing access to faculty and professional practice experts who advance nursing knowledge, research, collaborative evidence-based practice, excellence in teaching, and applied technology; Facilitating the transformation of information into knowledge, knowledge into clinical judgment, and clinical judgment into nursing action that addresses complex health problems in individuals and populations; Engaging with local, state, national, and international communities to enhance quality of life, reduce health disparities, and improve access to care delivery.” There are four goals 1) “The [SON] will promote academic excellence through high-quality learning experiences; 2) engage in diverse forms of scholarship to add to the body of
evidence for nursing practice. 3) collaborate with local, state, national, and international agencies and organizations to create and sustain mutual trust and mutually beneficial relationships; and 4) enhance learning environments and the culture of the School through creative and innovative technology strategies that are fiscally sound.” Faculty Organization Committee minutes, May 4, 2015).

**Baccalaureate Expected Program Outcomes:** The baccalaureate expected program outcomes were revised and approved by the Baccalaureate Curriculum Committee (BCC) on October 8, 2014 and Faculty Organization Committee (FOC) electronic vote on November 10, 2014. The BCC reviewed the SON’s mission and baccalaureate expected program outcomes for congruency with university revised mission and college mission on May 9, 2016 (Appendix 1.A.1. Congruency of Ball State University Mission, College of Applied Sciences and Technology Mission, SON Mission and Goals, and Baccalaureate Expected Program Outcomes).

**Baccalaureate Program Expected Outcomes:** The baccalaureate (BS) curriculum reflects relevant nursing standards and guidelines, including AACN *The Essentials of Baccalaureate Education for Professional Practice (Baccalaureate Essentials)* (2008), ANA Code of Ethics (2015), ANA Scope & Standards of Practice (2010), and Indiana Nursing Statutes and Rules (2015).

**Master’s Expected Program Outcomes:** The master’s expected program outcomes were revised and approved by the Master’s Curriculum Committee (MCC) (MCC minutes, October 21, 2013) and Faculty Organization Committee (FOC) on November 4, 2013 (FOC minutes). The MCC reviewed the SON’s mission and master’s expected program outcomes for congruency with university revised mission and college mission on May 9, 2016. (Appendix 1.A.2. Congruency of Ball State University Mission, College of Applied Sciences and Technology Mission, SON Mission and Goals, and Master’s Expected Program Outcomes).


The SON’s vision, mission, goals, philosophy, and BS and MS expected program outcomes are written and accessible to prospective and current students, faculty, and other constituents, including alumni, clinical agencies, university administrators, on SON’s website. The faculty have access to this information in the Faculty Handbook available on SON’s website and in the Blackboard Community of Teaching-Learning Teams.

**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.

**Program Response:**

The SON has a Systematic Evaluation Plan (SEP) (Appendix 1.B.1.) for comprehensive and continuous assessments. The SEP defines the SON’s processes for ongoing review and revision of mission, goals and program outcomes. Faculty approved the SON’s current vision statement, mission and goals (FOC Retreat minutes, May 4, 2015). The SEP was reviewed and updated by the BCC (BCC minutes, December 15, 2015), MCC (MCC minutes, November 11, 2015), and FOC approved revised SEP (FOC minutes, February 1, 2016). The BCC and MCC meet regularly and periodically to review the SON’s vision, mission, goals, BS and MS program outcomes, and relevant BS and MS professional nursing standards and guidelines for congruency. The BS program outcomes were reviewed by the BCC and MS program outcomes were reviewed by the MCC and revised as a reflection of an evolving clarity in the focus of each program and in keeping with current BS and MS professional standards and guidelines.
Baccalaureate Program Outcomes (Previous):
1. Integrates knowledge, skills, and values from biological, psychological, social sciences, and arts in nursing practice.
2. Demonstrates leadership and communication skills to promote patient safety and quality care within the interprofessional team.
3. Integrates research process for evidence-based practice to improve patient outcomes.
4. Integrates use of information management and application of patient care technology in professional nursing.
5. Demonstrates a basic knowledge of health care systems, including the organization and financing of patient services, reimbursement structure, healthcare policies, and regulatory processes.
6. Utilizes effective professional communication and collaboration to provide evidence-based, patient-centered care.
7. Integrates culturally appropriate health promotion and disease and injury prevention strategies across the life span, including assisting individuals, families, groups, communities, and populations.
8. Exemplifies professionalism, professional values, honesty and ethical behaviors utilizing evidence-based knowledge, skills, and attitudes in professional nursing practice.
9. Manages holistic, diverse patient-centered care across health-illness continuum and lifespan in all health care environments.

Approved by FOC: 2/1/10

Baccalaureate Program Outcomes (Revised):
1. Integrates knowledge, skills, and values from biological, psychological, social sciences, and arts in nursing practice.
2. Demonstrates basic organizational and systems leadership to promote patient safety and quality improvement.
3. Demonstrates an understanding of the basic research process by integrating evidence-based practice and clinical judgment, which will allow student to evaluate and improve patient outcomes.
4. Integrates use of information management and application of patient care technology in professional nursing.
5. Demonstrates a basic knowledge of health care systems, including the organization and financing of patient services, reimbursement structure, healthcare policies, and regulatory processes.
6. Utilizes effective inter/intraprofessional communication, collaboration, and change processes to provide evidence-based patient-centered care.
7. Integrates culturally appropriate health promotion and clinical prevention strategies across the lifespan, for individuals, families, groups, communities, and populations.
8. Exemplifies professionalism, professional values, honesty and ethical behaviors utilizing evidence-based knowledge, skills, and attitudes in professional nursing practice.

Approved by BCC: 10/8/2014; Approved by FOC: 11/10/2014

Master’s Program Outcomes (Previous):
1. Utilize knowledge from the sciences, relevant theories, and conceptual models in professional practice in a variety of settings.
2. Evaluate research evidence and utilize research in professional practice.
3. Demonstrate role competency and leadership in a selected advanced role based on professional standards.
4. Manage resources in a variety of organizational settings in collaboration with inter/intra-professional teams.
5. Address issues of human diversity, social and environmental factors in practice settings.
6. Utilize information technology in professional practice.
7. Exemplify values and ethical behaviors in professional practice.

Approved by MCC: 1/26/09; Approved by FOC: 2/23/09
Master's Program Outcomes (Revised):
1. Demonstrate role competency and leadership in a selected advanced nursing role based on professional standards.
2. Integrate nursing and related sciences and theories in delivery of advanced nursing practice.
3. Analyze research to support evidence-based practice.
4. Function as a member of inter/intraprofessional collaborative team for improving patient and population health outcomes.
5. Utilize information systems/technology in professional practice.
6. Analyze quality improvement and safety initiatives to improve health outcomes.
7. Analyze for health policy development and implementation.
8. Integrate clinical prevention and population health concepts for improving health.
9. Advocate for policies that improve the health of the public and the profession of nursing.

Approved by MCC: 10/21/13; Approved by FOC: 11/4/13

The community of interest (COI) includes prospective and current students, alumni, clinical agencies, employers, professional organizations, nursing faculty, and university and college administration. Processes used to obtain input from the COI include course evaluations by students; exit and alumni surveys; and faculty membership and attendance at relevant professional organizations meetings. The baccalaureate and master’s Curriculum Committee meets regularly and periodically reviews evaluations and surveys to make program changes when indicated. The SON is collaborating with the university Office of Institutional Effectiveness to explore strategies for improving survey responses.

I-C. Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.

Elaboration: The nursing unit identifies expectations for faculty, whether in teaching, scholarship, service, practice, or other areas. Expected faculty outcomes are congruent with those of the parent institution.

Program Response:

The university in the Faculty and Professional Personnel Handbook 2015-2016 (pages 59-60) identifies two categories of faculty: 1) regular full-time tenured or tenure-track, and 2) contract faculty - semester, academic, fiscal, one-year, two-year, and three-year contractual basis with the rank of instructor, assistant professor, associate professor, and professor. The expected faculty outcomes for teaching, scholarship and service are identified in the SON Faculty Handbook, SON promotion and tenure document (P&T), SON tenured/tenure-track salary document, SON contract salary document, annual faculty goals, and university Faculty and Professional Personnel Handbook, College of Applied Sciences (CAST) P&T document, CAST salary document, university P&T document, and university policies for annual salary adjustments. The expected faculty outcomes are communicated during interview, SON orientation for regular and contract full-time and part-time faculty, and university orientation for regular and contract full-time faculty.

The expected faculty outcomes for full-time tenured/tenure-track are teaching, scholarship, and service, and clearly delineated in the university P&T document (Faculty and Professional Personnel Handbook 2015-2016, pages 76-97), CAST P&T document (http://cms.bsu.edu/-/media/www/departmentalcontent/cast/pdfs/cast%20201516%20p%20document%20final.pdf?la=en), SON’s P&T document 2015-2016, tenure/tenure-track salary document 2015-2016, tenure, and tenure-track duties and responsibilities (SON Faculty Handbook 2015-2016, page 57). The SON’s tenured and tenure-track faculty expectations are congruent with the university and CAST promotion and tenure documents and congruent with the CAST salary document (http://cms.bsu.edu/-/media/www/departmentalcontent/cast/pdfs/201516%20salary%20document%20cast.pdf). The full-time contract faculty expectations are teaching and service, and semester contract faculty expectations are teaching (SON’s Faculty Handbook 2015-2016, page 58-61). Each year, the SON’s P&T Committee, Tenure/Tenure-track Salary Committee changed to Tenure/Tenure-track Salary Appeal Committee effective 2015-2016, and Contract Faculty Salary Committee review, revise, and approve the SON’s P&T and salary documents in order to maintain congruency with college and university P&T and salary documents. Full-time
and part-time faculty annually provide a self-assessment on the goals accomplished for the year along with addressing how faculty roles and responsibilities were met, and establishing goals for the next academic year.

The university does not have a delineated policy regarding faculty practice. The university permits regular full-time tenure/tenure-track and full-time contract faculty to spend one day a week on professional activities other than university activities, provided the activities do not constitute a conflict of interest and commitment in the University Faculty and Professional Staff Handbook 2015-2016 (Policy on Conflict of Interest and Conflict of Commitment, pages 103-107-100).

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. Nursing faculty are involved in the development, review, and revision of academic program policies._

Program Response:

The SON, college, and university organizational structure is designed to include faculty and student participation in governance at each level. The SON has a shared governance model that provides opportunities for faculty and students to participate in the program’s governance. The SON’s governance structure was revised and approved by FOC on December 7, 2015. The SON has 10 FOC standing committees, including four elected standing committees (Promotion and Tenure, Tenure and Tenure-Track Salary Appeal, Contract Salary, and Contract Salary Appeal), and six appointed standing committees (Baccalaureate Curriculum, Baccalaureate Admission and Progression, Master’s Curriculum, Master’s Admission and Progression, DNP Curriculum, and DNP Admission and Progression). Full-time tenured/tenure-track, full-time contract, and part-time contract faculty are members of the FOC. Full-time tenured/tenure-track and full-time contract faculty are members of at least one curriculum committee. Students are involved in the SON governance. There is student representation on the Baccalaureate and Master’s Curriculum Committees. The Baccalaureate Curriculum Committee (BCC) established five sub-committees, including outcomes, teaching, policy, evaluation, and accreditation, in which BCC faculty volunteer to participate. The MCC established one subcommittee, including nurse practitioner faculty.

The College has seven committees, including Promotion and Tenure Committee, Salary Committee for Tenured/Tenure-Track, Diversity Committee, Undergraduate Curriculum Committee, Graduate Curriculum Committee, Tenure-track Advisory Committee, and Internal Tenure-track Grants Committee.

The university has a Senate which is advisory to the President and Board of Trustees. The Senate has three Councils, including the Campus Council, Faculty Council, and University Council, and each council has standing committees. The Campus Council has two standing committees, including: Events Programming and Scheduling and Public Safety, and six subcommittees, including Student Activities, Student Center, Student Financial Assistance, Student Rights, Ethics and Standards, University Traffic Appeals, and Parking. The Faculty Council has 12 standing committees, including Academic Freedom and Ethics, Contract Faculty, Creative Arts, Creative Teaching, Graduate Education, Academic Technology, Library, Professional Education, Faculty Salary and Benefits, Special Leave, Teaching Evaluation, and Undergraduate Education, and three standing subcommittees, including University Core Curriculum, University Grade Appeals, and University Promotion and Tenure. The University Council has 11 standing committees, including Institutional Effectiveness, Admissions and Credits, Athletics, Online Distance Education, Financial and Budgetary Affairs, Professional Personnel Salary and Benefits, International Programs, Judicial, Master Planning and Facilities, Publications and Intellectual Properties, and Research.

Faculty serve on university, CAST, SON, and COH planning committees (e.g. 2015-2016 University Promotion and Tenure Committee, University Senate, Faculty Council, University Institutional Review Committee, University Academic Freedom and Ethics Committee, Faculty Salary and Benefits, Creative Teaching Committee, Special Leave Committee, and Office of Institutional Diversity; CAST P&T Committee, CAST Salary Committee, CAST Tenure-Track Advisory Committee, CAST Undergraduate and Graduate Curriculum Committees, and Internal Tenure-track Grants Committee; and SON’s Promotion and Tenure Committee, Baccalaureate Curriculum Committee, Master’s Curriculum Committee, DNP Curriculum Committee, Tenure
and Tenure-Track Salary Appeal Committee, Contract Salary Committee, Contract Salary Appeals Committee, Baccalaureate Admission and Progression Committee, Master’s Admission and Progression Committee, and DNP Admission and Progression Committee). Committee members request faculty input on potential changes in policies, and disseminate information on changes for all faculty in the SON. All full-time tenure/tenure-track and contract faculty are assigned to at least one of the curriculum committees and participate in the Faculty Organization Committee. Faculty Organization Committee and Baccalaureate Curriculum, Master’s Curriculum and DNP Curriculum Committees are open meetings for all full-time tenure/tenure-track, full-time contract, and part-time faculty. Each committee guideline includes purpose, functions, membership, officers, and meetings.

Students are involved in program and university governance. There are a BS and MS student representatives on the BCC and MCC. Student participation has been supported through the use of distance technology for all MCC meetings. Students do not participate in the SON’s FOC, SON’s Promotion and Tenure Committee, BS and MS Admission and Progression Committees, Tenure/Tenure-Track Salary Appeals Committee, and Contract Salary and Contract Appeal Committees.

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

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

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

“The (baccalaureate degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) 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 degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education (http://www.aacn.nche.edu/ccne-accreditation).”

Program Response:

The baccalaureate and master’s program’s offerings, outcomes, accreditation/approval status, application and admission policies, and degree completion requirements are posted on the SON’s website and are reviewed periodically by the Baccalaureate Curriculum and Master’s Curriculum Committees, Baccalaureate and Master’s program directors, baccalaureate advisor, graduate advisor, SON director, associate director, and director of marketing and communications for online and distance education for accuracy and any needed updates. Current tuition and fees are available through a direct link from the university website and online and distance education website. The academic calendar is posted on the university website. To facilitate access, avoid duplication, and support more accurate and efficient program information and updates, the BS and MS program directors, BS advisor, graduate advisor, SON director, associate director, simulation and information and technology center (SITC) staff, and director of marketing and communications online and distance education have redesigned the BS and MS program webpages on the SON’s website. The university online undergraduate

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

and graduate catalogs are updated each year. Information in the undergraduate and graduate catalogs are reviewed for accuracy by the SON director, associate director, BS and MS program directors, BS advisor, graduate advisor, and university academic systems personnel.

The BS and MS student handbooks are posted on the SON’s website and in the BS and MS students’ Blackboard Community that is available to all enrolled students and BS and MS faculty. The baccalaureate student handbook is reviewed by the BCC on an annual basis for needed updates. The MS student handbook is reviewed by the MCC on an annual basis for any needed updates. Grading policies for the BS and MS programs are cited in each course syllabus and the BS and MS student handbooks.

Constituents are notified of any changes in documents and publications through postings on the SON, Online and Distance Education, and/or university websites, e-mail announcements, Blackboard course announcements, and announcements in the Blackboard communities of baccalaureate and master’s students. The communication of BS and MS program changes to constituents is coordinated by the BS and MS program directors in collaboration with the SON director, associate director, director of communications for online and distance education, BS and graduate program advisors, and academic systems personnel at the university level.

I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are:
- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

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

Program Response:

Academic policies are developed by SON, CAST, and university committees. All academic policies for the SON, CAST, and university have been developed through committees with faculty oversight to confirm policies are fair and equitable. CAST and university policies are approved by the university senate, Undergraduate Education Committee, Graduate Education Committee, and provost. The SON has a senate representative on the university senate. The BS Admission and Progression Committee and MS Admission and Progression Committee review each program’s academic policies annually and any revisions are approved by the SON FOC. The SON and BS and MS program academic policies are published in the student handbooks and posted on the SON’s website.

Baccalaureate Program: An admission difference from the university for a baccalaureate is a 2.0 GPA on a 4.0 scale. Admission to the baccalaureate program requires a minimum of a 3.0 GPA on a 4.0 scale and may repeat required course prerequisites for nursing one time only. An admission difference for the RN to BS track is the requirement of a 2.75 GPA or higher on a 4.0 scale, current unencumbered RN license in state of practice, and graduated from an accredited National League for Nursing Accrediting Commission (NLNAC)/Accreditation Commission for Education in Nursing (ACEN) school. If the RN student graduated from a nursing program not accredited by NLNAC/ACEN or below a 2.75 GPA, the RN must have a GPA of 2.75 or higher on a 4.0 scale in the basic nursing program or achieve a 2.75 GPA or higher after completion of 16 credit hours at the university.

Master’s Program: An admission difference from the university for the master’s program is graduate school admission requires an overall GPA of 2.75 or a cumulative GPA of 3.0 in the last half of baccalaureate program. Admission to the nursing master’s program requires a 2.8 overall GPA or a 3.0 in the last half of the baccalaureate program. In addition, students admitted to the Master’s program must have a Baccalaureate degree with an upper division major in nursing from an accredited school. The NUR 604, Research, course in the nursing master’s program meets the graduate school’s requirement of a thesis or research paper.
Standard II
Program Quality: Institutional Commitment and Resources

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

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 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 outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the program’s mission, goals, and expected outcomes.

A defined process is used 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.

Program Response:
The SON’s fiscal resources are sufficient to ensure achievement of program and program learning outcomes for the baccalaureate and graduate programs. The university’s fiscal year is July 1 - June 30. The School has two primary budget accounts, one for departmental operations and the other for clinical/simulation laboratory equipment and supplies. Each spring semester, the SON submits projected faculty needs for the next academic year, computer/technology plans for faculty and students, and an equipment replacement plan to the CAST dean and associate dean. Results of annual review of physical and learning resources by students and faculty are used to generate the computer/technology plan and equipment replacement plan requests. The CAST dean presents the proposed departmental and CAST budget to the provost. The equipment replacement plan is funded through the university’s technology fee to achieve the mission, goals, and expected student and faculty outcomes. There is an annual review of fiscal resources, and changes are made according to SON’s needs. The university provides support for development, implementation, and evaluation of the SON’s programs through Information Technology Services, the university’s purchased Digital Measures software, and the Office of Institutional Effectiveness. The university supports the hiring and retention of qualified faculty, professional personnel, staff, graduate assistants, and undergraduate and graduate student workers. Physical space is sufficient and achieves the university’s goals of educational technology integration in on campus and online didactic, on campus laboratory settings, and telecommunication needs to meet student and faculty expected outcomes.

The university has provided funding for SON faculty who teach online as well as technology support personnel to enroll in the online ‘Quality Matters (QM) Applying the QM Rubric’ course in 2013 through 2016. Twenty faculty in the BS and MS programs and 3 staff personnel have completed the “Applying the QM Rubric” online training course. The SON has an ongoing collaboration with the university’s Integrated Learning Institute (iLearn) for the redesign of all online courses using the QM Rubric. Fifteen of the master’s, three of the baccalaureate clinical courses, and two of the BS elective courses have been redesigned between 2013 and 2016. Technology support personnel at the School and university levels have provided consultation and assistance along with designated iLearn instructional designers in the redesign of Blackboard courses to follow the standards set by the Quality Matters (QM) Program and the successful redesign of technologies orientation for the students enrolled in the BS and MS programs.

The university supports the hiring and retaining of qualified faculty, professional personnel, and staff. Two new full-time faculty, one tenure-track and one contract, were hired during 2013-14. Four part-time faculty were also hired. Four part-time faculty were hired during 2014-2015. Three additional part-time faculty were hired during 2015-2016. A graduate advisor for the master’s program was hired in 2013 to oversee the graduate
program applications and graduation processes and maintain plans of study. An BS advisor for the baccalaureate program was hired in 2013 to oversee the BS program applications and BS processes and maintain plans of study. Three full-time coordinators provide support for the BS and MS programs and ensure that all students are within compliance.

Physical space, equipment, and supplies are sufficient to enable the BS and MS programs to achieve their missions, goals, and expected program outcomes. The physical resources for the program are sufficient to ensure faculty and student outcomes are met and to meet the space needs of faculty and staff. Full-time tenured/tenure-track and contract faculty have dedicated office space with internet access, telephone, and access to SON printers. The full-time faculty are provided a laptop computer. From 2013 to 2016, 20 contract faculty and 10 tenure/tenure line faculty were provided with computer hardware and software updates. All faculty members are on a four year rotation for computer hardware and software updates. Part-time faculty are assigned an office with a desktop computer with internet access, telephone, and access to SON printers. From 2013 to 2016, five professional staff and six staff members were provided with computer hardware and software updates. All staff members are on a four year rotation for computer hardware and software updates. The RN to BS concentration and MS programs are offered completely online. The university’s Unified Technology supports the technology helpdesk that is available 24/7 for faculty and student support.

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 program 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.

Program Response:

There are a diverse range of academic support services for students and faculty to meet program requirements and achieve the mission, goals and expected program learning outcomes.

Student Academic Support: Academic support services at the university level include University Libraries, Information Technology Services, which includes University Technology Support and Unified Communications, the Institute for Digital Intermedia Art, University Media Services, Learning Center, Writing Center, Counseling and Psychological Services Center, Office of Disability Services, Advising Support Services, Scholarship and Financial aid services, and Online and Distance education, including orientation for new online students and how-to videos for Blackboard, and Career Center. Academic support services at the SON level include the Simulation and Information Technology Center (SITC) and the BS and graduate advisors. Students evaluate academic support services via SITC evaluations conducted at the end of each semester, simulation evaluations, and BS and graduate program exit surveys. The BCC and MCC review the respective SITC and simulation evaluation results according to the timeline of the systematic evaluation plan.

BS students consistently rate all academic support service items at 4 or greater on a scale of 1-5 with 5 (strongly agree) for the 2013-14 and 2014-15 academic years. Evaluation comments listed everything as satisfactory overall no actions needed for 2013-14 and 2014-15 academic years (BCC minutes, December 9, 2014 and Baccalaureate Curriculum Evaluation Sub-Committee minutes, September 9, 2015). The BCC reviewed 2014 exit survey results at the February 24, 2015 meeting and reviewed the 2015 exit survey results at the September 14, 2015 meeting. All items on this survey related to academic support services received positive ratings. MS students consistently rate all academic support service items at 4 or greater on a scale of 1-5 with 5 (strongly agree) for the 2013-14 and 2014-15 academic years.

Faculty Academic Support: The university has a variety of supportive services for faculty and staff. The Office of Educational Excellence (OEE) assist faculty to advance and support teaching through various elements including curriculum development, course design, pedagogy, assessment, and research through a range of professional development services and resources. Integrated Learning Institute (iLearn) supports for novice, intermediate, and expert online faculty in the areas of pedagogy and instructional design. iLearn is responsible
to ensure compliance with all state, federal, and university regulations and support integration of best online instructional practices. iLearn is part of the Division of Online and Distance Education and provides faculty, administrative, and student support services for online education. University is a member of the Quality Matters Program, a nationally recognized peer review process designed to certify the quality of online courses. iLearn offers stipends for online course development in the amount of $2,000 for developing faculty and $500 for academic department offering the course. University Media Services provides media support for distance education.

The university uses Blackboard Learning Management System (LMS). iLearn, OEE, Unified Technology Support, and Online Technical Support Center provide faculty training for use of multiple tools available through Blackboard. OEE and iLearn offer faculty workshops periodically during each semester.

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

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected programs 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 and a plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).

Program Response:

The Director of the School of Nursing, Dr. Linda Siktberg, is academically and experientially qualified, holding a PhD, with administrative experience. Dr. Siktberg has served as the SON’s Director for 13 years and in spring 2014, was reappointed by the university president based on reelection by School faculty to another 5 year term. The director is vested with administrative authority to accomplish the mission, goals, and expected program outcomes. The director reports to and meets on a regular basis with the CAST dean.

The director’s role in the SON is supported by the associate directors, BS program director, MS program director, DNP program director, and simulation and information technology director. The leadership team provides the director adequate time to fulfill administrative responsibilities and duties.

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

Elaboration: The 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 overall faculty (whether full-time or part-time) is sufficient in number and qualifications to achieve the mission, goals, and expected program 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 are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

Program Response:

Faculty are recruited, hired and assigned to teach in areas reflected by academic credentials and experience. Faculty members new to the SON are assigned a faculty mentor. Faculty may work in their practice area 1 day a week. For example, faculty prepared as Nurse Practitioners are assigned to teach NP courses and work in that role to support current practice. Faculty assignments for the baccalaureate program are arranged by clinical experience and teaching experience, pairing more experienced teachers with less experienced or newly hired faculty. Faculty who do not have a graduate degree are hired as semester clinical instructors but are required to be enrolled in the MS program and work under the supervision of course faculty. Twenty one full time doctoral or master prepared SON faculty, 9 tenured/tenure-track and 12 contract faculty, are currently assigned to teach in specific courses in the MS curriculum in conjunction with some faculty having teaching assignments in the BS and/or DNP program. Forty full-time doctoral or master prepared SON faculty, 4 tenured/tenure-track and 36 contract, are currently assigned to teach in specific courses in the baccalaureate curriculum in conjunction with teaching assignments some may have in the master’s and/or DNP program (Appendix 2.B.1.). The university policy indicates one full-time equivalency (FTE) is 12 credit hours. The number of BS FTEs and MS FTEs for the academic year is 37.05.

II-E. Preceptors, when used by the program 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 outcomes. Preceptor performance expectations are clearly communicated to preceptors and are reviewed periodically. The program ensures preceptor performance meets expectations.

Program Response:

Each preceptor used in the baccalaureate and master’s programs is academically and experientially qualified to support and facilitate students’ achieving the programs’ expected learning outcomes through teaching, supervising, and evaluating students. When a preceptor is used in clinical, this clinical education involves a triad among the course/clinical faculty, preceptor, and student. In each program, the course faculty members retain responsibility for the student’s final clinical evaluation and course grade. RN to BS students select preceptors in their geographic location using criteria set by the course faculty. Preceptor and clinical site information are submitted for course faculty review and approval.

Baccalaureate Program:

In the baccalaureate program, preceptors are used in observational experiences, and NUR 425 Leadership/Management, NUR 303 Health Assessment, NUR 401 Applied Nursing Concepts, NUR 404 Community Health, and NUR 405 Management/Leadership. The faculty member provides the clinical agency, unit manager/staff, and student with written guidelines of the students’ clinical outcomes prior to the start of the clinical experience. In 425, course clinical faculty mentor the preceptors. The faculty member evaluates the student in collaboration with the preceptor along with student input. The baccalaureate program follows the
Indiana State Board of Nursing’s qualifications of a clinical preceptor, including current, unencumbered registered nurse license and minimum of three years of experience as an RN. The faculty member is responsible for the student’s learning experience and communicates with each clinical preceptor and student for the purpose of monitoring and evaluating the student’s clinical experience. When the faculty member is not in the clinical area, the faculty member is available electronically, such as cell phone, email, or text. The faculty member per day shall not be responsible for coordinating more than 10 clinical preceptorships.

Master’s students select preceptors in their geographic location using criteria set by the Master’s Curriculum Committee. Preceptor and clinical site information, maintained in a database, are submitted for course faculty review and approval.

**Concepts Courses** - The preceptor is a master’s prepared nurse in setting appropriate to meet course outcomes. Example: MS prepared diabetic educator for Concepts 1 Health Promotion.

**NP Primary Care Courses and Practicum** - The preceptor is a master’s prepared, certified nurse practitioner or physician with appropriate population focus. Example: The preceptor for NUR 680, Primary Care of Adults, must be an adult or family NP or a family or internal medicine physician. The preceptor must have a minimum of one year experience and must be practicing in an appropriate setting for the course that allows the student to have hands on experience with patients across the adult lifespan for well visits, acute problems, and chronic problems.

**Educator Track Practicum** - The preceptor is a master’s or doctorally prepared nurse educator with a minimum of one year experience teaching in a SON.

**Administrator Track Practicum** - The preceptor is a master’s prepared nurse administrator with a minimum of one year experience working in an administrative role.

**Clinical Nurse Specialist Adult Health Course and Practicum** - The preceptor is a master’s prepared adult health clinical nurse specialist with minimum of one year experience and practicing in an appropriate setting to allow student to meet course outcomes. The MS program has not admitted CNS students since January 1, 2011. The last CNS student graduated in summer 2015.

Clinical preceptors receive a Preceptor Orientation Manual including detailed course information and criteria defining their teaching, supervision, and evaluation roles. Preceptors are advised to contact the course faculty immediately if they have concerns with a student’s clinical performance.

**Il-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 faculty outcomes. For example:*
- Faculty have opportunities for ongoing development in the scholarship of teaching.
- If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.
- 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 that require it.
- If service is an expected faculty outcome, expected service is clearly defined and supported.

**Program Response:**
The university, CAST, and SON provide a variety of resources to support faculty teaching, scholarship, and service in keeping with the mission, goals and expected faculty outcomes. The university offers teaching support and faculty development through the Office of Educational Excellence (OEE), Integrated Learning
Institute (iLearn), Information Technology Services, which consists of Unified Technology Support and Unified Communications, University Media Services, the Institute for Digital Intermedia Art, and University Libraries.

OEE assists faculty to advance and support teaching through various elements including curriculum development, course design, pedagogy, assessment, and research through a range of professional development services and resources. iLearn, Division of Online and Distance Education, supports novice, intermediate, and expert online faculty in the areas of pedagogy and instructional design. Information Technology Services provides and supports technology, communication, information, and collaborative services to Ball State faculty, students, and staff in the pursuit of excellence in teaching, learning, and research with Unified Technology Support providing the HelpDesk aspect and Unified Communications providing audio and video communications support. University Libraries provide tutorials and subject guides to assist faculty with research. University Media Services provides support for media-related projects and recording of lectures in their distance-learning classrooms. The Institute for Digital Intermedia Art creates and provides support to virtual environments used by students, faculty, and staff in simulations in both the baccalaureate and master’s program.

University Sponsored Programs Administration (SPA) assists faculty in the pursuit of identifying potential external funding opportunities to carry out their research, guidance in proposal and budget development, and submission of applications to funding agencies. SPA provides workshops in proposal preparation and coordinates internal funding through Aspire Internal Grants and the Advance Proposal Development Program. SPA supports grant writing and internal research grants to augment proposals for external funding. SPA offers incentive programs designed to promote proposal submission to external sponsors by providing various levels of monetary support. In summer 2014, CAST advertised and hired a second associate dean to facilitate CAST tenure-track and tenured faculty to augment scholarship goals and address the university, CAST, and SON’s strategic performance indicators for scholarship.

The university, CAST, and SON support faculty practice. The university permits faculty to engage in professional practice one day per week or professional activities other than university activities provided those activities do not interfere with the employee’s performance of his/her university responsibilities.
Standard III
Program Quality: Curriculum and Teaching-Learning Practices

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

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program’s mission and goals, and with the roles for which the program is preparing its graduates.

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

Program Response:

**Baccalaureate:** The Baccalaureate program curriculum is developed, implemented, and revised by faculty reflecting the SON and university mission, goals, and expected student learning outcomes (Appendix 1.A.1). Each baccalaureate course grid has been developed by faculty to evaluate congruency of the *Baccalaureate Essentials* (AACN, 2008), program outcomes, course/student outcomes, learning activities/experiences, and evaluation methods for each the baccalaureate courses. In the academic year 2014-2015, the Baccalaureate Curriculum Committee (BCC) revised the BCC guidelines and established four subcommittees, including teaching, policy, evaluation, and accreditation (BCC minutes, October 8, 2014). One of the Teaching Subcommittee’s functions was to “develop, implement, and revise the [baccalaureate] curriculum based on the philosophy, organizing framework, and program outcomes: a) Identify learning activities and course outcomes consistent with program outcomes, and 2) Evaluate learning environments...” The BCC revised the 2015-2016 BCC guidelines and added a fifth subcommittee, Outcome Subcommittee, and revised the Teaching Subcommittee functions. The Outcome Subcommittee functions were to review, update, and approve course and simulation outcomes; identify learning activities consistent with course outcomes; and access congruency of course outcomes with program outcomes and the Baccalaureate Essentials (2008) (BCC minutes, August 20, 2015). In academic year 2015-2016, all course grids and outcomes were revised, reviewed and approved except for NUR 302 Nursing Foundations and Issues, NUR 401 Applied Nursing Concepts, and NUR 405 Management and Leadership.

**Master’s:** The Master’s program curriculum is developed, implemented, and revised by faculty reflecting the SON and university mission, goals, and expected student learning outcomes (Appendix 1.A.2). Each master’s course grid has been developed by faculty to evaluate congruency of the *Master’s Essentials* (AACN, 2011), NTF Criteria (NTF, 2012) and NONPF Competencies (2012), program outcomes, course/student outcomes, learning activities/experiences, and evaluation methods for each the master’s courses. The course grids are reviewed on a regular basis by the MCC.

During the academic year 2014-2015, the MCC determined that revisions were needed for the FNP concentration. It was determined that the adult-geriatric NP (AGNP) concentration also needed revisions, but due to a small number of applicants for the program and a greater demand for the FNP concentration, it was decided not to admit students into the AGNP and focus resources on the FNP concentration. Changes to the FNP program included deleting the requirement of NUR 611 Concepts Analysis 2 (3 cr. hrs.) and NUR 614 Issues in the Aging Adult Population (3 cr. hrs.), and NUR 680 Primary Care of the Adult/Geriatric Clients (7 cr. hrs.). The concepts of ethics and decision making from NUR 611 are incorporated in NUR 630 Advanced Practice Nursing and Role Theory. The content in NUR 680 in addition to content on aging was placed into two courses; NUR 681 Adult Primary Care 1, (4 cr. hrs.) and NUR 683 Adult Primary Care 2 (4 cr. hrs.). The content on aging is incorporated in NUR 681 Primary Care of Adult 1 (4 cr. hrs.) and NUR 683 Primary Care of Adult 2 (cr. hrs.). The new NUR 681 course description is “Focuses on the development of clinical decision making for the family nurse practitioner student in providing primary health-care for adults, older adults and maturing families across the life span. Emphasis is on health promotion, disease prevention, health education, and treatment of common acute and chronic conditions in young adults through geriatrics.” The new NUR 683 course description is
“Focuses on the continued development of clinical decision making for the family nurse practitioner student in providing primary healthcare for adults, older adults, and maturing families across the life span. Emphasis is on health promotion, disease prevention, health education, and treatment of common acute and chronic conditions in young adults through geriatrics.” In addition, NUR 684 Primary Care of Women was changed from a 3 credit to a 4 credit hour course to more accurately reflect the didactic and clinical hours of the course. The FNP program is decreased from a total of 50 credit hours to 47 credit hours. Submitted substantive change notification on December 9, 2015 and received email notification that CCNE received substantive change notification on December 22, 2015.

NUR 610, Concepts 1, (3 cr. hrs.) is a course required of all nursing master’s students, was revised to include the concept of health policy.

The FNP Post-Master’s Certificate Program was revised to be congruent with the changes made to the FNP Master’s Requirements.

Educator concentration students admitted fall 2016 and after select a clinical focus area of maternal-child, adult health, behavioral health or community health. Courses where student assignments and/or clinical hours will focus on the selected area include NUR 610 Nursing Concepts in Health Promotion/Disease and Injury Prevention in Populations (45 clinical hours), NUR 608 Pathophysiology and Pharmacology for Clinical Practice, NUR 622 Teaching in Nursing. The clinical practice experience for NUR 672 Practicum of Role Expectations provides the student the opportunity to work with a preceptor in a school of nursing in the selected focus area.

Administrator concentration - The faculty are in the beginning stages of developing a dual MS/MBA degree with Miller’s College of Business.

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

- Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008).

- Master’s program curricula incorporate professional standards and guidelines as appropriate.
  - a. All master’s degree programs incorporate The Essentials of Master’s Education in Nursing (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
  - b. All master’s degree programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012).

- 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 additional relevant professional standards and guidelines if identified by the program.
  - b. All DNP programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012).

- Post-graduate APRN certificate programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012).

Elaboration: Each degree/certificate program incorporates professional nursing standards and guidelines relevant to that program, area, role, population focus, or specialty. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

APRN education programs (degree and certificate) (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:

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

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

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

Master’s programs that have a direct care focus but are not APRN education programs (e.g., nursing education and Clinical Nurse Leader), incorporate graduate level content addressing the APRN core. They are not required to offer this content as three separate courses.

Program Response:
The BS program curriculum and expected student outcomes (individual and aggregate) reflect relevant nursing standards and guidelines to include the Baccalaureate Essentials (2008), ANA Code of Ethics (2015), ANA Standards of Practice (2010), and Indiana State Board of Nursing (2015). The MS program curriculum and expected student outcomes (individual and aggregate) reflect relevant nursing standards and guidelines to include the Master’s Essentials (2011), National Organization of Nurse Practitioner Faculties (NONPF) Nurse Practitioner Core Competencies (2012), NTF Criteria (2012), and National Association of Clinical Nurse Specialists (NACNS), ANA Code of Ethics (2015), NLN Core Competencies Nurse Educator (2012), ANA Scope & Standards Nurse Administrators (2009), and NACNS CNS Competencies (2009). BS and MS course grids provide documents for ongoing faculty review and update to maintain congruency of the Baccalaureate Essentials (2008) and Master’s Essentials (2011), program outcomes, course outcomes/individual student outcomes, learning activities/experiences, and evaluation methods for each BS and MS courses.

III-C. The curriculum is logically structured to achieve expected student outcomes.
• Baccalaureate curricula build 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.
• Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.

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, 2008). The program provides a rationale for the sequence of the curriculum for each program.
Program Response:

The BS and MS programs have an established plan of study whereby higher level courses build on lower level courses. Liberal education is the foundation for the baccalaureate nursing courses. BS nursing education is the foundation for the master’s nursing courses. The Baccalaureate Essentials (2008) and Master’s Essentials (2011) provide the foundation and framework for each program.

Baccalaureate: The BS regular concentration and RN to BS concentration are 120 credit hours in university core courses, physical and behavioral science courses, and nursing courses. Pre-licensure BS clinical hours include on-campus labs with simulations and agency clinical experiences for a total of 945 hours and post-licensure baccalaureate clinical hours include virtual simulations and agency clinical experiences for a total of 180 clinical hours.

Master’s: The MS curriculum builds on knowledge and skills of baccalaureate prepared nurses. The MS Program has three concentrations; nurse educator, nurse administrator and family nurse practitioner. The adult-geriatric NP (AGNP) concentration is not admitting students in this concentration due to low number of applicants and the concentration needs to be revised. The nurse administrator concentration requires 36 credit hours of study and 270 clinical hours. The nurse educator concentration requires 36 credit hours of study and 310 clinical hours. The FNP concentration for students admitted prior to fall 2015 requires 50 credit hours and 735 clinical hours. FNP concentration for students admitted fall 2015 and after requires 47 credit hours and 690 clinical hours.

Students who have an associate degree in nursing and a baccalaureate degree in an area that is not nursing can be admitted under the RN-MS option. Students are required to take 16 credit hours of upper-division nursing courses at the baccalaureate level with 135 clinical hours (NUR 302 Nursing Foundation and Issues (3 cr), NUR 303 Health Assessment (3 cr, 45 clinical hours), NUR 322 Research in Nursing (3 cr), NUR 404 Community Health (4 cr, 45 clinical hours), and NUR 405 Management and Leadership (3 cr, 45 clinical hours).

Students were not admitted to the post-master’s certificate from 2012-2015 as the faculty planned on making program changes to the FNP program. Once the FNP concentration program was revised and reflected in the FNP post-master’s certificate requirements, applications were accepted and students admitted for fall 2016.

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

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

Program Response:

Baccalaureate: Teaching-learning practices and the teaching environments promote behaviors supporting the achievement of student learning outcomes as reflected by the course syllabi and course grids. BS students meet weekly for the didactic portion of the class, except for two online courses NUR 228, Introduction to Nursing, and NUR 322, Research, and one hybrid course, NUR 423, Seminar: Transition to Practice. Each course uses the Blackboard Learning Management System (LMS), Teaching-learning strategies include reading assignments, narrated PowerPoint, Mediasite lectures and demonstrations, mobile devices, ipads, e-textbooks, i-Clickers, adaptive quizzes and examinations, virtual clinical environment Blue Mars platform, virtual 3-D second life, VitalSim, case studies, group projects and activities, student presentations, written papers and assignments, examinations, quizzes, classroom and asynchronous discussions, concept mapping, care plans, database searching and document retrieval, video recordings, low and high-fidelity simulations, community volunteer/standardized patients, and HESI Exit Exam (student’s readiness for NCLEX-RN).

All of the RN to BS courses are delivered online using the Blackboard LMS. Teaching-learning practices and teaching environments support the needs of the adult learner and promote behaviors supporting the achievement of expected student learning outcomes identified in course syllabi and course grids.
Teaching-learning strategies include reading assignments, narrated PowerPoint and Mediasite presentations, asynchronous discussions, major written assignments, concept mapping, database searching and document retrieval, case studies, small group activities, Shadow Health, and quizzes. Students have online access to the university libraries for online database and journal searches. Faculty teaching online have been oriented to online teaching and have extensive technology and instructional design support at the School and university levels. Since 2013, five of the BS and RN to BS courses have been redesigned using the Quality Matters Rubric in collaboration with the university’s iLearn resource support service.

**Master’s:** All of the MS courses and post-master’s certificate courses are delivered online using the Blackboard LMS. Teaching-learning practices and the teaching environment support the needs of the adult learner and promote behaviors supporting the achievement of expected student learning outcomes identified in course syllabi and course grids. Teaching-learning strategies include reading assignments, narrated PowerPoint and Mediasite presentations, asynchronous discussions, major written assignments, concept mapping, database searching and document retrieval, case studies, small group activities, examinations (proctor via b-virtual) and quizzes. Students have online access to the university libraries for online database and journal searches. Faculty teaching online have been oriented to online teaching and have extensive technology and instructional design support at the School and university levels. Since 2012, 16 of the MS courses have been redesigned using the Quality Matters Rubric in collaboration with the university’s iLearn resource support service. A time line is in place to complete the redesign of the remaining MS courses.

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

- enable students to integrate new knowledge and demonstrate attainment of program outcomes;
- and

**Elaboration:** To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the degree/certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.

**Program Response:**

**Baccalaureate:** The BS program has two concentrations, regular and registered nurse (RN to BS). The BS regular concentration includes 945 clinical hours. The clinical hours are distributed across eleven courses including a capstone experience. NUR 230 Health Appraisal requires 45 clinical hours focused on health assessment skills. NUR 231 Fundamental Nursing Skills requires 90 clinical hours focused on basic nursing skills. NUR 230 and NUR 231 courses have on campus-based clinical labs as well as clinical experiences in extended care facilities. NUR 330 Adult Health 1, NUR 340 Adult Health 2, NUR 402 Adult Health 3, and NUR 430 Adult Health 4 require 90 clinical hours each with the focus on medical/surgical nursing culminating in NUR 430 that focuses on multi-system organ failure. NUR 350 Psychiatric Mental Health requires 90 clinical hours focused on mental health. NUR 370 Pediatrics requires 90 clinical hours focused on the pediatric patients. NUR 404 Community Health requires 90 clinical hours focused on community health, population-focused aggregates, and global issues. NUR 406 Childbearing Families requires 90 hours focused on childbearing and women’s health issues. NUR 425 Leadership/Management requires 90 hours focused on leadership and management skills. Student clinical experiences are evaluated weekly, mid-term and final from the faculty in each course. The RN to BS concentration includes 180 clinical hours. There are four clinical courses which have 45 hours each. NUR 303, Health Assessment, NUR 401 Applied Nursing Concepts, NUR 404 Community Health, and NUR 405 Management and Leadership. Student clinical experiences are evaluated at the end of each experience.

**Master’s:** The MS program has three concentrations; Nurse Administrator, Nurse Educator, and Nurse Practitioner. The Nurse Administrator concentration has a total of 270 clinical hours. NUR 610 Concepts 1 includes a 45 hour clinical experience identifying the health needs of a specific population. NUR 672 Practicum of Role Expectations requires 225 clinical hours in an administrator role with a preceptor. The Nurse Educator concentration has a total of 315 clinical hours in three courses. NUR 610 Concepts 1 includes a 45 hour clinical
experience identifying the health needs of a specific population. NUR 609 Health Assessment for Clinical Practice requires 45 clinical hours in a primary care practice or School of Nursing. NUR 672 Practicum of Role Expectations requires 225 clinical hours in an on campus baccalaureate or associate program under the guidance of nurse educator as preceptor. The Nurse Practitioner Concentration for students who were admitted before fall 2015 has two focus areas, family nurse practitioner (FNP) or adult/gerontology nurse practitioner (AGNP). The FNP concentration includes 735 clinical hours distributed across 5 courses. NUR 634 Advanced Health Assessment (90 hrs.), NUR 680 Primary Care of Adult/Geriatric Clients (240 hrs.), NUR 682 Primary Care of Children (120 hrs.), NUR 684 Primary Care of Women (60 hrs.), and NUR 672 Practicum of Role Expectations (225 hrs.). The AGNP concentration includes 555 clinical hours distributed across 3 courses. NUR 634 Advanced Health Assessment (90 hrs.), NUR 680 Primary Care of Adult/Geriatric Clients (240 hrs.), and NUR 672 Practicum of Role Expectations (225 hrs.). FNP students admitted fall 2015 and after have 690 clinical hours distributed across 6 courses. NUR 634 Advanced Health Assessment (60 hrs.), NUR 681 Primary Care of Adult 1 (120 hrs.), NUR 682 Primary Care of Children (120 hrs.), NUR 683 Primary Care of Adult 1 (120 hrs.), NUR 684 Primary Care of Women (90 hrs.), and NUR 673 Practicum Family Nurse Practitioner (180 hrs.). Student clinical experiences are evaluated at mid-term and final.

Post-master’s certificate clinical requirements are dependent on courses needed to acquire certification. A minimum of 12 credit hours are required by the University to earn a post-master’s certificate.

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

Elaboration: The curriculum and teaching-learning practices (e.g., use of distance technology, didactic activities, and simulation) are appropriate to the student population (e.g., adult learners, second language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.

Program Response:

The community of interest (COI) for the BS and MS programs include BS students, BS alumni, MS students, MS alumni, faculty, School, CAST and university administration, and clinical and community facilities. The BS and MS programs invite input from the COI in a variety of ways.

Baccalaureate: The BCC has a BS student representative. The student representative participates in the BCC meetings and has input into the discussions. Student course evaluations are solicited for each course at the end of each semester that incorporates evaluation of teaching-learning practices in each course. Based on student course evaluation feedback, the BCC faculty analyze the course evaluation results and have responded to the needs of the COI. Based on students and faculty feedback, the junior level nursing courses, including NUR 330 Adult Health 1, NUR 350 Psychiatric Mental Health, NUR 340 Adult Health 2, and NUR 370, Pediatrics, were scheduled for 8-weeks courses instead of 16-weeks in order to facilitate students’ learning and focus on one nursing clinical course instead to two clinical courses from fall 2013-spring 2015. Based on students and faculty feedback, the BCC decided to change the four junior level nursing courses from 8-week courses to 16 week courses beginning fall 2015 (BCC minutes, January 14, 2015). Another program change based on NUR 423 Seminar: Transition to Practice aggregate not meeting the established HESI Exit Exam and faculty feedback was to require students who did not earn the recommended and acceptable levels of performance to retake the HESI 2.0 after completing the individualized study plan and the NUR 423 required NCLEX-RN® onsite review (BCC minutes 2.15.16). Another program change based on faculty and student feedback was the incorporation of Shadow Health in NUR 303 Health Assessment.

Master’s: The MCC has a MS student representative. The student representative participates in the master's Curriculum Committee meetings and has input into the discussions. Student course evaluations are solicited for each course at the end of each semester that incorporates evaluation of teaching-learning practices in each course. Based on student course evaluation feedback, the master’s Curriculum Committee faculty analyze the course evaluation results and have responded to the needs of the COI. Based on student evaluations and feedback that NUR 680 Primary Care of the Adult/Geriatric Clients content was too concentrated in one semester. The MS faculty determined that two 4 credit hour courses would provide the students more time to focus on specific content (November 12, 2014).
III-G. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

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

Program Response:

Students' evaluation and grading criteria policies and procedures are clearly outlined in the BS and MS student handbooks and in BS and MS course syllabi, and aligned with baccalaureate and master's expected student outcomes. All syllabi use a standard syllabus template to provide consistency across program courses. The standard BS grading scale and MS grading for each program is consistent across all BS and MS nursing courses and published in course syllabi.

Baccalaureate: Evaluation criteria are based on course and clinical outcomes and student learning outcomes. Faculty evaluate students on a regular basis in the classroom and weekly in clinical settings. Students are oriented to evaluation procedures and criteria at the beginning of each BS course. Clinical evaluation forms are completed by preceptors at the end of the semester and reviewed by the course clinical faculty. The clinical faculty meets with the students to review the clinical evaluation. The clinical faculty meets on a regular basis with the students to ensure that students are achieving the expected clinical outcomes. Clinical faculty communicates with each preceptor frequently in order for preceptor to provide data on students’ clinical performance. The faculty is responsible for evaluation of students’ achievement of the learning outcomes. The RN to BS evaluation includes asynchronous discussions, written assignments, case studies, small group activities, and quizzes. Students receive feedback from faculty on assignments and access their assignment grades online throughout each course's Blackboard grade center. Criteria for successful completion of required clinical hours are outlined in the clinical packets, course syllabi, and through course introductions provided by course faculty.

Master's: The MS evaluation processes include asynchronous discussions, written assignments, case studies, small group activities, examinations, and quizzes. Students receive feedback from faculty on assignments and access their assignment grades online throughout each course's Blackboard grade center. Criteria for successful completion of required clinical hours are outlined in the MS clinical packets, course syllabi, and through course introductions provided by course faculty.

Students in the AGNP and FNP concentrations are evaluated on clinical performance by the preceptor and clinical supervisor. The preceptor provides informal evaluation throughout the semester. A formal evaluation is completed at the midterm and at the end of the semester by both the preceptor and clinical supervisor using program evaluation forms. The clinical supervisor goes to the student’s clinical site and evaluates the student with clients, reviews charting, meets with the preceptor and the student. Completed evaluations are submitted to the course faculty for review. It is an expectation that if the student is having problems meeting course outcomes the course faculty is to be contacted immediately.

Students in the Educator and Administrator concentrations are evaluated on clinical performance by the preceptor and clinical supervisor. The preceptor provides informal evaluation throughout the semester. A formal evaluation is completed at the midterm and at the end of the semester by both the preceptor and clinical supervisor using program evaluation forms. Completed evaluations are submitted to the course faculty for review. It is an expectation that if the student is having problems meeting course outcomes the course faculty is to be contacted immediately.
III-H. 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 student 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.

**Program Response:**

Didactic and clinical courses are evaluated at the end of each semester in the spring, summer, and fall for all BS and MS courses. According to the Systematic Evaluation Plan (SEP) (Appendix 1.B.1.), the curriculum and teaching-learning practices are evaluated annually by the BCC and MCC. Students evaluate courses and course faculty each semester. These evaluations are reviewed by course faculty who then bring recommended changes to the respective Curriculum Committees. Faculty have constructed grids for each course that are used to evaluate congruency of the *Baccalaureate Essentials* (2008) and *Master’s Essentials* (2011), program outcomes, course outcomes/individual student outcomes, learning activities/experiences, and evaluation methods. The BCC and MCC review the course grids on a regular basis.

**Baccalaureate:** During the academic years 2013-2014 and 2014-2015 based on student and faculty feedback, the BCC revised the first and second semester junior level courses, NUR 330, Adult Health 1, NUR 340, Adult Health 2, NUR 350, Psychiatric Mental Health, and NUR 370, Pediatrics, to offer in eight weeks versus 16 weeks to facilitate students’ retention of nursing content and facilitate students’ learning. From student and faculty assessment data, the BCC analysis of the data resulted in the decision to change the 8-week junior level courses to 16 weeks starting Fall Semester 2015.

**Master’s:** After analysis of the of the certification pass rates, the MCC approved to pilot test the Barkley and Associates Nurse Practitioner Diagnostic Readiness Test (DRTs) online modules in summer 2015 in NUR 672 Practicum of Role Expectations. Based on overwhelmingly positive student and faculty feedback, the MCC approved to as a course requirement the Barkley and Associates Nurse Practitioner Diagnostic Readiness Test (DRTs) in NUR 672 beginning Fall Semester 2015.
Standard IV
Program Effectiveness: Assessment and Achievement of Program Outcomes

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

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

Elaboration: The program uses a systematic process to obtain relevant data to determine program effectiveness. The process:

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

Program Response:
The BS and MS programs follow the SON’s systematic evaluation plan (SEP)(Appendix 1.B.1.). The components of the SEP reflect the CCNE Standards for Accreditation (2013) that includes areas to be evaluated, who is responsible for evaluation of each area, evaluation method, frequency of evaluation, and method of documentation. BS and MS program evaluation includes program exit surveys, graduation rates, NCLEX-RN®, certification, and employment rates, end of semester course/clinical evaluations, Simulation and Information Technology Center survey, online and distance education surveys, and alumni surveys. Evaluation data are reviewed by the Baccalaureate and Master’s Curriculum Committees for discussion and action. The SON’s SEP was reviewed and revised by the BCC (BCC minutes, December 15, 2015), MCC (MCC, November 20, 2015) and FOC and approved revisions (FOC minutes December 1, 2014; December 7, 2015; March 14, 2016). Benchmarks for retention and graduation rates, employment rates, licensure and certification rates, Barkley and Associates Nurse Practitioner Diagnostic Readiness Test (DRTs), program satisfaction, course evaluations, exit and alumni surveys, online and distance education surveys, and faculty teaching, scholarship, and service outcomes are included in the SON’s SEP.

IV-B. Program completion rates demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master’s, and DNP) and post-graduate APRN certificate program:

- The completion rate for each of the three most recent calendar years is provided.
- The program specifies the entry point and defines the time period to completion.
- The program describes the formula it uses to calculate the completion rate.
- The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.

A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.

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

**Baccalaureate:** The BS program completion (graduation) rate is defined as the number of students successfully completing the five to six semester program within the initial enrollment in NUR 230, Health Appraisal, and NUR 231, Fundamental Nursing Skills, (first two nursing courses) for pre-licensure and NUR 302, Nursing Foundation and Issues, for the RN-BS track within six semesters. The program completion rate is calculated by dividing the total number of graduates within five to six semesters (numerator) by the total number of students admitted to the baccalaureate program as a cohort in the calendar year (denominator), excluding students who have family obligations, financial barriers, withdrew from nursing for other reasons, changed major and/or transferred to another institution. The established benchmark for the baccalaureate program is a minimum of 70% of students will graduate within five to six semesters of entry into the program.

<table>
<thead>
<tr>
<th>Year of Graduation</th>
<th>Year of Admission</th>
<th># Students Admitted (Cohorts)</th>
<th># Students Excluded</th>
<th># Students Graduated in 5 or 6 Semesters</th>
<th># Students Graduated in 7+ semesters</th>
<th>% Students Graduated</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2011</td>
<td>186</td>
<td>15</td>
<td>150</td>
<td>11</td>
<td>87.72%</td>
</tr>
<tr>
<td>2014</td>
<td>2012</td>
<td>180</td>
<td>17</td>
<td>137</td>
<td>14</td>
<td>84.05%</td>
</tr>
<tr>
<td>2015</td>
<td>2013</td>
<td>164</td>
<td>14</td>
<td>132</td>
<td>12</td>
<td>88.00%</td>
</tr>
</tbody>
</table>

Table 4.B.1. displays BS program admission and completion rates of BS students admitted to NUR 230 and NUR 231 in the calendar years of 2011, 2012, 2013 that met the benchmark of 70% or higher of students graduating within 5 to 6 semesters. The overall BS program’s degree completion (graduation) rate for 2013, 2014 and 2015 excluding students who have identified one of the above factors is 86.57% (n=419/484).

Program Response:

**Masters:** The university allows 6 calendar years for completion of a master’s degree. The part-time structure of the MS program allows students in the administrator and educator concentration to graduate in a minimum of 7 semesters, the AGNP concentration in 8 semesters, and the FNP concentration in 9 semesters. The benchmark established by the MCC is a minimum of 70% of the students will graduate within 6 calendar years of entry into the program. Students who were admitted and completed NUR 605 Nursing Information Technology the first semester of their program were counted in the total. Students who did not complete NUR 605 were excluded in the totals. The program completion (graduation) rate is calculated by dividing the total number of graduates within six years (numerator) by the total number of students admitted to the MS program as a cohort in the calendar year (denominator), excluding students who did not complete NUR 605.

<table>
<thead>
<tr>
<th>Term/Year of Graduation</th>
<th>Term/Year of Admission</th>
<th># Students Admitted</th>
<th># Students Graduated+</th>
<th>% Students Graduated</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2007</td>
<td>129</td>
<td>114</td>
<td>88.37%</td>
</tr>
<tr>
<td>2014</td>
<td>2008</td>
<td>110</td>
<td>82</td>
<td>74.5%</td>
</tr>
<tr>
<td>2015</td>
<td>2009</td>
<td>105</td>
<td>86</td>
<td>81.9%</td>
</tr>
</tbody>
</table>

Table 4. B.2.: Master’s Program Graduation Rates for 2013-2015
IV-C. Licensure and certification pass rates demonstrate program effectiveness.

Elaboration: The pre-licensure program demonstrates achievement of required program outcomes regarding licensure.

- The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years.
- The NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year. However, if the NCLEX-RN® pass rate for any campus/site and track is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.

A campus/site or track with an NCLEX-RN® pass rate of less than 80% for first-time takers for the most recent calendar year provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, data relative to specific campuses/sites or tracks, and data on repeat takers.

The graduate program demonstrates achievement of required program outcomes regarding certification. Certification results are obtained and reported in the aggregate for those graduates taking each examination, even when national certification is not required to practice in a particular state.

- Data are provided regarding the number of graduates and the number of graduates taking each certification examination.
- The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.
- The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.

A program with a pass rate of less than 80% for any certification examination for the most recent calendar year provides a written explanation/analysis for the variance and a plan to meet the 80% certification pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, and data on repeat takers.

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

Program Response:

Baccalaureate: In Table 4.C.1., the data reflect the first time NCLEX® pass rates by calendar year. The first-time pass rates for the past three years meet the benchmark of 80% or higher per calendar year for first-time takers.
Table 4.C.1: SON’s NCLEX-RN Pass Rates on First Attempt for 2013-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Test Takers</th>
<th># Passed 1st Attempt</th>
<th># Failed 1st Attempt</th>
<th>BSU SON Pass (% Passed 1st Attempt)</th>
<th>National Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>165</td>
<td>139</td>
<td>26</td>
<td>84.20%</td>
<td>83.04%</td>
</tr>
<tr>
<td>2014</td>
<td>164</td>
<td>152</td>
<td>12</td>
<td>92.70%</td>
<td>81.78%</td>
</tr>
<tr>
<td>2015</td>
<td>159</td>
<td>147</td>
<td>12</td>
<td>92.40%</td>
<td>84.53%</td>
</tr>
</tbody>
</table>

**Master’s**: Students graduating from the AGNP nurse practitioner concentration may sit for both the AGNP or Adult certification exams. Students who graduated in 2013 and before were eligible to take the Adult certification exam.

American Academy of Nurse Practitioners Certification Pass Rates: Tables 4.C.2, 4.C.3., and 4.C.4. reflect the AANP pass rates for first attempt and all attempts for AGP, ANP, and FNP.

Table 4.C.2.: SON’s AANP AGP Exam Pass Rates on First Attempt and Total Attempt for 2014-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Test Takers</th>
<th># Passed 1st Attempt</th>
<th>% Passed 1st Attempt</th>
<th>Total Number Passed</th>
<th>All Takers % Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>10</td>
<td>7</td>
<td>70%</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>2015</td>
<td>16</td>
<td>14</td>
<td>88%</td>
<td>15</td>
<td>94%</td>
</tr>
</tbody>
</table>

The two year average for all test takers is 88.46% and meets the CCNE benchmark of 80% or higher per calendar year.

Table 4.C.3.: SON’s AANP ANP Exam Pass Rates on First Attempt and Total Attempt for 2013-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Test Takers</th>
<th># Passed 1st Attempt</th>
<th>% Passed 1st Attempt</th>
<th>Total Number Passed</th>
<th>All Takers % Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>24</td>
<td>18</td>
<td>75%</td>
<td>20</td>
<td>83%</td>
</tr>
<tr>
<td>2014</td>
<td>15</td>
<td>10</td>
<td>67%</td>
<td>12</td>
<td>80%</td>
</tr>
<tr>
<td>2015</td>
<td>3</td>
<td>1</td>
<td>33%</td>
<td>2</td>
<td>67%</td>
</tr>
</tbody>
</table>

The three year average for all test takers is 80.95% and meets the CCNE benchmark of 80% or higher.

Table 4.C.4.: SON’s AANP FNP Exam Pass Rates on First Attempt and Total Attempt for 2013-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Test Takers</th>
<th># Passed 1st Attempt</th>
<th>% Passed 1st Attempt</th>
<th>Total Number Passed</th>
<th>All Takers % Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>46</td>
<td>43</td>
<td>93%</td>
<td>45</td>
<td>98%</td>
</tr>
<tr>
<td>2014</td>
<td>38</td>
<td>35</td>
<td>92%</td>
<td>36</td>
<td>95%</td>
</tr>
<tr>
<td>2015</td>
<td>51</td>
<td>43</td>
<td>84%</td>
<td>45</td>
<td>88%</td>
</tr>
</tbody>
</table>

The past rate for the most recent calendar year for first time attempts meets the benchmark of 80% or higher per calendar year.

American Nurses Credentialing Center Pass Rates: Tables 4.C.5, and 4.C.6. reflect the ANCC pass rates for first attempt and all attempts for ANP and FNP.

Table 4.C.5.: SON’s ANCC ANP Exam Pass Rates for 2013-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Examinees</th>
<th>Number of Examinees Passed</th>
<th>SON % Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>13</td>
<td>10</td>
<td>76.92%</td>
</tr>
<tr>
<td>2014</td>
<td>7</td>
<td>5</td>
<td>71.43%</td>
</tr>
<tr>
<td>2015</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
</tbody>
</table>

The average pass rate for 2013 and 2014 for all test takers is 75% and does not meet the CCNE benchmark of 80% or higher.
Table 4.C.6.: SON’s ANCC FNP Exam Pass Rates for 2013-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Examinees</th>
<th>Number of Examinees Passed</th>
<th>SON % Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>13</td>
<td>11</td>
<td>84.62%</td>
</tr>
<tr>
<td>2014</td>
<td>13</td>
<td>11</td>
<td>84.62%</td>
</tr>
<tr>
<td>2015</td>
<td>5</td>
<td>3</td>
<td>60.00%</td>
</tr>
</tbody>
</table>

The three year average for all test takers is 80.6% and meets the CCNE benchmark of 80% or higher.

In order to improve certification exam scores, the MCC implemented several new policies. Before 2014, course exams were timed but not monitored. While students were given instructions that exams were closed book and not to be copied or printed, there was no way for faculty to monitor students. The faculty with the support from the university iLearn department decided to use B Virtual, an online exam proctoring service, to ensure that the students were taking the exam without using books, notes, etc. and not printing, or taking notes during the exam. Ball State University has contracted with B Virtual for online test proctoring service. The MS program started using this program in the spring 2014. All NP role and clinical courses use B Virtual for exam proctoring.

It was also determined that, an online review course should be incorporated as a requirement during the NUR 672 Practicum of Role Expectation for the NP students. In the summer of 2015, the Barkley Online Review was incorporated in the course and students were given the option of purchasing and completing the review during the course. Favorable feedback was received from the students. Starting fall 2015, the online review was a requirement of the course. In addition to the online review, NUR 672 students take a Barkley pretest at the beginning of the practicum course and a post test on course completion. Students and faculty use the provided information to help students strategize on areas that need further study before taking the certification exam.

The MCC decided not to admit students as of fall 2015 to the adult geriatric NP (AGNP) concentration in order to focus on the FNP curriculum revision and implementation of revised curriculum. Currently, students applying for the NP option can only apply for FNP.

IV-D. Employment rates demonstrate program effectiveness.

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

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

Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance.

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

**Program Response:**

**Baccalaureate:** Employment data is included in the alumni survey which is administered one year post graduation by the Office of Institutional Effectiveness. Employment data results were 75% for 2013, 93% for 2014, and the 2015 alumni survey is in the process of being administered.

**Master’s:** Employment data was not collected systematically for students graduating before 2015. A short survey requesting employment data was implemented in spring 2015 asked all students in their last semester of the program if they were currently employed or would be upon graduation. Employment rate for all 2015 Master’s graduates was 93%. Employment rates for specific concentrations: nurse educator 92%, nurse administrator 96%, and the NP 91%.
IV-E. Program outcomes demonstrate program effectiveness.

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

Program outcomes are defined by the program and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the degree and certificate programs offered and may include (but are not limited to) student learning outcomes; student and alumni achievement; and student, alumni, and employer satisfaction data.

*Analysis of the data demonstrates that, in the aggregate, the program is achieving its outcomes. Any program with outcomes lower than expected provides a written explanation/analysis for the variance.*

Program Response:

The BS and MS program outcomes are appropriate and relevant to the degrees offered and demonstrate program effectiveness. Course grids have been developed to evaluate congruency of *Baccalaureate Essentials* (2008) and *Master’s Essentials* (2011), program outcomes, course outcomes/individual student outcomes, learning activities/experiences, and evaluation methods for each of the courses. The course grids are reviewed on a regular basis by the BCC and MCC and changes made as needed.

**Baccalaureate:** The program uses online baccalaureate exit surveys and alumni surveys, course evaluations, and NCLEX-RN® program reports. The baccalaureate exit survey is administered at the end of baccalaureate program prior to graduation. The exit survey includes questions on core knowledge including health promotion, risk reduction and disease management, information and health care technologies, ethics, global health care, health care systems and policy, research, human diversity, and theory, professional values, and core concepts; professional values including altruism, self-determination, human-dignity-respect, integrity, and social justice; core concepts including critical thinking, communication, assessment, and technical skills; and professional role development including member of profession, provider of care, and designer, manager and coordinator of care. The Baccalaureate Student Exit Surveys for 2014 and 2015 were reviewed by the BCC. Of the 2014 and 2015 respondents, the majority of the responses were in the low to mid-nineties indicating they were moderately to well prepared for entry into nursing practice in the areas of core knowledge, professional values, core concepts, and professional role development. The BCC established NCLEX-RN® program reports benchmark of 46-65 percentile for the test plan report and content dimension of nursing process, categories of health alteration, and stages of maturity. The BS pre-licensure program met the April 2014 to March 2015 NCLEX-RN® program report benchmark except for one category in the stages of maturity, adolescence. Based on the results, the faculty in NUR 370 Pediatrics increased the adolescent content. In the April 2015 to March 2016 NCLEX-RN® program report, students’ knowledge about adolescence had increased and the adolescent percentile met the benchmark at the upper level.

**Master’s:** The program began using the university online graduate exit surveys and alumni surveys rather than separate mailed School surveys in 2014. These surveys include questions on graduate and alumni satisfaction with the program. The Graduate Student Exit Survey for the 2014-2015 academic year graduates was reviewed on November 11, 2015 by the MCC. The report showed academic indicators were high; however, some qualitative comments included students’ concerns regarding lack of lecture, lecture notes, or supplemental materials, difficulty in attaining clinical sites and preceptors for the clinical courses, and not responding to e-mails in a timely manner. Suggestions recommended by MCC members and by the two graduate students who were present in the committee meeting included the use of an introduction video by faculty to introduce what is in the course so students connect a face with a class, informing students in the application form that there are no lectures on the online classes, informing students about expectations regarding when to respond to e-mails, and providing phone conversation or synchronous chat to answer students’ questions.

The MS Nursing Alumni Ball State Graduate Alumni Survey 2015 was reviewed by the MCC on April 6, 2016. The report indicated that satisfaction overall was 81% meeting the benchmark of ≥80% of respondents satisfied/very
satisfied with the quality of the program. In areas related to student learning in regards to the discipline, the overall response rate was 92% strongly agreed-agreed that they had met specified indicators.

Barkley & Associates NP Diagnostic On-Line Module Review became a requirement for the NP practicum starting in fall 2015. The MCC set a benchmark of ≥65% to be achieved on the Diagnostic Readiness Post Test that was required for students to take at the end of the semester and on completion of the online module review. The fall AGNP score was 72% (national average 68%) and FNP score was 78% (68% national average) meeting the benchmark.

The Graduate Student Exit Survey, Alumni Survey and Barkley Diagnostic Readiness Post-Test indicate that the MS Program is achieving its outcomes.

IV-F. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:

- are identified for the faculty as a group;
- incorporate expected levels of achievement;
- reflect expectations of faculty in their roles and evaluation of faculty performance;
- are consistent with and contribute to achievement of the program’s mission and goals; and
- are congruent with institution and program expectations.

Actual faculty outcomes are presented in the aggregate for the faculty as a group, analyzed, and compared to expected outcomes.

Program Response:

The SON and university faculty outcomes are teaching, scholarship, and service. The faculty outcomes are consistent with and contribute to achievement of the SON’s mission, goals and expected BS and MS student outcomes. The BS and MS faculty outcomes in teaching, scholarship, and service reflect SON expectations of faculty and provide a significant contribution to achievement of program outcomes.

Faculty Teaching Effectiveness:

The individual and aggregate faculty outcomes for teaching effectiveness are based on the end-of-course evaluations by the students each semester. The faculty evaluations are based on a 1 - 5 Likert scale, 1: Strongly Disagree - 2: Disagree - 3: Neutral - 4: Agree - and 5: Strongly Agree. Table 4.F.2. and Table 4.F.3. presents the overall faculty aggregate teaching effectiveness for 2013-2015.

Table 4.F.2.: Baccalaureate Lecture & Lab Sections Combined End-of-Course Evaluations of Faculty teaching Courses during 2013-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Faculty Evaluated</th>
<th>Number of Baccalaureate Courses Taught</th>
<th>Number of Students Completing Evaluations</th>
<th>% of Students Completing Evaluations</th>
<th>Range of Means Low to High</th>
<th>Overall Mean on a 1 to 5 Point Likert Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>40</td>
<td>257</td>
<td>2289</td>
<td>61.2%</td>
<td>1.000-5.000</td>
<td>4.379</td>
</tr>
<tr>
<td>2014</td>
<td>42</td>
<td>334</td>
<td>2679</td>
<td>69.4%</td>
<td>1.800-5.000</td>
<td>4.394</td>
</tr>
<tr>
<td>2015</td>
<td>39</td>
<td>373</td>
<td>2349</td>
<td>64.3%</td>
<td>1.333-5.000</td>
<td>4.377</td>
</tr>
</tbody>
</table>

The BS faculty performance, end of course evaluations by students from 2013-2015, indicated strong evidence of teaching effectiveness with an overall mean range of 4.377 to 4.394. The faculty teaching effectiveness met the benchmark of 2.5.
Table 4.F.4.3.: Masters End-of-Course Evaluations of Faculty teaching Courses during 2013-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Faculty Evaluated</th>
<th>Number of Masters Courses Taught</th>
<th>Number of Students Completing Evaluations</th>
<th>% of Students Completing Evaluations</th>
<th>Range of Means Low to High</th>
<th>Overall Mean on a 1 to 5 Point Likert Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>25</td>
<td>100</td>
<td>1284</td>
<td>79.9%</td>
<td>1.867-5.000</td>
<td>4.307</td>
</tr>
<tr>
<td>2014</td>
<td>22</td>
<td>108</td>
<td>1280</td>
<td>80.8%</td>
<td>2.300-5.000</td>
<td>4.207</td>
</tr>
<tr>
<td>2015</td>
<td>21</td>
<td>94</td>
<td>1119</td>
<td>76.5%</td>
<td>1.667-5.000</td>
<td>4.327</td>
</tr>
</tbody>
</table>

The MS faculty performance, end of course evaluations by students from 2013-2015, indicated strong evidence of teaching effectiveness with an overall mean range of 4.207 to 4.327. The faculty teaching effectiveness met the benchmark of 2.5.

Student, peer, and administrative faculty teaching evaluations are used to improve faculty’s teaching and to make personnel decisions such as promotion, tenure, and merit pay. The university provides teaching support for faculty through the Office of Educational Excellence (OEE) that offers a variety of pedagogy and technology professional development workshops to support on campus and online teaching. Faculty may be referred to and collaborate with OEE personnel as needed to assist them in improving teaching through the use of incorporating innovative and effective teaching strategies. Two faculty have earned NLN certified nurse educators certification. Twenty faculty in the BS and MS programs have participated in the online Quality Matters (QM) ‘Applying the QM Rubric’ course in 2013-2016.

Scholarship:
Tenured and tenure-track faculty are eligible to receive assigned time for scholarship. The School follows the CAST assigned time guidelines for scholarly productivity. The CAST guidelines provide faculty direction for assigned time research and scholarly productivity. An annual and/or semester faculty memorandum of agreement serves to clarify the faculty’s goals for the assigned time. The minimum levels of productivity for the academic year, three hours of assigned time for fall and spring semesters, are submission of one publication, one external grant proposal, and at least one presentation at a national/international meeting. If a faculty receives more than three hours of assigned time per semester for the academic year, expectations are increased. If a tenured and tenure-track has three hours of assigned time, the faculty’s workload is nine credit hours of teaching and three credit hours for scholarship. If a tenured faculty does not have assigned time, the faculty’s teaching assignment is twelve credit hours. If a tenured faculty has administrative workload, the faculty’s teaching assignment is six to nine credit hours and three to six credit hours for administration.

A university requirement for faculty to teach in graduate programs is to be approved by the Graduate School as a full member or an associate member. To be eligible for full member graduate faculty renewal, the faculty must demonstrate scholarship by publication of at least two refereed articles within a 6 year period or the equivalent, such as one refereed published article and one significant externally funded grant, at least three refereed presentations within a 6 year period at state, regional, national, and/or international professional meetings, and ability to teach graduate courses effectively based on faculty teaching evaluations. To be appointed as an associate member, the faculty must have earned a doctoral degree in nursing or a related field for a doctoral program and demonstrate a high level of competence in an area of special need, such as certified advanced practice nurse for a three year appointment. Thirteen full-time faculty of the MS program have graduate faculty appointment as full member, and three full-time and ten part-time faculty have graduate faculty appointment as an associate member.

The tenure/tenure-track and salary documents include a description of minimum acceptable performance criteria in teaching, scholarship, service, and practice. Both salary documents include a guidepost for assessing meritorious performance with criteria for teaching, scholarship, service, and practice. The salary documents are approved by the respective full-time faculty, college, and university.
The School’s director discusses and encourages scholarship activities at annual meetings with faculty. Scholarship achievements are reviewed by the School’s Promotion and Tenure Committee, Salary Committees, and School’s Annual Report reviewed by CAST dean. In academic years 2013-2014 and 2014-2015, and 2015-2016 faculty scholarship activities have included 34 refereed journal publications, 7 peer-reviewed book chapters, 1 peer-reviewed book, 109 refereed conference presentations, 17 submitted external grants of which 6 were funded for a total of $82,666. Faculty scholarship through presentations, publication and grants from 2013 -2015 met the nursing program’s annual benchmark for 70% of tenured/tenure-track faculty having a minimum of one activity per year.

Service:
BS and MS faculty actively participate in School, CAST, and university committees. In academic years 2013-2014, 2014-2015 and 2014-2015, participation on several SON committees including BCC and MS, BS and MS Admission and Progression Committees, SON Promotion and Tenure Committee, and Tenure/Tenure-track Salary Committee; CAST committees - Diversity Committee, Promotion and Tenure Committee, Promotion and Tenure Appeals Committee, Undergraduate and Graduate Curriculum Committees; and university committees - University Promotion and Tenure Committee, SON senate representative, Faculty Council, University Institutional Review Committee, University Academic Freedom and Ethics Committee, Faculty Salary and Benefits, Creative Teaching Committee, Special Leave Committee, and Office of Institutional Diversity. Baccalaureate and Master’s faculty are active in local, state, regional, and national level professional organizations and volunteer boards. Current professional examples include editor, contributing editor, and reviewers for professional peer-reviewed journals; committee chairs for Beta Rho Chapter, Sigma Theta Tau International; and committee members of local and state volunteer organizations.

Practice:
All Master’s faculty that teach NP role courses are advanced practice nurses that maintain national certification and clinical practice in primary care.

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

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

Program Response:
The School follows the university policies and procedures for formal complaints and appeals which are discussed in Student Rights and Community Standards, Code of Student Rights and Responsibilities in VII Student Academic Ethics Policies (http://cms.bsu.edu/about/administrativeoffices/studentrights/policiesandprocedures/studentcode/viethicspolicy). Information from students who have an individual or group formal complaint is handled according to policy and lines of authority in a timely manner. Formal complaints of faculty (individual or group) are handled by the School director and program directors. The School follows the university guidelines for formal complaints and appeals. Formal complaints are those that allege (1) violation of approved departmental, collegiate, and/or university policies, (2) unfair treatment on the part of decision makers, or (3) discriminatory treatment on the part of decision makers. Information on the process for grade appeals and for grievances or concerns other than grade appeals is provided in the BS and MS student handbooks along with reference to university policies. The BS program had two formal complaints related to academic dishonesty and the university upheld each faculty member’s decision. The MS program had no formal complaints. Written grievances and complaints are maintained in a secure area in the office of the SON director. Review of data is used to take appropriate action to promote program improvement.

IV-H. Data analysis is used to foster ongoing program improvement.
Elaboration: The program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement.

- Data regarding actual outcomes are compared to expected outcomes.
- Discrepancies between actual and expected outcomes inform areas for improvement.
- Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

Program Response:

The BS and MS programs use data analysis for ongoing program improvement in a deliberate and ongoing manner. The BS and MS faculty are engaged in the program improvement process.

Baccalaureate: Based on HESI RN Exit Exam actual outcomes data compared to expected outcomes, the BS program did not meet the benchmark of ≥65% at recommended and acceptable levels of performance. The actual HESI results for the calendar year 2015 were 20% met benchmark spring, 11% met benchmark summer, and 6% met benchmark fall. The HESI result for spring 2016 was 27% met benchmark. Based on the actual NCLEX-RN® pass rates, there is no correlation with the HESI RN Exit Exam scores. The BCC on February 15, 2016 reviewed the analyzed data and approved the motion to not include the HESI RN Exit Exam as a program outcome that demonstrates program effectiveness. The HESI RN Exit Exam will be used as an individual assessment tool. Students who do not earn a score of 850 or higher will along with the NUR 423 Seminar: Transition to Practice faculty develop an individualized remediation plan that must be completed by the end of the semester. A course requirement for NUR 423 is to complete the onsite Hurst NCLEX-RN® live review. Following the Hurst review, students below 850 HESI score are required to take the HESI RN Exit Exam 2.0. The FOC approved the motion on HESI from the BCC on March 14, 2016. BS program used another NCLEX-RN® company for several years. Initially, students’ feedback on the review NCLEX-RN® course were positive, but as the SON continued with this company the students’ feedbacks were more negative than positive. In summer 2013, the BS program piloted Hurst NCLEX-RN® live review. To date, the students’ feedback have been extremely positive.

Master’s: Based on actual outcomes data compared to expected outcomes, the MS program met the expected outcomes in the areas of graduation rates and employment. While overall the outcome for passing the certification exam was met, the MCC implemented several new policies. Before 2014, course exams were timed but not monitored. While students were given instructions that exams were closed book and not to be copied or printed, there was no way for this to be monitored. It was decided to use B Virtual, an online test monitoring service, to ensure that the student was taking the test without using books, notes, etc. and not printing, or taking notes during the exam. Ball State University contracted with B Virtual. The MS Program started using B Virtual in the spring 2014. All NP role and clinical courses use B Virtual for exam monitoring.

In the summer of 2015, the Barkley Online Review was incorporated in the course and students were given the option of purchasing and completing the review during the course. Favorable feedback was received from the students and starting in the fall 2015 the online review was a required element of the course. In addition to the online review, the students take a Barkley pretest at the beginning of the practicum course and a post test on completion. Students and faculty are able to use the provided information to facilitate students to strategize on areas that need further study before taking the certification exam. The MCC set a benchmark of ≥65% on the post Barkley & Associates NP Diagnostic Readiness Test starting with the fall 2015 NUR 672 practicum class. Table H.4.1. provides the aggregate scores of both the Pre Diagnostic Readiness and Post Diagnostic Readiness Tests and demonstrates that the benchmark for the post-test was met.

<table>
<thead>
<tr>
<th>FNP</th>
<th>Sum 15</th>
<th>Fall 15</th>
<th>Spr 16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>Pre</td>
</tr>
<tr>
<td>Average</td>
<td>59</td>
<td>66</td>
<td>65</td>
</tr>
<tr>
<td>National</td>
<td>62</td>
<td>74</td>
<td>62</td>
</tr>
<tr>
<td>AGNP</td>
<td>Sum 15</td>
<td>Fall 15</td>
<td>Spr 16</td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td>---------</td>
<td>--------</td>
</tr>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>Pre</td>
</tr>
<tr>
<td>Average</td>
<td>67</td>
<td>63</td>
<td>61</td>
</tr>
<tr>
<td>National Average</td>
<td></td>
<td></td>
<td>68</td>
</tr>
</tbody>
</table>

The Chief Nurse Administrator has approved the program information form and completed report, and confirms its contents as of June 1, 2016. (DATE)

Submission Instructions:

All reports must be submitted on or before the due date (but no sooner than 30 days before the due date) to ensure that the information provided is current. Email the program information form, completed report, and appendices (as one document), if any, in PDF format, to Renee Ricci at rricci@aacn.nche.edu. Please do not send hard copies to CCNE.
Appendix 1.A.1. Congruency of Ball State University Mission, College of Applied Sciences and Technology Mission, SON Mission and Goals, and Baccalaureate Expected Program Outcomes

<table>
<thead>
<tr>
<th>University Mission</th>
<th>College Mission</th>
<th>School of Nursing Mission</th>
<th>School of Nursing Goals</th>
<th>Baccalaureate Expected Program Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>“As a public research university, we focus on students and high-quality, relevant educational outcomes. Disciplinary knowledge is integrated with application. We do this in a manner that fundamentally changes students, researchers, and our external partners, who look to the university for guidance. We transform information into knowledge, knowledge into judgment, and judgment into action that addresses complex problems.”</td>
<td>“Enhance the quality and, when appropriate, the quantity of the educational and creative opportunities available through the departments of the college to students, faculty, and the broader community.”</td>
<td>“Ball State University School of Nursing is an innovative, challenging, transformative academic community that inspires students by: Offering evidence-based, interactive, transdisciplinary, and collaborative learning, including immersive clinical and culturally diverse experiences.”</td>
<td>“The School of Nursing will promote academic excellence through high quality learning experiences.”</td>
<td>1. Integrates knowledge, skills, and values from biological, psychological, social sciences, and arts in nursing practice. 3. Demonstrates an understanding of the basic research process by integrating evidence-based practice and clinical judgment, which will allow student to evaluate and improve patient outcomes. 6. Utilizes effective inter/intraprofessional communication, collaboration, and change processes to provide evidence-base patient-centered care. 7. Integrates culturally appropriate health promotion and clinical prevention strategies across the lifespan, for individuals, families, groups, communities, and populations. 8. Exemplifies professionalism, professional values, honesty and ethical behaviors utilizing evidence-based knowledge, skills, and attitudes in professional nursing practice.</td>
</tr>
<tr>
<td>5/4/2015</td>
<td></td>
<td>School of Nursing will enhance learning environments and the culture of the School through creative and innovative technology strategies that are fiscally sound.”</td>
<td>(5/4/2015)</td>
<td>4. Integrates use of information management and application of patient care technology in professional nursing. 7. Integrates culturally appropriate health promotion and clinical prevention strategies across the lifespan, for individuals, families, groups, communities, and populations. 8. Exemplifies professionalism, professional values, honesty and ethical behaviors utilizing evidence-based knowledge, skills, and attitudes in professional nursing practice.</td>
</tr>
<tr>
<td>5/4/2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
University Mission | College Mission | School of Nursing Mission | School of Nursing Goals | Baccalaureate Expected Program Outcomes
---|---|---|---|---
“As a public research university, we focus on students and high-quality, relevant educational outcomes. Disciplinary knowledge is integrated with application. We do this in a manner that fundamentally changes students, researchers, and our external partners, who look to the university for guidance. We transform information into knowledge, knowledge into judgment, and judgment into action that addresses complex problems.” | “Teaching, the primary emphasis of the college, is designed both to prepare students for professions and to maximize students’ cultural, intellectual, and fitness/wellness potential. The departments form a well-integrated teaching-learning community that emphasizes learning by doing...Research and creative activities are encouraged and seen as inseparable from effective teaching.” | “Ball State University School of Nursing is an innovative, challenging, transformative academic community that inspires students by: Providing access to faculty and professional practice experts who advance nursing knowledge, research, collaborative evidence-based practice, excellence in teaching, and applied technology. Facilitating the transformation of information into knowledge, knowledge into clinical judgment, and clinical judgment into nursing action that addresses complex health problems in individuals and populations.” (5/4/2015) | “The School of Nursing will engage in various forms of scholarship to add to the body of evidence for nursing practice.” (5/4/2015) | 1. Integrates knowledge, skills, and values from biological, psychological, social sciences, and arts in nursing practice.  
2. Demonstrates basic organizational and systems leadership to promote patient safety and quality improvement.  
3. Demonstrates an understanding of the basic research process by integrating evidence-based practice and clinical judgment, which will allow student to evaluate and improve patient outcomes.  
4. Integrates use of information management and application of patient care technology in professional nursing.  
6. Utilizes effective inter/intraprofessional communication, collaboration, and change processes to provide evidence-base patient-centered care.  
7. Integrates culturally appropriate health promotion and clinical prevention strategies across the lifespan, for individuals, families, groups, communities, and populations.  
8. Exemplifies professionalism, professional values, honesty and ethical behaviors utilizing evidence-based knowledge, skills, and attitudes in professional nursing practice.
<table>
<thead>
<tr>
<th>University Mission</th>
<th>College Mission</th>
<th>School of Nursing Mission</th>
<th>School of Nursing Goals</th>
<th>Baccalaureate Expected Program Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>“As a public research university, we focus on students and high-quality, relevant educational outcomes. Disciplinary knowledge is integrated with application. We do this in a manner that fundamentally changes students, researchers, and our external partners, who look to the university for guidance. We transform information into knowledge, knowledge into judgment, and judgment into action that addresses complex problems.”</td>
<td>“The departments form a well-integrated teaching-learning community that emphasizes learning by doing, as well as learning through stimulating classroom/laboratory experiences and international exchange programs.”</td>
<td>“Ball State University School of Nursing is an innovative, challenging, transformative academic community that inspires students by: Engaging with local, state, national, and international communities to enhance quality of life, reduce health disparities, and improve access to care delivery.” (5/4/2015)</td>
<td>“The School of Nursing will collaborate with local, state, national, and international agencies and organizations to create and sustain mutual trust and mutually beneficial relationships.” (5/4/2015)</td>
<td>5. Demonstrates a basic knowledge of health care systems, including the organization and financing of patient services, reimbursement structure, healthcare policies, and regulatory processes. 6. Utilizes effective inter/intraprofessional communication, collaboration, and change processes to provide evidence-base patient-centered care. 7. Integrates culturally appropriate health promotion and clinical prevention strategies across the lifespan, for individuals, families, groups, communities, and populations. 8. Exemplifies professionalism, professional values, honesty and ethical behaviors utilizing evidence-based knowledge, skills, and attitudes in professional nursing practice.</td>
</tr>
</tbody>
</table>
Appendix 1.A.2. Congruency of Ball State University Mission, College of Applied Sciences and Technology Mission, SON of Mission and Goals, and Master’s Expected Program Outcomes

<table>
<thead>
<tr>
<th>University Mission</th>
<th>College Mission</th>
<th>School of Nursing Mission</th>
<th>School of Nursing Goals</th>
<th>Master’s Expected Program Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>“As a public research university, we focus on students and high-quality, relevant educational outcomes. Disciplinary knowledge is integrated with application. We do this in a manner that fundamentally changes students, researchers, and our external partners, who look to the university for guidance. We transform information into knowledge, knowledge into judgment, and judgment into action that addresses complex problems.”</td>
<td>“Enhance the quality and, when appropriate, the quantity of the educational and creative opportunities available through the departments of the college to students, faculty, and the broader community.”</td>
<td>“Ball State University School of Nursing is an innovative, challenging, transformative academic community that inspires students by: Offering evidence-based, interactive, transdisciplinary, and collaborative learning, including immersive clinical and culturally diverse experiences.” (5/4/2015)</td>
<td>“The School of Nursing will promote academic excellence through high quality learning experiences.”</td>
<td>1: Demonstrate role competency and leadership in a selected advanced nursing role based on professional standards. 2: Integrate nursing and related sciences and theories in delivery of advanced nursing practice. 3: Analyze research to support evidence-based practice. 4: Function as a member of inter/intraprofessional collaborative team for improving patient and population health outcomes. 5: Utilize information systems/technology in professional practice. 6: Analyze quality improvement and safety initiatives to improve health outcomes. 7: Analyze for health policy development and implementation. 8: Integrate clinical prevention and population health concepts for improving health. 9: Advocate for policies that improve the health of the public and the profession of nursing.</td>
</tr>
</tbody>
</table>
| “As a public research university, we focus on students and high-quality, relevant educational outcomes. Disciplinary knowledge is integrated with application. We do this in a manner that fundamentally changes students, researchers, and our external partners, who look to the university for guidance. We transform information into knowledge, knowledge into judgment, and judgment into action that addresses complex problems.” | “Teaching, the primary emphasis of the college, is designed both to prepare students for professions and to maximize students’ cultural, intellectual, and fitness/wellness potential. The departments form a well-integrated” | “Ball State University School of Nursing is an innovative, challenging, transformative academic community that inspires students by: Providing access to faculty and professional practice experts who advance nursing knowledge, research, collaborative” | “The School of Nursing will engage in various forms of scholarship to add to the body of evidence for nursing practice.” (5/4/2015) | 1: Demonstrate role competency and leadership in a selected advanced nursing role based on professional standards. 2: Integrate nursing and related sciences and theories in delivery of advanced nursing practice. 3: Analyze research to support evidence-based practice. 6: Analyze quality improvement and safety initiatives to improve health outcomes. 8: Integrate clinical prevention and population health concepts for improving health.
<table>
<thead>
<tr>
<th>University Mission</th>
<th>College Mission</th>
<th>School of Nursing Mission</th>
<th>School of Nursing Goals</th>
<th>Master’s Expected Program Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>look to the university for guidance. We transform information into knowledge, knowledge into judgment, and judgment into action that addresses complex problems.”</td>
<td>teaching-learning community that emphasizes learning by doing...Research and creative activities are encouraged and seen as inseparable from effective teaching.”</td>
<td>evidence-based practice, excellence in teaching, and applied technology. Facilitating the transformation of information into knowledge, knowledge into clinical judgment, and clinical judgment into nursing action that addresses complex health problems in individuals and populations.” (5/4/2015)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“As a public research university, we focus on students and high-quality, relevant educational outcomes. Disciplinary knowledge is integrated with application. We do this in a manner that fundamentally changes students, researchers, and our external partners, who look to the university for guidance. We transform information into knowledge, knowledge into judgment, and judgment into action that addresses complex problems.”</td>
<td>“The departments form a well-integrated teaching-learning community that emphasizes learning by doing, as well as learning through stimulating classroom/laboratory experiences and international exchange programs.”</td>
<td>“Ball State University School of Nursing is an innovative, challenging, transformative academic community that inspires students by: Engaging with local, state, national, and international communities to enhance quality of life, reduce health disparities, and improve access to care delivery.” (5/4/2015)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>“The School of Nursing will collaborate with local, state, national, and international agencies and organizations to create and sustain mutual trust and mutually beneficial relationships.” (5/4/2015)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1: Demonstrate role competency and leadership in a selected advanced nursing role based on professional standards.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>4: Function as a member of inter/intraprofessional collaborative team for improving patient and population health outcomes.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>7: Analyze for health policy development and implementation.</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8: Integrate clinical prevention and population health concepts for improving health.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>9: Advocate for policies that improve the health of the public and the profession of nursing.</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 1.B.1. Ball State University School of Nursing Systematic Evaluation Plan

### Standard 1
Program Quality: Mission and Governance

<table>
<thead>
<tr>
<th>Area to be Evaluated</th>
<th>Responsibility of Evaluation</th>
<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission, goals, philosophy, &amp; (I-A, I-B, I-C) expected student &amp; faculty outcomes</td>
<td>- Baccalaureate, Master’s, &amp; DNP Curriculum Committees (Curriculum Committees) - Faculty Organization</td>
<td>Review: - Congruency with institutional mission &amp; goals, and student &amp; faculty outcomes - Consistency with professional nursing standards and guidelines - Reflect needs and expectations of community of interest</td>
<td>Every 5 years based on University Strategic Plan or earlier as needed Next review 2017-2018</td>
<td>- Curriculum Committees’ minutes - Faculty Org minutes - Community of interest feedback - Congruence of university, college, SON missions &amp; expected student and faculty outcomes tables</td>
</tr>
<tr>
<td>Governance (faculty &amp; students) (I-D)</td>
<td>- Curriculum Committees - Faculty Org - Faculty</td>
<td>Review: - Faculty and students involvement in governance in SON, college, &amp; university</td>
<td>Annual, September</td>
<td>- Faculty Org minutes - Committees’ minutes - Committee Membership table on school, college, and university - Baccalaureate and Master’s, DNP students on University Committee as CAST rep - Faculty and student handbooks</td>
</tr>
<tr>
<td>Documents/Publications/Policies (I-E, I-F)</td>
<td>- Curriculum Committees - Baccalaureate, Master’s, &amp; DNP (A &amp; P Committees) Director &amp; Program Directors - Board of Trustees - Bursar</td>
<td>Review: - Catalogs - Student handbooks - Faculty handbooks (school, university) - Blackboard Student Communities - Promotional materials - Admission policies - NLN PAX benchmark of 75% of admitted students score $\geq$ 120 - Grading policies - Appeal &amp; grievance policies - Degree completion requirements - Academic calendar (withdrawal/finals) - Tuition &amp; fees (linked to Bursar) - School of Nursing website - Licensure and certification information</td>
<td>Annual, April or as needed</td>
<td>- Curriculum Committees’ minutes - A &amp; P committees’ minutes - Written/online materials identified in the evaluation column NLN PAX admission score - Email announcements re: policy changes - Blackboard students communities - policy changes - Course syllabi - policy changes - NCLEX-RN &amp; Certification discussed in baccalaureate seminar &amp; graduate practicum NP courses</td>
</tr>
</tbody>
</table>
## Standard II
Program Quality: Institutional Commitment and Resources

<table>
<thead>
<tr>
<th>Area to be Evaluated</th>
<th>Responsibility of</th>
<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
</tr>
</thead>
</table>
| Fiscal & physical resources (II-A) | -Director  
-Program Directors  
-Director, SITC  
-Curriculum Committees | Review:  
-Fiscal budget  
-Physical resources  
-Computer & equipment replacement plans | Annual, September | -Fiscal Budget  
-Computer plan (faculty & students)  
-Equipment replacement plan  
-Simulation and Technology Evaluation Survey: faculty & students  
-Baccalaureate, Master’s, & DNP Curriculum Committees’ minutes  
-Simulation Evaluation (baccalaureate & master’s) |
| Academic support services (II-B) | -Director  
-Program Directors  
-Director, SITC  
-Curriculum Committees | Review:  
-Library resources  
-Campus/Computer labs availability  
-Admission/Advising Services  
-Counseling Services  
-Career Services  
-Research/Project Support  
-Financial Aid  
-Distance Education Support  
-Technology Support  
-Annual ISBN SON report  
-Annual distance education | Annual, November & March | -Simulation, information, technology (SITC) evaluations  
-Program exit evaluations  
-Annual ISBN report  
-Distance education evaluations  
-Office of Institutional Effectiveness evaluations |
| Chief nurse administrator (II-C) | -Dean of College  
-Faculty | Review:  
-Curriculum Vitae  
-Annual Report | Annual, April | -Position description  
-Curriculum vitae  
-Annual report/SON  
-Annual evaluation/Dean  
-Faculty Org minutes/Election |
| Faculty members (II-D) | -Director  
-Program Directors  
-Course Faculty | Review:  
-Curriculum vitae  
-Annual report/SON  
-ISBN faculty qualifications  
-Faculty FTE | Annual, October & February | -Curriculum vitae  
-Annual faculty report  
-Faculty qualifications table  
-Annual ISBN faculty qualifications  
-Faculty FTE |
### Standard II
Program Quality: Institutional Commitment and Resources (cont.)

<table>
<thead>
<tr>
<th>Area to be Evaluated</th>
<th>Responsibility of Evaluation</th>
<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor (II-E)</td>
<td>- Director</td>
<td>Review: Preceptor qualifications, ISBN preceptor qualifications, NONPF preceptor qualifications, DNP mentor/clinical/practice expert</td>
<td>Annual, October &amp; March</td>
<td>- Preceptor roles/responsibilities, Preceptor/clinical supervisor information forms/qualifications, Distance student clinical supervisor and preceptor evaluations, Student agency evaluations, Orientation packets (baccalaureate &amp; master's)</td>
</tr>
<tr>
<td></td>
<td>- Program Directors</td>
<td></td>
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<td></td>
<td>- Faculty (Course/Clinical)</td>
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<tr>
<td></td>
<td></td>
<td>- Faculty workload policies, Assigned time reports, Resource survey, Professional Faculty Handbook</td>
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<tr>
<td>Environment that promotes faculty teaching, scholarship, service, &amp; practice (II-F)</td>
<td>- Director</td>
<td>Review: Faculty annual report, Faculty workload policies, Assigned time reports, Resource survey, Professional Faculty Handbook</td>
<td>Annual, March</td>
<td>- Sponsored Programs Office, Office of Educational Excellence, Teaching/scholarship/service/practice workload, Curriculum committees' minutes, New faculty mentors/SON community of teaching/learning, Assigned time policy</td>
</tr>
<tr>
<td></td>
<td>- Director, SITC</td>
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<tr>
<td></td>
<td>- Faculty (annual report)</td>
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<tr>
<td></td>
<td>Curriculum Committees</td>
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</tbody>
</table>

### Standard III
Program Quality: Curriculum, Teaching-Learning practices and Individual Student Learning Outcomes

<table>
<thead>
<tr>
<th>Area to be Evaluated</th>
<th>Responsibility of</th>
<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum Structure (III-A)</td>
<td>-Curriculum Committees</td>
<td>Review:</td>
<td>Every 5 years based on University Strategic Plan or earlier as needed</td>
<td>- Curriculum Committees’ minutes</td>
</tr>
<tr>
<td>-Mission</td>
<td>-Faculty</td>
<td>-Consistency with mission, goals, philosophy, professional nursing stds, expected student outcomes, student learning outcomes</td>
<td>Next review 2017-2018</td>
<td>- Faculty Org minutes</td>
</tr>
<tr>
<td>-Goals</td>
<td>-Director</td>
<td></td>
<td></td>
<td>- Course grids</td>
</tr>
<tr>
<td>-Philosophy</td>
<td>-Program Directors</td>
<td></td>
<td></td>
<td>- Tier 3</td>
</tr>
<tr>
<td>-Organizing Framework</td>
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<tr>
<td>-Expected Student Outcomes</td>
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<tr>
<td>-Student Learning Outcomes</td>
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<tr>
<td>-Professional Nursing Stds.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Expected Student Outcomes (III-B)</td>
<td>-Curriculum Committees</td>
<td>Review:</td>
<td>Every 3 years based on professional nursing standards or earlier as needed</td>
<td>- Curriculum Committees’ minutes</td>
</tr>
<tr>
<td>-Professional Nursing Stds.</td>
<td>-Faculty</td>
<td>-Consistency of expected student outcomes with essentials of baccalaureate, essentials of master’s, DNP essentials, NONPF criteria for NP programs,</td>
<td></td>
<td>- Faculty Org Minutes</td>
</tr>
<tr>
<td>-Expected student outcomes (individual /aggregate)</td>
<td>-Director</td>
<td></td>
<td></td>
<td>- Baccalaureate, Master’s, &amp; DNP expected learning outcomes, baccalaureate essentials, master’s essentials, DNP essentials, and professional nursing stds tables</td>
</tr>
<tr>
<td>-Program Directors</td>
<td>-Program Directors</td>
<td></td>
<td></td>
<td>- Course notebooks</td>
</tr>
<tr>
<td>Curriculum Logically Structure (III-C)</td>
<td>-Baccalaureate, Master’s, &amp; DNP Curriculum Committees</td>
<td>Review:</td>
<td>Every 3 years based on professional nursing standards or earlier as needed</td>
<td>- Curriculum Committees’ minutes</td>
</tr>
<tr>
<td>Baccalaureate Basic Degree in Three</td>
<td>-Faculty Organization</td>
<td>-Sequencing of courses to meet program outcomes</td>
<td></td>
<td>- Faculty Org minutes</td>
</tr>
<tr>
<td>LPN transition</td>
<td>-Director</td>
<td>-Congruent with educational standards (state board of nursing, AACN)</td>
<td></td>
<td>- Sample baccalaureate, master’s &amp; DNP curriculum plans</td>
</tr>
<tr>
<td>Second degree track</td>
<td>-Program Directors</td>
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<tr>
<td>RN to BS Completion</td>
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<tr>
<td>Master’s NP (adult gero/family)</td>
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<tr>
<td>Leadership</td>
<td>o Educator</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>o Administrator</td>
<td>o Administrator</td>
<td></td>
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<tr>
<td>Post-Master’s Certificate</td>
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<tr>
<td>DNP</td>
<td></td>
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</tr>
<tr>
<td>Area to be Evaluated</td>
<td>Responsibility of</td>
<td>Evaluation Method</td>
<td>Frequency</td>
<td>Documentation</td>
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<tr>
<td>------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Teaching-learning practices / environment support achievement of expected student outcomes (III-D)</td>
<td>- Curriculum Committees - Director - Program Directors - Faculty - SITC Director - SITC Staff &amp; Professional Staff</td>
<td>Review: - Course grids - Course clinical evaluations (student eval of faculty) - Simulation evaluations - Faculty eval of agency/preceptor - Student eval of agency/preceptor - Distance Education evaluations - Exit evaluations - Preceptor evaluation of students</td>
<td>Annual, April</td>
<td>- Curriculum Committees' minutes - Evaluation Reports - Course grids</td>
</tr>
<tr>
<td>Curriculum includes planned clinical practice (III-E)</td>
<td>- Curriculum Committees - Faculty - Director - Program Directors</td>
<td>Review: - Course syllabi - Clinical evaluation forms - Course grids</td>
<td>Annual, April</td>
<td>- Baccalaureate, Master's, &amp; DNP Curriculum Committees' minutes - Baccalaureate, Master's, &amp; DNP course syllabi - Agency agreements</td>
</tr>
<tr>
<td>Teaching learning/community of interest (III- F) Current Students Administration ISBN/NP Certification Agency Student Placement Prospective students/families Employers</td>
<td>- Curriculum Committees - Director - Program Directors - Faculty - SITC Director - SITC Staff &amp; Professional Staff</td>
<td>Review: - Distance education evaluations - Course/clinical teaching evals - Simulation evaluations - Agency evals of program - Exit and alumni surveys</td>
<td>Annual, February</td>
<td>- Curriculum Committees' minutes - Faculty Org minutes - Agency advisory minutes - Annual ISBN Report &amp; approval - Affiliation agreements - Evaluation Reports</td>
</tr>
<tr>
<td>Student Performance (III G) Evaluation of policies &amp; procedures</td>
<td>- Baccalaureate, Master's, &amp; DNP curriculum committees - Baccalaureate &amp; Master's Admission &amp; Progression committees - Director - Program Directors - Faculty</td>
<td>Review: - Baccalaureate grading policy - Graduate grading policy - Course syllabi - Clinical evaluation forms</td>
<td>Annual, October &amp; March</td>
<td>- Curriculum Committees' minutes - Faculty Org minutes - Student clinical evaluation forms - Course syllabi</td>
</tr>
</tbody>
</table>
# Standard III

## Program Quality: Curriculum, Teaching-Learning practices and Individual Student Learning Outcomes (cont.)

<table>
<thead>
<tr>
<th>Area to be Evaluated</th>
<th>Responsibility of</th>
<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching - Learning Practice Improvement (III-H)</td>
<td>Director, Program Directors, Faculty, Baccalaureate, Master’s, DNP Curriculum Committees</td>
<td>Review - Distance education evals - Course/clinical teaching evals - Simulation evals - Evidence based in literature - Faculty development program surveys</td>
<td>Annual, February</td>
<td>- Curriculum Committees’ minutes - Faculty Org minutes - Evaluation Reports</td>
</tr>
</tbody>
</table>


Standard IV
Program Effectiveness: Aggregate Student Performance and Faculty Accomplishments

<table>
<thead>
<tr>
<th>Area to be Evaluated</th>
<th>Responsibility of</th>
<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic Evaluation Plan (IV-A)</td>
<td>Curriculum Committees - Faculty Organization</td>
<td>Review: Evaluation plan, recommend revision</td>
<td>Annual, December</td>
<td>-Curriculum Committees’ minutes -Faculty Org minutes</td>
</tr>
<tr>
<td>Program completion rates demonstrate program effectiveness (IV-B)</td>
<td>Baccalaureate, Master’s, &amp; DNP A &amp; P Committees and Curriculum Committees -Director -Program Directors</td>
<td>Retention &amp; Graduation rates: ≥ 70% calendar year -Specific entry point and defines time period to completion baccalaureate, master’s, &amp; DNP -Baccalaureate - ≥70% of students will graduate within 3 calendar years of entry into the nursing program. -Master’s - ≥70% of students will graduate within 6 calendar years of entry into the program. -DNP - ≥70% of students will graduate within 5 calendar years of entry into the program.</td>
<td>Annual, February</td>
<td>-Baccalaureate, Master’s &amp; DNP A &amp; P Committees’ minutes &amp; Curriculum Committees’ minutes -Faculty Org minutes -Calendar year retention &amp; graduation reports (exclude students for family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education)</td>
</tr>
<tr>
<td>Licensure and certification pass rates demonstrate program effectiveness (IV-C)</td>
<td>Curriculum Committees -Director -Program Directors</td>
<td>Review: -NCLEX-RN pass rates: &gt; 80% calendar year -NP Certification exam pass rates: ≥ 80% calendar year -NP Postgraduate APRN certificate exam pass rates: ≥ 80% calendar year</td>
<td>Annual, February</td>
<td>-Baccalaureate &amp; Master’s A &amp; P Committees’ minutes &amp; Curriculum Committees’ minutes -Faculty Org minutes -NCLEX-RN, NP &amp; post APRN certificate certification pass rate reports</td>
</tr>
<tr>
<td>Employment rates demonstrate program effectiveness (IV-D)</td>
<td>Baccalaureate, Master’s, DNP Curriculum Committees -Director -Program Director</td>
<td>Employment rates: -Baccalaureate - ≥ 70% of graduates employed at time of graduation or within 12 months of program completion -Master’s - ≥ 70% of graduates employed at time of graduation or within 12 months of program completion -DNP - ≥ 70% of graduates employed at time of graduation or within 12 months of program completion</td>
<td>Annual, February</td>
<td>-Curriculum Committees’ minutes -Faculty Org minutes Employment rates for baccalaureate, master’s, post-graduate APRN certificate, &amp; DNP</td>
</tr>
</tbody>
</table>
### Standard IV
Program Effectiveness: Aggregate Student Performance and Faculty Accomplishments (cont.)

<table>
<thead>
<tr>
<th>Area to be Evaluated</th>
<th>Responsibility of</th>
<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
</tr>
</thead>
</table>
| Program outcome demonstrate program effectiveness (IV-E) | - Baccalaureate, Master’s, & DNP Curriculum Committees - Director - Program Directors | Review: Baccalaureate  
- Program Exit surveys (calendar year) benchmark of ≥80% of respondents satisfied/very satisfied with the quality of the program  
- Course evaluations (calendar year) benchmark of ≥2.5 for overall course evaluations  
- Alumni surveys - (calendar year) benchmark of ≥80% of respondents satisfied/very satisfied with the quality of the program  
- HESI Exit Exam -(calendar year) Benchmark of ≥65% at Recommended and Acceptable levels of performance  
- NCLEX-RN reports (calendar year) benchmark of 46-65 percentile for test plan report and content dimension (nursing process, categories of health alteration, stages of maturity)  

Master’s  
- Program Exit surveys l (calendar year) benchmark of ≥80% of respondents satisfied/very satisfied with the quality of the program  
- Course evaluations (calendar year) benchmark of ≥2.5 for overall course evaluations  
- Alumni surveys - (calendar year) benchmark of ≥80% of respondents satisfied/very satisfied with the quality of the program  
- Master’s Program Online and Distance Education surveys - (calendar year) benchmark of ≥80% of respondents satisfied/very satisfied with the quality of the program and courses  
- Barkley & Associates NP Diagnostic Readiness Test (DRTs) annual (calendar) benchmark ≥65% composite score  

DNP  
- Program Exit surveys (calendar year) benchmark of ≥80% of respondents satisfied/very satisfied with the quality of the program  
- Course evaluations (calendar year) benchmark of ≥2.5 for overall course evaluations | Annual, April | - Curriculum Committees’ minutes  
- Faculty Org minutes  
- Evaluation Reports |
<table>
<thead>
<tr>
<th>Area to be Evaluated</th>
<th>Responsibility of</th>
<th>Evaluation Method</th>
<th>Frequency</th>
<th>Documentation</th>
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</thead>
<tbody>
<tr>
<td>Faculty Outcomes, individually and aggregate, demonstrate program effectiveness (IV-F)</td>
<td>-Director -P &amp; T Committee</td>
<td>Review: -Faculty, tenure/tenure-track, (calendar year) benchmark of ≥70% publications, presentations, grants, and creative endeavors -Faculty evaluations - (calendar year) ≥90% of tenured, tenure-track, full-time contract, and part-time contract faculty will have an overall teaching evaluation average of ≥2.5 -Faculty service (calendar year) ≥90% of tenured, tenure-track, full-time contract, and part-time contract faculty will serve on one or more committees at SON, CAST, or University level</td>
<td>Annual, April</td>
<td>-Annual Reports -benchmarks findings</td>
</tr>
<tr>
<td>Area to be Evaluated</td>
<td>Responsibility of Evaluation Method</td>
<td>Frequency</td>
<td>Documentation</td>
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</tbody>
</table>
| Formal Complaints (IV-G)             | -Baccalaureate, Master’s, & DNP A & P Committees & Curriculum Committees | Review: complaints, policies & outcomes | As Needed | -Baccalaureate, Master’s, & DNP A & P Committees’ Minutes & Curriculum Committees’ minutes  
|                                      |                                                                                                               |             | -Policy revisions in handbooks                                                 | -Number of complaints & results |
| Data Analysis, ongoing program improvement (IV-H) | -Baccalaureate, Master’s, & DNP Committees  
- Director  
- Program Directors | Review: data regarding completion, licensure, certification employment rates; actual outcomes compared to expected outcomes, program changes ongoing & analyzed for effectiveness, faculty engaged in program improvement process | Ongoing | -Baccalaureate, Master’s, & DNP A & P Committees’ Minutes & Curriculum Committees’ minutes  
|                                      |                                                                                                               |             | -Faculty org minutes                                                         | -program changes               |
## Appendix 2.D.1. School of Nursing Baccalaureate and Master’s Programs Faculty Credentials, 2013-2016

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Areas of Specialty</th>
<th>Educational Credentials</th>
<th>Relevant Certifications</th>
<th>Practice/Service/Scholarship Background</th>
<th>Teaching Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ali, Nagia</td>
<td>Professor</td>
<td>Adult Health, Statistics, Data Analysis, Theory, Curriculum</td>
<td>BSN MSN PhD</td>
<td></td>
<td>Scholarship – Various areas</td>
<td>NUR 607 Data Analysis in Nursing Research; NUR 620 Curricular Designs in Nursing; NUR 622 Teaching in Nursing</td>
</tr>
</tbody>
</table>
| Brand, Juanita   | Assistant Professor | Theory, Women’s Health, Public Health                   | MSN EdD Women’s Health NP |                         | Research – Women’s health, public health, & housing & health impact; infectious disease/STIs  
Publications/Presentations - Healthy homes, health disparities; STIs  
Practice - Public health/ infectious disease/ women’s health  
Service - Marion County Research/ Indiana League for Nursing/Midwest Nursing Research Society | NUR 610 Concepts; NUR 760 Population Focused Care |
| Bantz, Diana     | Associate Professor | Director, Master’s Program, Family Practice, Nursing Education | BS MSN PhD FNP          |                         | Clinical Practice – Family Practice and Urgent Care  
Research – Health Care Economics, Nursing Education, Behavioral Health  
Publications/Presentations – Behavioral Health, Smoking Cessation, Breastfeeding | NUR 620 Curricular Designs; NUR 622 Teaching in Nursing; NUR 672 Educator Practicum; NUR 672 NP Practicum; NUR 740 Theory Based Models of Care, Project Advisor |
| Gregg, Renee     | Assistant Professor | Family Practice, Vulnerable Populations, Advanced Practice | BS MS DNP FNP           |                         | Clinical Practice – Family practice with focus on underserved populations  
Research – Chronic conditions of vulnerable populations | NUR 672 NP Practicum; NUR 630 Advanced Practice Nursing and Role Theory; NUR 611 Concepts Analysis 2; NUR 614 Issues in the Aging Adult Population |
| Hodson-Carlton, Kay | Professor; Associate Director; SITC Director | Information Technology, Nursing Education | BS MS MLS EdD          |                         | Background/Scholarship - Medical / Surgical, Informatics, Nursing Education | NUR 626 Program Evaluation; NUR 605 Nursing Informatics |
| McIntosh, Connie | Assistant Professor | Administration                                          | BS MBA EdD             |                         | Background – Adult Health, management  
Service – STTI, ISNA, ISBN, NCSBN, JOSN, NASN, IONE, & Kiwanis  
Scholarship – School nurses, autism, simulation, technology, nursing ed. | NUR 322 Research in Nursing; NUR 605 Information Technology; NUR 643 Financial Management for Nurses; NUR 672 Practicum of Role Expectations |
| Siela, Debra     | Associate Professor | Adult Health, Critical Care                               | BSN MN PhD/DNS CCNS, ACNS-BC, CCRN-K |                         | Clinical Practice – Critical care & pulmonary nursing  
Research – Family presence during Resuscitation, Falls Risk | NUR 430 Adult Health 4; NUR 608 Pathophysiology and Pharmacology |
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Areas of Speciality</th>
<th>Educational Credentials</th>
<th>Practice/Service/Scholarship Background</th>
<th>Teaching Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen, Roberta</td>
<td>Instructor</td>
<td>Psych / Mental Health, Leadership / Management</td>
<td>BS, MA</td>
<td>Practice – Management, Leadership, School Health Scholarship – Management, Leadership, School Health</td>
<td>NUR 425 Leadership / Management; NUR 101 Medical Terminology; NUR 103 Health Behavior – Cultural Variations</td>
</tr>
<tr>
<td>Benner, Susan</td>
<td>Instructor</td>
<td>Pediatric</td>
<td>BSN, MSN</td>
<td>Background – Pediatric Intensive Care and Cardiac Care</td>
<td>NUR 370 Pediatrics</td>
</tr>
<tr>
<td>Burden, Marsha</td>
<td>Instructor</td>
<td>Psych / Mental Health</td>
<td>MS, BSN</td>
<td>Practice/ Background - Mental Health, Crisis Therapy</td>
<td>NUR 350 Psy Mental Health</td>
</tr>
<tr>
<td>Chapin, Phyllis</td>
<td>Instructor</td>
<td>Director, Baccalaureate ; Adult Health</td>
<td>MS, BSN</td>
<td>Background - Medical / Surgical</td>
<td>NUR 231 Nursing Fundamentals; NUR 423 Transition to Practice; NUR 228 Intro to Nursing</td>
</tr>
<tr>
<td>Instructor</td>
<td>Role</td>
<td>Area of Expertise</td>
<td>Education</td>
<td>Background</td>
<td>Practice</td>
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<tr>
<td>Cox, Angela</td>
<td>Instructor</td>
<td>Community Health Nursing</td>
<td>MS BSN</td>
<td>Background - Community Health, Adult Health</td>
<td>Practice - Adult Health (including critical care and emergency)</td>
</tr>
<tr>
<td>Craig, Shannon</td>
<td>Instructor</td>
<td>Adult Health, Critical Care</td>
<td>BSN MS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dancer, Michell</td>
<td>Instructor</td>
<td>Childbearing, Pediatrics</td>
<td>BSN MS</td>
<td>Background – Pediatrics and Obstetrics Nurse Midwife</td>
<td>Service – ISNA, ANA, &amp; MNRS</td>
</tr>
<tr>
<td>Edwards, Jane</td>
<td>Instructor</td>
<td>Adult Health, Leadership / Management</td>
<td>BS MS</td>
<td>Background - Medical / Surgical</td>
<td>Practice – Critical Care</td>
</tr>
<tr>
<td>Flynn, DeLisa</td>
<td>Instructor</td>
<td>Adult Health &amp; Critical Care</td>
<td>BS MSN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freeman, Preswinda</td>
<td>Instructor</td>
<td>Adult Health</td>
<td>BS MS</td>
<td>Background - Adult Health, ANP</td>
<td></td>
</tr>
<tr>
<td>Humphrey Kathy</td>
<td>Instructor</td>
<td>Adult Health, Cardiac, Neonatal</td>
<td>BS MS</td>
<td>Background – Medical / Surgical</td>
<td></td>
</tr>
<tr>
<td>Johnson, Beth</td>
<td>Assistant Professor</td>
<td>Geriatric and Adult Health</td>
<td>BS MSN PhD CNS</td>
<td>Background – Geriatric and Adult Health</td>
<td>Scholarship – Simulation of geriatric populations</td>
</tr>
<tr>
<td>Keller, Vicki</td>
<td>Assistant Professor</td>
<td>Pediatrics</td>
<td>BS MSN PhD</td>
<td>Background – Pediatrics</td>
<td>Scholarship – Manuscript reviewer for Pediatric Nursing</td>
</tr>
<tr>
<td>Kelsey, Beth</td>
<td>Assistant Professor, DNP Program Director</td>
<td>Women's Health</td>
<td>BS MS MA Ed.D WHNP-BC, APRN</td>
<td>Clinical Practice – Women’s health</td>
<td>Research – Contraception issues, role of DNP graduate</td>
</tr>
<tr>
<td>LaMar, Ruth Ann</td>
<td>Instructor</td>
<td>Critical Care, Adult Health, Leadership, Home Health</td>
<td>BS MSN DNP</td>
<td>Background – Adult Health, Critical Care, Home Health</td>
<td>Service – Member of STTI, Beta Rho, ISNA, &amp; ILN/NLN; Home Health volunteer</td>
</tr>
<tr>
<td>Craig, Shannon</td>
<td>Instructor</td>
<td>Adult Health, Critical Care</td>
<td>BSN MS</td>
<td></td>
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</tr>
<tr>
<td>Dancer, Michell</td>
<td>Instructor</td>
<td>Childbearing, Pediatrics</td>
<td>BSN MS</td>
<td></td>
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<tr>
<td>Edwards, Jane</td>
<td>Instructor</td>
<td>Adult Health, Leadership / Management</td>
<td>BS MS</td>
<td></td>
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<tr>
<td>Flynn, DeLisa</td>
<td>Instructor</td>
<td>Adult Health &amp; Critical Care</td>
<td>BS MSN</td>
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<tr>
<td>Freeman, Preswinda</td>
<td>Instructor</td>
<td>Adult Health</td>
<td>BS MS</td>
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<tr>
<td>Humphrey Kathy</td>
<td>Instructor</td>
<td>Adult Health, Cardiac, Neonatal</td>
<td>BS MS</td>
<td></td>
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<tr>
<td>Johnson, Beth</td>
<td>Assistant Professor</td>
<td>Geriatric and Adult Health</td>
<td>BS MSN PhD CNS</td>
<td></td>
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<tr>
<td>Keller, Vicki</td>
<td>Assistant Professor</td>
<td>Pediatrics</td>
<td>BS MSN PhD</td>
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<tr>
<td>Kelsey, Beth</td>
<td>Assistant Professor, DNP Program Director</td>
<td>Women's Health</td>
<td>BS MS MA Ed.D WHNP-BC, APRN</td>
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<tr>
<td>LaMar, Ruth Ann</td>
<td>Instructor</td>
<td>Critical Care, Adult Health, Leadership, Home Health</td>
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<tr>
<td>Name</td>
<td>Instructor</td>
<td>Field</td>
<td>Degree</td>
<td>Background/Practice</td>
<td>Service</td>
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<tr>
<td>Mahmoodi, Mahnaz</td>
<td>Instructor</td>
<td>Critical Care, Adult Health</td>
<td>BSN</td>
<td>Background/Practice</td>
<td>NUR 430 Adult Health 4; NUR 402 Adult Health 3</td>
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<tr>
<td>Martin, Nancy</td>
<td>Instructor</td>
<td>Critical Care, Adult Health</td>
<td>BS</td>
<td>Background</td>
<td>NUR 406 Nursing of Childbearing Families; NUR 370 Pediatrics; NUR 101 Medical Terminology</td>
</tr>
<tr>
<td>Matthews, Melissa</td>
<td>Instructor</td>
<td>Childbearing, Pediatrics</td>
<td>BS</td>
<td>Background</td>
<td>NUR 404 Community Health; NUR 101, Terminology</td>
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<tr>
<td>McClain, Tonja</td>
<td>Instructor</td>
<td>Childbearing, Leadership / Management, Adult Health, Critical Care, Community</td>
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<td>Background/Practice</td>
<td>NUR 340 Adult Health 2; NUR 430 Adult Health 4; NUR 330 Adult Health 1</td>
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<tr>
<td>Osborne, Karrie</td>
<td>Instructor</td>
<td>Adult Health &amp; Critical Care</td>
<td>BS</td>
<td>Background/Practice</td>
<td>NUR 230 Health Appraisal; NUR 330 Adult Health; NUR 402 Adult Health 3</td>
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<tr>
<td>Powell, Mona</td>
<td>Instructor</td>
<td>Adult Health &amp; Critical Care</td>
<td>BSN</td>
<td>Background</td>
<td>NUR 230 Health Assessment; NUR 231 Fundamental Nursing Skills</td>
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<tr>
<td>Pyron, Margie</td>
<td>Instructor</td>
<td>Neonatal Intensive Care, Maternal Child, Pediatrics, Management</td>
<td>BS</td>
<td>Background</td>
<td>NUR 406 Nursing of Childbearing Families; NUR 101 Medical Terminology; NUR 370 Pediatrics</td>
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<tr>
<td>Roessner, Kaly</td>
<td>Instructor</td>
<td>Childbearing, Pediatrics</td>
<td>BSN</td>
<td>Background</td>
<td>NUR 228 Introduction to Nursing; NUR 230 Health Appraisal; NUR 231 Fundamental Nursing;</td>
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<tr>
<td>Shafer, Marcy</td>
<td>Instructor</td>
<td>Adult Health</td>
<td>BS</td>
<td>Background</td>
<td>NUR 609 Health Assessment; NUR 303 Health Assessment; NUR 230 Health Appraisal; NUR 231 Fundamental Nursing Skills; NUR 103 Health: Cultural Variations; NUR 228 Introduction to Nursing</td>
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<tr>
<td>Stanley, Dea</td>
<td>Instructor</td>
<td>Psy/Mental Health</td>
<td>BSN</td>
<td>Background</td>
<td>NUR 406 Childbearing Families; NUR 103 Health Behaviors: Cultural Variations</td>
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<tr>
<td>Name</td>
<td>Title</td>
<td>Areas of Specialty</td>
<td>Educational Credentials</td>
<td>Relevant Certifications</td>
<td>Practice/Service/Scholarship Background</td>
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<td>Waltz, Rachel</td>
<td>Instructor</td>
<td>Women's Health, Pediatrics, Childbearing, &amp; Management</td>
<td>BSN / MSN / DNP</td>
<td>WHNP-BC, NCC</td>
<td>Practice – Critical care, in-patient obstetrics and management, underserved populations.</td>
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<tr>
<td>Wendel, Janelle</td>
<td>Instructor</td>
<td>Childbearing</td>
<td>BS / MS</td>
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<td>Background – Childbearing and Pediatrics</td>
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<td>Wheatley, Joe</td>
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<td>Background - Rehabilitation, Med / Surg</td>
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<tr>
<td>Anderson, Pam</td>
<td>Instructor</td>
<td>Adult NP; Vascular surgery</td>
<td>BS / MS</td>
<td>CCRN ANP ANCC</td>
<td>Practice – St. Vincent Medical Group</td>
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<tr>
<td>Bertram, Evelyn</td>
<td>Instructor</td>
<td>Leadership Management</td>
<td>BS / MS</td>
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<td>Practice/ Background – Management; ICU; Administration</td>
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<td>Bonsack, Carrie</td>
<td>Instructor</td>
<td>Women’s Health, Midwifery; Management</td>
<td>BSN / MSN / DNP</td>
<td>CNM</td>
<td>Background/ Practice – HealthNet, Executive Director OB/GYN Service Line, Supplemental CNM-HealthNet-full scope practice</td>
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<tr>
<td>Buche, Monica</td>
<td>Instructor</td>
<td>Pediatrics</td>
<td>BS / MSN / PNP</td>
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<td>Practice - Pediatrics</td>
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<tr>
<td>Davis, Amanda</td>
<td>Instructor</td>
<td>Pediatrics</td>
<td>BSN / MSN / DNP</td>
<td>ANP</td>
<td>Practice – Adult Health NP Service – volunteer in CAPNI Member, research committee, NPWH</td>
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<tr>
<td>Davis, Jennifer</td>
<td>Instructor</td>
<td>Adult Nursing Practice</td>
<td>BA / MS / DNP</td>
<td>ANP</td>
<td>Practice – Adult Health NP Service – volunteer in CAPNI Member, research committee, NPWH</td>
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<tr>
<td>Doty, Diane</td>
<td>Instructor</td>
<td>Adult Health; Critical Care</td>
<td>BSN / MSN</td>
<td>CCRN CNS</td>
<td>Adult Health; Critical Care</td>
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<tr>
<td>Instructor Name</td>
<td>Position</td>
<td>Specialty</td>
<td>Education</td>
<td>Practice</td>
<td>Background</td>
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<tr>
<td>Fleetwood Lisa</td>
<td>Instructor</td>
<td>Community Health, Faith-Based Nursing, Health Coaching, Hospice, and Home Care</td>
<td>BSN MSN</td>
<td>Practice - Manager of Employee Wellness for IU Health Service - Indiana Center for Parish Nursing; Member of Spirit and Place Festival Planning Committee, Health Ministry Assoc., Indiana Healthy Weight Initiative, &amp; STTI (Lambda Epsilon)</td>
<td>Background - Community Health</td>
</tr>
<tr>
<td>Lyons, Deb</td>
<td>Instructor</td>
<td>Leadership, Management</td>
<td>BSN MNA</td>
<td>Practice - Leadership/Management</td>
<td>Background - Leadership/Management</td>
</tr>
<tr>
<td>Ottinger, Lance</td>
<td>Instructor</td>
<td>Assessment</td>
<td>BS MS</td>
<td>Practice—Adult Health NP</td>
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<tr>
<td>Reuter, Susan</td>
<td>Instructor</td>
<td>Women’s &amp; Adult Health</td>
<td>BSN MSN</td>
<td>Practice - Infection control Background - Women’s &amp; Adult Health</td>
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<tr>
<td>Rowlett, Mary</td>
<td>Instructor</td>
<td>Pediatrics</td>
<td>BS MA</td>
<td>Practice - Pediatrics</td>
<td></td>
</tr>
<tr>
<td>Ryan, Marilyn</td>
<td>Professor</td>
<td>Research, Nursing, Administration, Nursing Education</td>
<td>BSN MS MA Ed.D</td>
<td>Background - Medical / Surgical, Administration Scholarship - Simulation, nursing education, transition to practice, nurse competency Service - ISNA, Midwest Nursing Research Society, Partners for Americas, STTI, Transcultural Nursing Society, NLN</td>
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</tr>
<tr>
<td>Silvidi, Marti</td>
<td>Instructor</td>
<td>Adult Health</td>
<td>BSN MSN DNP</td>
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<td>Adult Health</td>
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<tr>
<td>Spengler, Polly</td>
<td>Instructor</td>
<td>Adult Health, Hospice</td>
<td>BSN MS</td>
<td>Practice - Hospice, Adult Health Service - Diabetes Champion Committee &amp; Habitat for Humanity</td>
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<tr>
<td>Thompson Theresa</td>
<td>Instructor</td>
<td>Occupational &amp; Employee Health; Staff Development; Administration; Office Nurse</td>
<td>BSN MSN</td>
<td>Practice - Employee Health Service - National Nursing Staff Development; Plant-a-Row; Safety Safari; Rockford Rescue Mission Scholarship - Students and mock codes; e-learning challenges; on-site program evaluator for CCNE</td>
<td></td>
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<tr>
<td>Vannatter, Beverly</td>
<td>Instructor</td>
<td>Adult Health, Critical Care, Emergency, Management</td>
<td>BSN MS MA APRN-BC</td>
<td>Background - Adult Health, Critical Care, Management Practice - Emergency Department NP Service - CAPNI, AANP, &amp; STTI</td>
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<tr>
<td>Williams, Carol</td>
<td>Instructor</td>
<td>Adult Health</td>
<td>BSN MSN</td>
<td>Background - Adult &amp; home health, supervision, pediatrics, mental health, critical care, &amp; emergency Scholarship - Family presence during resuscitation, simulation, school nurses and electronic documentation</td>
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</table>
Continuous Improvement Progress Report (CIPR)
Program Information Form
Baccalaureate & Graduate Nursing Programs

General Information

Official Name of Institution: Ball State University

Type of Institution (check one): ☒public  ☐private, secular  ☐private, religious  ☐proprietary

Institution’s Carnegie Classification: Doctoral Universities: Higher Research Activities

Chief Executive Officer of Institution (Full Name and Title): Dr. Terry King, Interim University President

Chief Executive Officer of Institution’s email address: president@bsu.edu

Official Name of Nursing Unit: School of Nursing

Chief Nurse Administrator (Full Name, Title and Credentials): Linda Siktberg, PhD, RN, Director

Address: 2000 University Avenue
City: Muncie  State: IN  Zip Code: 47306
Phone: 765-285-8718  Fax: 765-285-2169
Email address: lsiktber@bsu.edu

Web site address (URL) of institution: www.bsu.edu

Web site address (URL) of nursing unit: www.bsu.edu/nursing

Web site address (URL) of institution’s catalog (if available electronically): http://cms.bsu.edu/academics/undergraduatestudy/catalog/current-year (Undergraduate);
http://cms.bsu.edu/-/media/www/departmentalcontent/gradschool/pdfs/grad%20catalog/2015%202016%20catalog/grad%20catalog%201516%20version%20030916.pdf?la=en (Graduate)


☒ Check here to verify that the Chief Nurse Administrator, identified above, has approved this completed form and confirms its contents as of June 1, 2016. (Date)
## Accreditation and Approval

### Institutional Accreditation

<table>
<thead>
<tr>
<th>Institutional Accrdebitor (identify agency name)</th>
<th>Last Review (year or N/A)</th>
<th>Current Status (e.g., full accreditation, probation, warning, show cause)</th>
</tr>
</thead>
</table>

If the current accreditation status of the institution is anything other than full accreditation (e.g., probation, warning, show cause, or other equivalent status), please attach a copy of the institutional accrediting agency’s most recent accreditation action letter to this form. Also provide (below) an explanation of the institution’s current accreditation status and how the nursing unit is impacted and/or implicated, if at all:

___

### Specialized Accreditation

<table>
<thead>
<tr>
<th>Specialized Accrdebitor</th>
<th>Last Review (year or N/A)</th>
<th>Current Status (e.g., full accreditation, probation, warning, show cause, N/A)</th>
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<tbody>
<tr>
<td>Council on Accreditation of Nurse Anesthesia Educational Programs</td>
<td>Master’s Degree Program</td>
<td>Master’s Degree Program</td>
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<tr>
<td></td>
<td>Doctoral Degree Program</td>
<td>Doctoral Degree Program</td>
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<td></td>
<td>Post-Graduate Nurse Anesthesia Certificate Program</td>
<td>Post-Graduate Nurse Anesthesia Certificate Program</td>
</tr>
<tr>
<td>Accreditation Commission for Midwifery Education</td>
<td>Master’s Degree Program</td>
<td>Master’s Degree Program</td>
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<tr>
<td></td>
<td>Doctoral Degree Program</td>
<td>Doctoral Degree Program</td>
</tr>
<tr>
<td></td>
<td>Post-Graduate Nurse-Midwifery Certificate Program</td>
<td>Post-Graduate Nurse-Midwifery Certificate Program</td>
</tr>
<tr>
<td>Commission on Collegiate Nursing Education</td>
<td>Baccalaureate Degree Program 2010</td>
<td>Baccalaureate Degree Program 2010</td>
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<tr>
<td></td>
<td>Master’s Degree Program 2010</td>
<td>Master’s Degree Program 2010</td>
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<tr>
<td></td>
<td>Doctor of Nursing Practice 2011</td>
<td>Doctor of Nursing Practice 2011</td>
</tr>
<tr>
<td></td>
<td>Post-Graduate APRN Certificate Program</td>
<td>Post-Graduate APRN Certificate Program</td>
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</table>
Accreditation Commission for Education in Nursing (ACEN, formerly NLNAC)  Baccalaureate Degree Program  Baccalaureate Degree Program
Master’s Degree Program  Master’s Degree Program
Doctor of Nursing Practice  Doctor of Nursing Practice
Post-Graduate Certificate Program  Post-Graduate Certificate Program

If the current accreditation status of a nursing program is anything other than full accreditation (e.g., probation, warning, show cause, or other equivalent status), please attach a copy of the accrediting agency’s most recent accreditation action letter to this form. Also provide (below) an explanation of the program’s current accreditation status and what specific deficiencies were noted:

State Board of Nursing Approval

Name of applicable state board of nursing: Indiana State Board of Nursing

<table>
<thead>
<tr>
<th>Nursing Program</th>
<th>Last Review (year or N/A)</th>
<th>Current Status (e.g., full approval/recognition/accreditation, probation, warning, show cause, N/A)</th>
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</thead>
<tbody>
<tr>
<td>Baccalaureate Degree Program</td>
<td>2015</td>
<td>Full accreditation</td>
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<tr>
<td>Master’s Degree Program</td>
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<td>Doctor of Nursing Practice Program</td>
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<tr>
<td>Post-Graduate APRN Certificate Program</td>
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</table>

If the current approval/recognition/accreditation status of the program is anything other than full approval/recognition/accreditation (e.g., probation, warning, show cause, or other equivalent status), please attach a copy of the board of nursing’s most recent action to this form. Also provide (below) a brief explanation of the current status of the program with regard to the state board of nursing and what specific deficiencies were noted:

___
Nursing Program Information

Degree Programs Offered (Student Data)
Regardless of whether the program is under review, please identify all baccalaureate, master’s, and Doctor of Nursing Practice tracks offered by the nursing unit. For each track, list current enrollment data, as well as graduation data for the previous academic year. For the baccalaureate program, include only nursing students (not pre-nursing students).

<table>
<thead>
<tr>
<th>Nursing Degree Program (identify all tracks)</th>
<th>Month*/Year Track Became Operational</th>
<th>Number of Students Enrolled</th>
<th>Number of Graduates</th>
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<tbody>
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<td>Baccalaureate Degree</td>
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<tr>
<td>Generic/Traditional/Pre-licensure</td>
<td>1964</td>
<td>360</td>
<td>153</td>
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<tr>
<td>RN-BSN/Post-licensure</td>
<td>1982</td>
<td>22</td>
<td>10</td>
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<tr>
<td>Second Career/Fast Track/Accelerated</td>
<td>2004</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Other (specify)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td></td>
<td><strong>394</strong></td>
<td><strong>178</strong></td>
</tr>
<tr>
<td>Master's Degree (Identify all tracks offered)</td>
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<td></td>
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<tr>
<td>Nurse Educator</td>
<td>1971</td>
<td>38</td>
<td>20</td>
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<tr>
<td>Nurse Administrator</td>
<td>1971</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>Adult-Gerontology Nurse Practitioner</td>
<td>1995</td>
<td>23</td>
<td>17</td>
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<tr>
<td>Family Nurse Practitioner</td>
<td>1995</td>
<td>218</td>
<td>52</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>2001</td>
<td>0</td>
<td>3</td>
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<tr>
<td><strong>Totals:</strong></td>
<td></td>
<td><strong>329</strong></td>
<td><strong>115</strong></td>
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<tr>
<td>Doctor of Nursing Practice (Identify all tracks/majors offered and indicate whether post-baccalaureate or post-master’s)</td>
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<tr>
<td>Post Master’s DNP</td>
<td>2009</td>
<td>10</td>
<td>8</td>
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<tr>
<td><strong>Totals:</strong></td>
<td></td>
<td><strong>10</strong></td>
<td><strong>8</strong></td>
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</table>

*Month needs to be identified only if the track began operation in the current or past two calendar years.*
Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the overall baccalaureate degree program in nursing?
☐ yes ☒ no

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):


Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the overall master’s degree program in nursing?
☐ yes ☒ no

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):


Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the overall Doctor of Nursing Practice program in nursing?
☐ yes ☒ no

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):


Identify any doctoral degree programs (other than the Doctor of Nursing Practice program) offered by the nursing unit, e.g., PhD or DNSc (note that research doctorates are not eligible for CCNE accreditation):
None

Identify any joint degree programs in nursing offered with any other unit at the institution (e.g., MSN/MPH, MSN/MSW):
None

**Post-Graduate APRN Certificate Programs (Student Data)**

Regardless of whether the program is under review, please identify all post-graduate APRN certificate program tracks offered by the nursing unit. For each track, include role and population focus, student enrollment data, and whether the track is also offered as a track in the graduate degree program (master’s and/or DNP).

<table>
<thead>
<tr>
<th>List each track (role and population focus) in the post-graduate APRN certificate program (e.g., post-master's FNP certificate, post-master's community health CNS certificate).</th>
<th>Current Number of Students Enrolled in Each Track</th>
<th>Identify whether each track in the post-graduate APRN certificate program is also offered as a track in the graduate degree program (e.g., type “Yes” if there is an FNP certificate track and also an FNP track in the master’s degree and/or DNP program).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Educator</td>
<td>0</td>
<td>Yes</td>
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<tr>
<td>Family Nurse Practitioner</td>
<td>0</td>
<td>Yes</td>
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</tbody>
</table>
Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the post-graduate APRN certificate programs?
☐ yes ☒ no

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):

Identify any post-graduate certificate programs that are offered by the nursing unit that do not prepare APRNs, e.g., a certificate in nursing education or nursing administration (note that such certificate programs are not eligible for CCNE accreditation):

Nurse Educator

**NCLEX-RN® Pass Rates**

Please identify the NCLEX-RN® pass rate for each campus/site and track for each of the three most recent calendar years (January 1-December 31)*

<table>
<thead>
<tr>
<th>Track</th>
<th>Campus/Site</th>
<th>Year</th>
<th>Number of Students Taking NCLEX-RN® for 1st Time</th>
<th>NCLEX-RN® Pass Rate for 1st Time Test Takers</th>
<th>NCLEX-RN® Pass Rate for All Test Takers (National)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baccalaureate Muncie</td>
<td>2013</td>
<td>165</td>
<td>84.29%</td>
<td>83.04%</td>
<td></td>
</tr>
<tr>
<td>Baccalaureate Muncie</td>
<td>2014</td>
<td>164</td>
<td>92.70%</td>
<td>81.78%</td>
<td></td>
</tr>
<tr>
<td>Baccalaureate Muncie</td>
<td>2015</td>
<td>159</td>
<td>92.40%</td>
<td>84.53%</td>
<td></td>
</tr>
</tbody>
</table>

*If data from all three years are not available due to the newness of the program, report the data that are available.

**Certification Pass Rates**

Please identify the certification pass rate for each examination for which the program prepares graduates, for each of the three most recent calendar years (January 1-December 31)* first time+, All Test Takers++

<table>
<thead>
<tr>
<th>Year</th>
<th>Certification Organization</th>
<th>Certification Exam (by population focus area)</th>
<th>Number Taking Exam</th>
<th>Certification Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>ANCC</td>
<td>Family Nurse Practitioner</td>
<td>13</td>
<td>84.62%</td>
</tr>
<tr>
<td>2013</td>
<td>ANCC</td>
<td>Adult Nurse Practitioner</td>
<td>13</td>
<td>76.92%</td>
</tr>
<tr>
<td>2013</td>
<td>AANP</td>
<td>Family Nurse Practitioner</td>
<td>46</td>
<td>98%</td>
</tr>
<tr>
<td>2013</td>
<td>AANP</td>
<td>Adult Nurse Practitioner</td>
<td>24</td>
<td>83%</td>
</tr>
<tr>
<td>2014</td>
<td>ANCC</td>
<td>Family Nurse Practitioner</td>
<td>13</td>
<td>84.62%</td>
</tr>
<tr>
<td>2014</td>
<td>ANCC</td>
<td>Adult Nurse Practitioner</td>
<td>7</td>
<td>71.43%</td>
</tr>
<tr>
<td>2014</td>
<td>AANP</td>
<td>Family Nurse Practitioner</td>
<td>38</td>
<td>95%</td>
</tr>
<tr>
<td>2014</td>
<td>AANP</td>
<td>Adult Nurse Practitioner</td>
<td>15</td>
<td>80%</td>
</tr>
<tr>
<td>2014</td>
<td>AANP</td>
<td>Adult-Gerontology Nurse Practitioner</td>
<td>10</td>
<td>80%</td>
</tr>
<tr>
<td>2015</td>
<td>ANCC</td>
<td>Family Nurse Practitioner</td>
<td>5</td>
<td>60%</td>
</tr>
<tr>
<td>2015</td>
<td>ANCC</td>
<td>Adult Nurse Practitioner</td>
<td>No Report</td>
<td>No Report</td>
</tr>
<tr>
<td>2015</td>
<td>AANP</td>
<td>Family Nurse Practitioner</td>
<td>51</td>
<td>88%</td>
</tr>
<tr>
<td>2015</td>
<td>AANP</td>
<td>Adult Nurse Practitioner</td>
<td>3</td>
<td>67%</td>
</tr>
<tr>
<td>2015</td>
<td>AANP</td>
<td>Adult-Gerontology Nurse Practitioner</td>
<td>16</td>
<td>94%</td>
</tr>
</tbody>
</table>
*If data from all three years are not available due to the newness of the program, report the data that are available.
Program Completion and Employment Data

Baccalaureate Program (for the three most recent calendar years):

<table>
<thead>
<tr>
<th>Term/Year of Graduation</th>
<th>Term/Year of Admission</th>
<th># Students Admitted</th>
<th># Students Graduated+</th>
<th>% Students Graduated</th>
<th>% Graduates Employed++</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2011</td>
<td>186</td>
<td>150</td>
<td>87.72%</td>
<td>75%</td>
</tr>
<tr>
<td>2014</td>
<td>2012</td>
<td>180</td>
<td>137</td>
<td>84.05%</td>
<td>93%</td>
</tr>
<tr>
<td>2015</td>
<td>2013</td>
<td>164</td>
<td>132</td>
<td>88.00%</td>
<td>----</td>
</tr>
</tbody>
</table>

* Based on the entry point and time period to completion as defined by the program.
++Provide employment rate within 12 months of program completion.

Please explain how program completion rates are calculated:

The program completion rate is calculated by dividing the total number of graduates within five to six semesters (numerator) by the total number of students admitted to the baccalaureate program as a cohort in the calendar year (denominator), excluding students who have family obligations, financial barriers, withdrew from nursing for other reasons, and changed major or transferred to another institution. The established benchmark for the baccalaureate program is a minimum of 70% of students will graduate within five to six semesters of entry into the program.

Master’s Program (for the three most recent calendar years):

<table>
<thead>
<tr>
<th>Term/Year of Graduation</th>
<th>Term/Year of Admission</th>
<th># Students Admitted</th>
<th># Students Graduated+</th>
<th>% Students Graduated</th>
<th>% Graduates Employed++</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2007</td>
<td>129</td>
<td>114</td>
<td>88.37%</td>
<td>----</td>
</tr>
<tr>
<td>2014</td>
<td>2008</td>
<td>110</td>
<td>82</td>
<td>74.5%</td>
<td>----</td>
</tr>
<tr>
<td>2015</td>
<td>2009</td>
<td>105</td>
<td>86</td>
<td>81.9%</td>
<td>93%</td>
</tr>
</tbody>
</table>

* Based on the entry point and time period to completion as defined by the program.
++Provide employment rate within 12 months of program completion.

Please explain how program completion rates are calculated:

The program completion (graduation) rate is calculated by dividing the total number of graduates within six years (numerator) by the total number of students admitted to the MS program as a cohort in the calendar year (denominator), excluding students who did not complete NUR 605. The benchmark established by the MCC is a minimum of 70% of the students will graduate within 6 calendar years of entry into the program.

Doctor of Nursing Practice Program (for the three most recent calendar years):

<table>
<thead>
<tr>
<th>Term/Year of Graduation</th>
<th>Term/Year of Admission</th>
<th># Students Admitted</th>
<th># Students Graduated+</th>
<th>% Students Graduated</th>
<th>% Graduates Employed++</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2011</td>
<td>8</td>
<td>7</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2015</td>
<td>2012</td>
<td>8</td>
<td>4</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>2016</td>
<td>2013</td>
<td>6</td>
<td>6</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Based on the entry point and time period to completion as defined by the program.
++Provide employment rate within 12 months of program completion.

Please explain how program completion rates are calculated:

Program completion (graduation) rate is calculated by dividing total number of graduates within five (5) calendar years (numerator) by the total number of students admitted to the DNP program as a cohort in the calendar year and begin the first DNP courses (denominator), excluding students who have family obligations, relocation, and/or financial barriers, and students who withdraw from the program in the first semester.
without completing any credit hours. The University allows 7 calendar years for completion of a doctoral degree. The established benchmark for the DNP program is that a minimum of 70% of students will graduate within 5 calendar years of entry into the program.
Post-Graduate APRN Certificate Programs (for the three most recent calendar years):

<table>
<thead>
<tr>
<th>Track</th>
<th>Term/Year of Graduation</th>
<th>Term/Year of Admission</th>
<th># Students Admitted</th>
<th># Students Graduated+</th>
<th>% Students Graduated</th>
<th>% Graduates Employed++</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Educator</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Family Nurse Practitioner</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
</tbody>
</table>

+ Based on the entry point and time period to completion as defined by the program.  
++Provide employment rate within 12 months of program completion.

Please explain how program completion rates are calculated:
Nursing Program Faculty

CCNE recognizes that faculty may teach across program levels. Nonetheless, please estimate the faculty full-time-equivalent by program level for the academic year in which this form is submitted.

Identify the number (headcount) of faculty currently devoted to the nursing unit:

<table>
<thead>
<tr>
<th>Number Full-Time</th>
<th>Number Part-Time</th>
<th>Total Number of Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>13</td>
<td>53</td>
</tr>
</tbody>
</table>

Identify the faculty full-time-equivalent (FTE) currently devoted to the baccalaureate degree program:

<table>
<thead>
<tr>
<th>Full-Time FTE</th>
<th>Part-Time FTE</th>
<th>Total Faculty FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.00</td>
<td>2.25</td>
<td>28.25</td>
</tr>
</tbody>
</table>

Identify the faculty full-time-equivalent (FTE) currently devoted to the master’s degree program:

<table>
<thead>
<tr>
<th>Full-Time FTE</th>
<th>Part-Time FTE</th>
<th>Total Faculty FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.80</td>
<td>3.00</td>
<td>11.80</td>
</tr>
</tbody>
</table>

Identify the faculty full-time-equivalent (FTE) currently devoted to the Doctor of Nursing Practice program:

<table>
<thead>
<tr>
<th>Full-Time FTE</th>
<th>Part-Time FTE</th>
<th>Total Faculty FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.75</td>
<td>0.00</td>
<td>1.75</td>
</tr>
</tbody>
</table>

Identify the faculty full-time-equivalent (FTE) currently devoted to the post-graduate APRN certificate program:

<table>
<thead>
<tr>
<th>Full-Time FTE</th>
<th>Part-Time FTE</th>
<th>Total Faculty FTE</th>
</tr>
</thead>
</table>
### Additional Campuses/Sites

Identify any additional campuses/sites where the nursing degree/certificate program is offered (within the United States and/or internationally), the distance from the main campus (unless outside the United States), the average number of nursing students currently enrolled at each location, and the programs offered at each location.

<table>
<thead>
<tr>
<th>Campus/Site (City, State/Country)</th>
<th>Distance From Main Campus (in miles)</th>
<th>Number of Students Enrolled</th>
<th>Programs Offered (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Baccalaureate Degree Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Master’s Degree Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Doctor of Nursing Practice Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Post-Graduate APRN Certificate Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Baccalaureate Degree Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Master’s Degree Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Doctor of Nursing Practice Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Post-Graduate APRN Certificate Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Baccalaureate Degree Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Master’s Degree Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Doctor of Nursing Practice Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Post-Graduate APRN Certificate Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Baccalaureate Degree Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Master’s Degree Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Doctor of Nursing Practice Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Post-Graduate APRN Certificate Program</td>
</tr>
</tbody>
</table>

Please provide a brief description of any nursing degree/certificate program that is offered at a campus/site located outside of the United States:
Professional Nursing Standards and Guidelines

Baccalaureate Program:

Identify the professional nursing standards/guidelines that are used by the baccalaureate program (note different dates of documents):

*The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)
- ☒ yes  □ no  □ not applicable (no baccalaureate offerings)

Other (please specify):
ANA Code of Ethics (2015); ANA Nursing Scope and Standards of Practice (2010); Indiana State Board of Nursing (2015)

Master’s Program:

Identify the professional nursing standards/guidelines that are used by the master’s program:

*The Essentials of Master’s Education in Nursing* (AACN, 2011)
- ☒ yes  □ no  □ not applicable (no master’s offerings)

*Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2012)
- □ yes  □ no  ☒ not applicable (no nurse practitioner offerings)

Other (please specify):

Doctor of Nursing Practice Program:

Identify the professional nursing standards/guidelines that are used by the Doctor of Nursing Practice program:

*The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006)
- ☒ yes  □ no  □ not applicable (no DNP offerings)

*Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2012)
- □ yes  □ no  ☒ not applicable (no nurse practitioner offerings)

Other (please specify):

Post-Graduate APRN Certificate Program:

*Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2012)
- □ yes  □ no  ☒ not applicable (no nurse practitioner offerings)

Other (please specify):
Distance Education
The Commission utilizes the definition of distance education established in the Higher Education Opportunity Act of 2008, as follows:

(A) Education that uses one or more of the technologies described in subparagraph (B)—
   (i) to deliver instruction to students who are separated from the instructor; and
   (ii) to support regular and substantive interaction between the students and the instructor, synchronously or asynchronously.
(B) INCLUSIONS.—For the purposes of subparagraph (A), the technologies used may include—
   (i) the Internet;
   (ii) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
   (iii) audio conferencing; or
   (iv) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in clauses (i) through (iii).

Does the nursing unit currently offer curricula (or any part thereof) via distance education, as defined above?

Baccalaureate Degree Program (check one): ☒ yes ☐ no ☐ not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings at the baccalaureate level:
The baccalaureate program offers two-way secure transmission (video and audio) for nursing courses. The nursing program is an on campus program with a limited number of students receiving the didactic content in Indiana health systems facilities.

If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities? ☒ yes ☐ no

Master’s Degree Program (check one): ☒ yes ☐ no ☐ not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings at the master’s level:
The master’s degree program is provided as a 100% distance program via the internet. All required courses are delivered in an asynchronous format. Clinical experiences are completed in the student’s geographic area at faculty approved sites with preceptors and local clinical supervisors.

If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities? ☒ yes ☐ no

Doctor of Nursing Practice Program (check one): ☒ yes ☐ no ☐ not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings in the Doctor of Nursing Practice program:
The DNP program is provided as a 100% distance program via the internet. All required courses are delivered in an asynchronous format. Clinical experiences and capstone project implementation are completed in the student’s geographic area under the supervision of course faculty and project advisors.

If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities? ☒ yes ☐ no

Post-Graduate APRN Certificate Program (check one): ☐ yes ☐ no ☒ not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings in the post-graduate APRN certificate program:
If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities?  ☐ yes  ☐ no

Amended January 2014