Evaluation Team Report on the Accreditation Review of the Doctor of Nursing Practice Program at Southern California CSU Doctor of Nursing Practice Consortium

Commission on Collegiate Nursing Education
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Introduction

This report presents the findings of the evaluation team from the Commission on Collegiate Nursing Education (CCNE), the accrediting body responsible for the evaluation of baccalaureate and graduate nursing programs, regarding the Southern California CSU Doctor of Nursing Practice (DNP) consortium and its compliance with CCNE's standards for accreditation. The DNP consortium program received initial CCNE accreditation in 2013 and is being reviewed for continuing accreditation.

The California State University (CSU) system is composed of 23 campuses across the state of California. The system educates more than 484,000 students and employs more than 52,000 faculty staff. CSU Fullerton (CSUF), the lead DNP consortium campus, is located in Orange County, California, on a 236-acre urban campus that is 25 miles from the Los Angeles metropolitan area. CSUF has the largest student body in the CSU system, with an enrollment of more than 40,000 students. CSUF has a diverse student body and is designated as a Hispanic-serving institution. Nearly 41% of students self-identify as Hispanic, 20.5% self-identify as Asian, and 20.4% self-identify as white. CSUF was originally established in 1957 as Orange County State College and became CSUF in 1972. CSUF offers 57 baccalaureate degrees and 52 graduate degrees, including three doctorates. CSUF is organized into eight colleges: arts, business and economics, communications, education, engineering and computer science, health and human development, humanities and social sciences, and natural sciences and mathematics. Governance for the CSU system is vested in a 25-member Board of Trustees appointed by the governor of California. The trustees appoint a chancellor, and each campus, including CSUF, is governed by a president who reports to the CSU chancellor. CSUF holds a Carnegie classification of Doctoral Universities: Moderate Research Activity. CSUF is individually accredited by the Western Association of Schools and Colleges (WASC) and was last accredited in 2012 for a period of seven years.

The DNP consortium is a joint program offered by three CSU schools of nursing (SONs): CSUF, CSU Long Beach (CSULB), and CSU Los Angeles (CSULA). The DNP consortium's Master of Science in Nursing (MSN) to DNP pathway was approved by the CSU system and WASC in Fall 2012. In 2018, a Bachelor of Science in Nursing (BSN) to DNP pathway with a concentration in nurse anesthesia was approved, and the first cohort was admitted in Fall 2018. The 36-credit MSN to DNP pathway is designed for students with an MSN who are prepared as APRNs. The 110-credit BSN to DNP nurse anesthesia pathway prepares students for the nurse anesthetist role. The DNP consortium program partners with the Kaiser Permanente School of Anesthesia (KPSA), which provides clinical practice suites and seven adjunct faculty to teach anesthesia courses. The DNP director and DNP coordinators from each SON are responsible for curriculum development and evaluation. Faculty from each of the three consortium schools teach in both pathways, and KPSA provides expertise in the nurse anesthesia didactic courses and expert clinical supervision in clinical practica. Fifty-four individuals, including seven full-time adjunct KPSA nurse anesthesia instructors, teach in the DNP program, for a complement of 12.25 full-time equivalents (FTEs). At present, there are 53 students enrolled in the MSN to DNP pathway and 33 students enrolled in the BSN to DNP nurse anesthesia pathway.

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

In accordance with CCNE procedures, as part of the review, the team confirmed that the program afforded the opportunity for constituents to submit third-party comments directly to CCNE. No letters were received.

Meeting of CCNE Standards

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

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.

This standard is met for the Doctor of Nursing Practice program.

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).

Compliance Concern?   DNP: No

Rationale:

The mission and goal statements of CSU, the DNP consortium, and the three participating SONs (CSUF, CSULB, and CSULA) as compared in the self-study document (Appendix A) demonstrate congruence and reflect the teaching, scholarship, and service elements of the institutional mission. All four mission statements address a commitment to high-quality education that is accessible to a diverse student population and community service. Faculty confirmed that the DNP consortium's mission is congruent with that of CSU and the individual missions of the participating SONs, in that it focuses on high-quality, culturally sensitive education; development of leaders who will improve health outcomes; and service to the people of California. The

consortium's mission is also reflected in the goals and expected outcomes of the DNP program presented in the self-study document (pp. 1-2) and is reflected on CSUF SON website and in the online DNP student handbook. In discussions with the team, the participating CSU campuses' presidents and provosts confirmed that the mission of the consortium is congruent with that of CSU and the participating SONs. Faculty and students provided several examples of how program goals and expected program outcomes demonstrate congruence with those of CSU.

The presidents of CSUF and CSULB stated that the mission of the DNP consortium is fully congruent with that of CSU and the three participating campuses. The president of CSUF stated that the consortium is a "steeple of excellence" and an exemplar of collaboration for undergraduate students. The president of CSULB stated that the DNP program director and DNP coordinators have "big dreams and aspirations to address regional needs." The CSUF provost stated that consortium members work well together and share resources across campuses to serve students. She went on to say, "The consortium is a model for how to do things well in a complex system across campuses."

The mission, goals, and expected student outcomes for the DNP program are congruent with professional nursing standards and guidelines. The DNP program is based on the American Association of Colleges of Nursing's (AACN) *The Essentials of Doctoral Education for Advanced Nursing Practice* (*Doctoral Essentials*) (2006), AACN's *The Essentials of Master's Education in Nursing* (2011), the DNP program's CSU Chancellor's Executive Order (2011), Title 5 of the California Code of Regulations (2012), and the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) *Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate* (*Practice Doctorate Standards for Accreditation*) (2015). The purpose of the DNP program is to prepare nurses at the highest level of practice to apply and translate research into practice to improve healthcare delivery and polices to the provision of high-quality care. The DNP program incorporates professional nursing standards and guidelines appropriate to each pathway (self-study document, Appendices D and F, pp. 58-59 and 67-76).

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.

Compliance Concern?   DNP: No

Rationale:

In a review of the self-study document and in interviews with faculty, the team confirmed that program review is an ongoing process, and the consortium's mission, goals, and expected DNP program outcomes are reviewed

annually or as needed to reflect changes in professional nursing standards and guidelines. The DNP curriculum was first implemented in 2012 and was revised in 2018 with the addition of the BSN to DNP nurse anesthesia pathway.

DNP coordinators meet every week to discuss program administration, evaluate outcome data, and assess any program improvement issues. All changes are approved by the DNP Executive Committee (DNP program director, directors of each SON, and DNP program coordinators from each consortium campus), which has the ultimate responsibility for implementing the evaluation plan and overseeing data collection. In interviews with Executive Committee members, the team confirmed that the committee meets at least three times a year to review the curriculum and student achievement of outcomes. In discussions with faculty and a review of the self-study document and committee meeting minutes, the team confirmed that the DNP curriculum is reviewed by the DNP coordinators on an ongoing basis, and changes occur based on feedback from faculty and students.

The community of interest (COI) is not explicitly defined in the self-study document. In interviews with the DNP coordinators and DNP faculty, the team confirmed that the DNP consortium considers its COI to include DNP students, faculty, community clinical partners, and employers. In interviews with the team, community clinical members discussed multiple informal mechanisms for providing input to the DNP program. One chief nursing officer of a local hospital stated that the DNP director is easily accessible and listens to suggestions and/or concerns. DNP coordinators noted that each consortium SON has an advisory board, and DNP program issues are discussed in those meetings, but there is no formal mechanism for community members to provide feedback to the consortium.

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.

Compliance Concern?   DNP: No

Rationale:

Expected faculty outcomes according to type of appointment (tenured/tenure track or lecturer) are described in each SON's retention, tenure, and promotion document; the California collective bargaining agreement; university policy statements; and personnel standards for each consortium institution. These documents, available online and in the resource room, identify faculty outcomes in the categories of scholarship, teaching, and service. In discussions with faculty and a review of the self-study document and retention, tenure, and promotion and personnel standards, the team confirmed that each consortium SON's personnel standards are similar to and congruent with those of the respective parent institution. Practice is not required for faculty but may be included under the category of service, and some faculty are actively engaged in practice. DNP

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consortium outcomes are congruent with CSU institutional expectations as listed in the CSU faculty handbook. The team confirmed that faculty are aware of these expectations.

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.

Compliance Concern?　　　　　DNP:　　　　　　　　　　　　　　No

Rationale:

Faculty and student roles in consortium governance are clearly delineated in the consortium's articles of operation, the memorandum of understanding available in the resource room, and the online faculty job descriptions and faculty handbook. Faculty participate in various committees through their respective SONs and on university committees on each of the consortium campuses. In discussions with faculty, the team confirmed that DNP consortium faculty meet with their respective campus DNP coordinator on an as-needed basis and in faculty meetings held at least annually. DNP coordinators from the three SONs meet weekly to review faculty and student feedback and to evaluate program effectiveness. When the team asked about faculty's level of satisfaction with input into program decisions, faculty indicated there are multiple opportunities for input and stated that their contributions are valued.

DNP students are eligible for student government positions available to graduates students at CSUF. They do not have a formal role in governance of the consortium. In meetings with the team, DNP students stated that they are aware of their ability to sit on committees but don't participate due to time constraints, as they are all employed in a nursing role. Students stated they have easy access to faculty and are heard when they have concerns, and they confirmed that the DNP director has an open-door policy. Formal meetings with students and the DNP program director take place two times per year.

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)."

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

[2] *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2012).

Compliance Concern?   DNP: No

Rationale:

Through a review of the catalog and documents pertaining to the DNP program on the CSUF website, the team confirmed that the materials are accurate and up-to-date. Other information, including accreditation status and licensure and certification requirements, is consistent across documents and accurate. Information about the DNP program on each SON consortium member website is available in the online student handbook, which is reviewed annually. The DNP student handbook includes the mission and program goals as well as progression, grading, academic honesty, and grievance policies. The CSUF website clearly lists the admission requirements for the two DNP pathways and includes pathway-specific plans of study. As stated in the self-study document and confirmed in discussion with faculty, the CSUF (http://www.fullerton.edu/) and three consortium SON websites (http://nursing.fullerton.edu/, http://web.csulb.edu/colleges/chhs/departments/nursing/, and http://www.calstatela.edu/hhs/nursing) are updated annually and as needed. Important programmatic information is communicated via email and the TITANium learning management system announcement page.

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.

Compliance Concern?   DNP: No

Rationale:

The team's review and comparison of CSUF and participating consortium SON policies available on the websites and in the on-site resource room confirmed that the policies are congruent and support achievement of the mission, goals, and expected student outcomes. As stated in the self-study document and confirmed by faculty, policies are updated regularly. Some DNP consortium policies differ from those of the parent institution. For example, BSN to DNP nurse anesthesia students must achieve a grade of B or better in every course or face disqualification from the program. DNP program policies are located in the SON student handbook. No SON

policies conflict with the policies in the university policy statements:

http://www.fullerton.edu/senate/publications_policies_resolutions/ups.php.

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.

This standard is met for the Doctor of Nursing Practice program.

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

Elaboration: The budget enables achievement of the program's mission, goals, and expected 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.

Compliance Concern?   DNP: No

Rationale:

Fiscal resources are sufficient to operate the DNP consortium. Budget information for 2018-2019 is included in the self-study document (p. 13). In a review of budget information for fiscal years 2016-2017 and 2017-2018 in the resource room and in discussions with the DNP Executive Committee, the team confirmed that 100% of revenue comes from tuition and fees and California State marginal cost funding. In planning for future growth, the consortium is afforded budgetary rollover of surplus funds to the next fiscal year, which had occurred in the budgets reviewed by the team. The consortium contracts with KPSA for seven adjunct nurse anesthesia faculty and clinical resources, including classroom and simulation laboratory space for BSN to DNP nurse anesthesia students. The KPSA budget is separate from that of the consortium and is funded by the Kaiser Permanente Foundation.

The CSUF provost confirmed that the DNP program director is responsible for planning and allocating resources. As stated in the self-study document and confirmed by the DNP program director, faculty salaries are competitive with those at peer institutions. In conversations with the directors of each participating SON, the team confirmed that faculty salaries are adequate to recruit and retain qualified faculty. One Executive Committee member stated that once diversity pool requirements are met, recruiting to fill faculty vacancies has been easy. When asked about the need for additional resources, the DNP program director indicated that budgetary recommendations had been met and are reviewed on an annual basis, with budgetary recommendations made to the governing board.

Adequate space exists for faculty and staff. DNP Executive Committee members described activities underway to increase the CSUF footprint to meet projected growth. The team's tour of the physical facilities at CSUF confirmed sufficient computing and educational technology to support the DNP program. The CSUF SON, the lead facility for the DNP consortium, provides classroom space, and additional space for BSN to DNP nurse anesthesia students is available on the KPSA Pasadena campus. Classrooms are equipped with video conferencing equipment and smart classroom technology at both sites.

Laboratory facilities used for student performance are adequate. The simulation laboratory, housed in KPSA's Pasadena facility, provides students with a high-fidelity simulation laboratory, and a second new state-of-the-art simulation laboratory will be opened in weeks. These two simulation facilities provide students with opportunities to practice advanced principles in areas such as gynecology; ear, nose, and throat; and orthopedics. Four smart classrooms are available for BSN to DNP students for the didactic portions of their clinical courses, and there are low- and high-fidelity simulation scenarios for clinical skills training for BSN to DNP nurse anesthesia students. Faculty and students confirmed that students in the BSN to DNP nurse anesthesia track use the simulation laboratory for skills practice and testing in clinical practice courses.

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.

Compliance Concern?   DNP: No

Rationale:

The team confirmed with the DNP program director, faculty, and students that academic support services are adequate to ensure the quality of the DNP program. These services are described in detail in the DNP student handbook and on the CSUF website. Students evaluate the adequacy of resources annually. In discussions with the team, students and alumni described the online pre-orientation modules that provide students with computer and programming tools and services (e.g., Excel, Endnotes, SPSS) to facilitate scholarly work as well as other orientations to student services. The CSUF Division of Information Technology helpline is available to faculty and students 24 hours per day, 7 days per week. Alumni described Genius Help, which provides in-person assistance for installation of network-provided computing software, and the team confirmed this with the information technology nursing liaison. The Microsoft Office 365 email system is the official means of communication used to inform faculty and students of important dates and deadlines and publicize events and activities. Faculty in the DNP program use the TITANium learning management system. Instructional design experts from CSUF assist faculty in the development and implementation of courses and instructional materials. The Faculty Development Center provides additional education support for faculty, including workshops to encourage teaching excellence.

DNP student resources available through the CSUF Division of Student Affairs include admission, registration, financial aid, writing and learning assistance, disability services, and counseling services. The DNP program analyst/specialist provides operations management to the three campuses. In discussions with resources staff from the learning management system (TITANium, student support services, veteran's coordinator, disability support services, Office of Graduate Studies), the team confirmed the availability of resources and that the adequacy of resources is reviewed yearly. Academic advising coordinators for both DNP pathways assist students throughout their course of study. Approximately 70 to 80 DNP students receive state aid based on need and availability.

DNP consortium students and faculty have access to a unified cloud-based library management system that links the 23 CSU libraries. Each consortium member campus has a library, and all are linked through the system-wide digital library services. In discussions with faculty and students, the team confirmed that DNP students have access to all online library resources and a dedicated librarian. Several DNP students noted that they use the services of their campus's dedicated DNP librarian for one-on-one evidence search sessions. In addition, KPSA has a medical library that is accessible to BSN to DNP nurse anesthesia students. A large collection of healthcare e-books is available to students, as is a constant feed of pertinent, newly published articles on the DNP library website. DNP students receive assistance for their projects from faculty and librarians. Faculty may refer students, or the student may self-refer for research consultations including searching for evidence, developing and implementing data analysis plans, and creating posters to disseminate project results. Bulletin boards around campus display DNP students' recent publications and posters.

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).

Compliance Concern?   DNP: No
Rationale:

The consortium's chief nurse administrator (DNP program director) is a licensed RN in the state of California and holds baccalaureate and master's degrees in nursing and a doctoral degree in public health. Her curriculum vitae (CV) provides evidence that she is academically and experientially qualified to serve in this position. The DNP program director has served in this position since the inception of the consortium in 2012 and is a tenured associate professor at CSUF. The DNP program director joined CSUF in 2004 as a lecturer and became an assistant professor at CSUF in 2005. She has received several leadership awards for her work at CSUF.

Community members and alumni stated that a particular talent of the DNP program director is partnership-building and community relationships. In meetings with the team, faculty, students, and community partners noted that the director has excellent communication and relationship-building skills and is a valued partner. Students and community members noted that the DNP program director is always available to help and listen and has an open-door policy. COI members further stated that she is a strong advocate for students and the DNP program and consortium.

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.

Compliance Concern?   DNP: No

Rationale:

The team confirmed with the DNP program director, faculty, and students that faculty are sufficient in number to accomplish the mission, goals, and expected program outcomes. The DNP faculty are made up of doctorally prepared faculty from each participating consortium campus. Through a review of faculty CVs in the resource room and at KPSA, the team confirmed that DNP faculty are educationally and experientially prepared for their roles and meet California Board of Registered Nursing requirements for academic, licensure, certification, and

practice qualifications for faculty. Faculty are doctorally prepared, are active in teaching and advising, and serve as chairs for DNP projects.

Workload is based on the total number of faculty teaching all scheduled courses and sections divided by 15, using a weighted teaching unit formula to provide additional time for doctoral-level teaching. CSU tenured or tenure-track faculty are assigned 12 teaching units and 3 release units for scholarship and service. A review of teaching assignments confirmed this load. The faculty-to-student ratio for DNP projects is 1:1 or 1:2. In discussions with the team, faculty stated that in the BSN to DNP nurse anesthesia pathway, DNP projects will use a collaborative lead by consortium faculty from CSU and KPSA to provide continuity of instruction.

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.

Compliance Concern?   DNP: No

Rationale:

Clinical preceptors with appropriate expertise, academic preparation, licensure, and certification are used in the BSN to DNP nurse anesthesia pathway. The team reviewed preceptor qualification documentation at the KPSA site and confirmed that preceptors have educational preparation or clinical experience in the clinical or content areas in which they teach or provide clinical supervision, and that they comply with COA's *Practice Doctorate Standards for Accreditation*. Each preceptor receives information from the associate director of KPSA that details their responsibilities, such as verification of student clinical hours and student performance evaluations. In discussions with faculty, the team confirmed the process of selecting and vetting preceptors and the student evaluation process. In discussions with preceptors, the team confirmed that preceptor orientation is provided by the associate director of KPSA and that preceptors are aware of the expectations for the role. The faculty and program directors indicated to the team that input from preceptors is welcomed and used for program improvement.

In discussions with faculty and a review of the self-study document, the team confirmed that preceptors are not used in the MSN to DNP pathway. DNP consortium faculty closely supervise the selection, implementation, evaluation, and dissemination of projects. Students and alumni described being supported and guided through the capstone project, how clinical hours are undertaken and documented to address the *Doctoral Essentials*, and how projects continue to build momentum and professional growth post-graduation.

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.*

Compliance Concern?   DNP: No

Rationale:

Faculty receive institutional support from CSU member campuses for the scholarship of teaching and learning, research, and dissemination of work. The Faculty Development Center provides additional education support for faculty that encourages teaching excellence (e.g., online course development, Quality Matters, video-taping). DNP consortium faculty can apply to the library for grant funding to pay for open-access publication costs. DNP consortium faculty may apply for intramural research and scholarly activity funding available through each participating CSU campus, and several DNP faculty have been recipients of these awards. Additional services for faculty include grant writing, statistical, and pre-award support. Faculty noted that travel funds are available for attending or presenting at conferences.

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.

This standard is met for the Doctor of Nursing Practice program.

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.*

Compliance Concern?   DNP: No

Rationale:

The curricula for the two DNP pathways are 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 students. For example, the syllabus for NUR 630 Healthcare Politics, Ethics, and Advocacy for Nurses clearly demonstrates the underpinnings of the *Doctoral Essentials* in the objectives and assignments. NUR 697A Integrative Clinical Scholarship requires students to apply competencies in critical analysis of evidence, acquired in earlier courses, to define a clinical question suitable for the DNP project, and NUR 697 B and C Integrative Clinical Scholarship requires students to plan, implement, evaluate, and disseminate a practice change that improves health outcomes.

In discussions with faculty, students, and alumni, the team confirmed that students are prepared to serve in roles consistent with their educational preparation. Faculty stated that DNP graduates are prepared to assume advanced practice positions where healthcare systems, communities, and individual patients/families and providers may be positively affected by DNP contributions. The 36-credit MSN to DNP pathway is designed for students with an MSN who are prepared as APRNs. The 110-credit BSN to DNP nurse anesthesia pathway prepares students for the nurse anesthetist role. The first cohort of students enrolled in the BSN to DNP nurse anesthesia pathway in Fall 2018.

The team reviewed DNP coordinator meeting minutes and confirmed that the curricula are reviewed annually for alignment of program outcomes and course objectives with the *Doctoral Essentials, Master's Essentials*, and COA's *Standards for Accreditation of Nurse Anesthesia Educational Programs* (2015). Students confirmed an understanding of expected outcomes and how these relate to the *Master's Essentials* and *Doctoral Essentials*.

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.

Compliance Concern?   DNP: No

Rationale:

The curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines. The DNP program incorporates professional nursing standards and guidelines relevant to the program and nurse anesthesia or nurse leadership role, including the *Doctoral Essentials* and Title 5 of the California Code of Regulations. Courses are leveled to match the criteria outlined in the *Doctoral Essentials*,

with individual student learning outcomes mapped to aggregate program outcomes. In the self-study document (Appendix D1 and Appendix E), faculty mapped DNP courses and course objectives to the *Doctoral Essentials*.

The BSN to DNP nurse anesthesia pathway incorporates COA's *Practice Doctorate Standards for Accreditation* and *Standards for Accreditation of Nurse Anesthesia Educational Programs*. Course descriptions, objectives, and topical outlines display where population focus competencies are included. The team confirmed these links through a review of course syllabi. The team also confirmed through a review of course syllabi that the BSN to DNP nurse anesthesia curriculum incorporates separate pathophysiology, physical assessment, and pharmacology 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, 2006). The program provides a rationale for the sequence of the curriculum for each program.

Compliance Concern?   DNP: No

Rationale:

The team reviewed plans of study and course syllabi and confirmed that the curriculum is logically structured and requires students to demonstrate skills in managing problems of increasing complexity with increasing autonomy as they progress through the program. A baccalaureate degree is required for entry into the BSN to DNP nurse anesthesia pathway, and this curriculum builds on BSN education. The MSN to DNP curriculum builds on a baccalaureate and master's curriculum and professional nursing standards and guidelines. The foundational courses focus on leadership and role development (NUR 610 and NURS 640), evidence-based practice (NUR 605), data management and analysis (NUR 602), health policy (NUR 630), epidemiology and

clinical prevention (NUR 615), and informatics (NUR 620). These are followed by four courses in integrative clinical scholarship (NUR 695 and NUR 697 A, B, and C), curriculum development (NUR 650), and instructional design (NUR 652).

Students in the BSN to DNP nurse anesthesia pathway take core DNP courses and anesthesia-specific courses in the first year. They begin with courses in advanced health assessment (NUR 542/L), theory (NUR 601), data management and analysis (NUR 602), advanced evidence-based practice, (NUR 605), epidemiology and clinical prevention (NUR 615), and a role course (NUR 640). These are followed by core courses in leadership (NUR 610), informatics (NUR 620), and health policy (NUR 630) and by advanced specialty courses in advanced pharmacology and principles of anesthesia (NUR 680 and NUR 681), special advanced physiology (NUR 683), advanced pharmacology (NUR 680), and an anesthesia specialty course (NUR 681). In the second year, students complete seven advanced specialty courses, including clinical practicum courses, and three courses in integrative scholarship. In the third year, students complete two role courses, two residency courses, and the final integrative clinical scholarship course. Ultimately, all students must complete a scholarly project that integrates concepts from all DNP courses.

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.

Compliance Concern?   DNP: No

Rationale:

Teaching delivery methods include face-to-face and online strategies for the DNP program. Teaching-learning strategies incorporated into both pathways include lectures, group projects, student presentations, simulation, and online exercises and discussions. In NUR 602 Data Management, Quality Improvement, and Evaluation for Advanced Nursing Practice, students use a faculty-designed database and various statistical and quality improvement methods to participate in active learning techniques such as data entry, trend analysis, and other data manipulation exercises.

Incoming students voluntarily participate in an online pre-program orientation that prepares them for using graduate technology resources and the TITANium platform. In meetings with the team, students commented on how helpful this orientation was and how it enabled them to be prepared for the first day of class.

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.

Compliance Concern?　　　　DNP:　　　　　　　　　　　　　　　　No

Rationale:

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. All MSN to DNP students complete a minimum of 1,000 clinical contact hours at the graduate level to qualify for the DNP, whereas BSN to DNP nurse anesthesia students must complete 2,000 clinical hours (approximately 600 cases) providing anesthesia care across the lifespan at all acuity levels, as required by COA.

Students in the MSN to DNP pathway must have completed a minimum of 500 advanced clinical practice hours in their MSN program. MSN to DNP students must submit official verification of graduation from their master's degree program that also verifies the number of clinical practice hours completed in the advanced practice specialty. A gap analysis is conducted by the DNP program coordinators and DNP program director to determine the number of clinical hours each student must complete, if any. If a student has less than 500 clinical hours completed in his or her MSN program, the student must enroll in the DNP clinical practicum professional role development course (NUR 640) to satisfy the required number of clinical hours. In addition, students must be certified in their specialty practice area or become certified by the end of the first semester in the program. Clinical practice experiences for the MSN to DNP pathway are integrated in the DNP professional role course (NUR 640) and the three clinical scholarship courses.

Clinical courses for the BSN to DNP nurse anesthesia pathway begin in the first year and are integrated throughout the curriculum. Clinical practicum courses include NUR 642L Advanced Assessment, NUR 685L Anesthesia Practicum I, NUR 687L Anesthesia Practicum II, NUR 689L Anesthesia Practicum III, and NUR 691L Anesthesia Practicum IV, and the curriculum culminates with a 12-credit nurse residency course (NUR 693L). Clinical experiences are offered at all 23 KPSA affiliate sites. There is a clinical coordinator at each site to manage students' clinical experiences with preceptors.

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.

Compliance Concern?　　　　DNP:　　　　　　　　　　　　　　　　No

Rationale:

The DNP program's curricula and teaching-learning practices consider the needs of the COI. Based on student feedback, on-campus courses are offered on Fridays when classroom space and parking are less restricted. Students and faculty expressed a need to include performance improvement methods, such as trend-line analysis, in the program. As a result, the biostatistics course has been replaced with a course in data management and evaluation for advanced practice nurses (NUR 602) to be taught in Fall 2018. In response to BSN to DNP nurse anesthesia student feedback, DNP faculty will provide face-to face instruction at the KPSA location, and another course is being revised for online instruction.

In discussions with the team, the COI described the DNP program as meeting the needs of the community by providing advanced practice nurses who are able to lead quality improvement and practice change initiatives that result in improved patient outcomes. For example, one faculty member described a DNP project that resulted in decreased levels of hemoglobin A1C levels in a rural population after implementation of a project to improve identification, screening, and treatment of high-risk individuals.

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.

Compliance Concern?   DNP: No

Rationale:

Syllabi for BSN to DNP and MSN to DNP courses clearly state course objectives, requirements, and grading criteria. A number of papers from DNP courses, reviewed by the team, indicated a high level of student performance. Student achievement of course objectives is evaluated using a variety of methods, including class and online discussions, presentations, quizzes and examinations, clinical write-ups, cases studies, and formal papers. Student clinical performance is evaluated by students, preceptors, and faculty using standardized forms. Faculty are responsible for assigning clinical practicum grades. Clinical hours are tracked differently in the two DNP pathways. In the MSN to DNP pathway, students enter their indirect care practicum hours into an Excel spreadsheet, and these are reviewed by faculty for quantity and alignment with the *Doctoral Essentials*. In the BSN to DNP nurse anesthesia pathway, clinical hours and cases are logged in Medatrax, an electronic patient care tracking system. In discussion with faculty, the team confirmed that clinical hours are verified in writing by preceptors, and electronic log entries are reviewed by KPSA clinical faculty.

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.

Compliance Concern?   DNP: No

Rationale:

All DNP courses and teaching-learning activities are evaluated by students at the end of each term using a standardized form that includes items related to quality of the teaching-learning strategies employed and faculty performance. Course faculty, DNP coordinators, and the DNP Executive Committee use data from student evaluations of teaching-learning practices to make decisions that facilitate achievement of student outcomes. Course evaluation reports and DNP Executive Committee meeting minutes were reviewed by the team in the resource room during the on-site evaluation. Minutes of DNP coordinator meetings indicate that course changes based on effectiveness data were made. In a review of the self-study document and discussions with faculty, the team confirmed that students in NURS 605 were dissatisfied with the research focus of the course. As a result, the course was revised to focus on evidence-based practice and implementing research into practice. Students confirmed that their feedback is accepted and that their suggestions are implemented.

Students and clinical faculty evaluate preceptors and clinical sites at the end of every semester. Preceptors also evaluate clinical course requirements and student performance. Current literature on course topics and research on instructional methods are also used to improve courses, teaching, and learning. In addition to formal evaluations of courses and teaching-learning activities, students reported that faculty periodically solicit formative input to improve the program. Students also reported that if they are having a problem or issue in a course, they feel comfortable talking to faculty so that the issue can be resolved.

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.

This standard is met for the Doctor of Nursing Practice program.

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.*

Compliance Concern?   DNP: No

Rationale:

An ongoing, systematic process to determine program effectiveness is described in the self-study document (pp. 41-42) and was confirmed by the team. The evaluation plan in the self-study document (Appendix B) focuses solely on evaluation of courses. The team requested and received the complete evaluation plan, which identifies expected program outcomes, benchmarks, data sources and analysis methods, timelines, and action plans. The plan includes completion rates, certification pass rates, and employment rates as well as student satisfaction, student achievement of the *Doctoral Essentials*, and student publication of scholarly projects on the DNP consortium website. Data are assessed by the three SON directors, the DNP program director, and the three DNP coordinators. The team confirmed with faculty that data for the identified program effectiveness outcomes are reviewed annually by the Evaluation Committee.

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.

Compliance Concern?   DNP: No

Rationale:

DNP program completion rates for the last three years are presented in the self-study document by cohort. Upon request, the team received completion rate data by calendar year. Completion rates are calculated based on the number of graduates for a cohort divided by the number of students admitted to the cohort. The benchmark is that 80% of admitted students will graduate within six semesters from enrollment. In discussions with faculty and a review of completion rate data available on site, the team confirmed that the 2018 completion rate (79.4%), which meets CCNE's expected level of achievement, is slightly below the program's 80% benchmark. In discussions with the DNP program director, the team confirmed that the lower 2018 completion rate was due to five students interrupting their progression because of family or medical issues, and all are on track to complete the program in 2019.

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.

Compliance Concern?   DNP: Not Applicable

Rationale:

This key element is not currently applicable to the DNP program, as the program does not prepare MSN to DNP students to sit for licensure or certification exams. The BSN to DNP nurse anesthesia pathway prepares students to sit for national certification examinations upon graduation, but no students have yet completed this pathway.

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.

Compliance Concern?   DNP: No

Rationale:

Employment rates are omitted from the self-study document. Upon request, the DNP program director provided the team with employment data collection methods and rates. Employment data are collected via a Skyfactor exit survey within one month of graduation. For 2016 and 2017, 100% of MSN to DNP graduates reported being employed upon graduation, and 96.2% of 2018 graduates reported being employed. BSN to DNP students are in the beginning of the program and have not yet been surveyed.

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.

Compliance Concern?   DNP: No

Rationale:

In addition to program completion rates, certification pass rates, and employment status, other outcomes for the DNP program are student perceptions of attainment of the *Doctoral Essentials*, student program satisfaction, and dissemination of students' scholarly projects. Survey results of student perceptions of attainment of the *Doctoral Essentials* are presented in the self-study document in Table IV-E (p. 46). The benchmark was met for 2016-2018.

Student program satisfaction results are omitted from the self-study document. Upon request, the DNP program director provided the team with these data. The results indicate and the team confirmed in discussions with faculty that the student program satisfaction benchmark was met or exceeded for 2016-2018. DNP scholarly projects are disseminated via the CSUF DNP program website (http://nursing.fullerton.edu/programs/dnppm/projdefense/projectsC4.php), and faculty and alumni noted that many students presented their projects during a Research Day at CSUF.

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.

Compliance Concern?   DNP: No

Rationale:

DNP consortium faculty are expected to participate in scholarship, teaching, and service. Tenured and tenure-track faculty are expected to concentrate on the scholarship of research, while lecturers are expected to focus on teaching. In discussions with the DNP program director, the team confirmed that more than 90% of DNP program faculty are on the tenure track. The DNP program director and the SON directors from the three consortium schools confirmed that all faculty who were eligible for promotion from assistant to associate professor were promoted on time. Aggregate publication and presentation data are presented in a table on

page 47 of the self-study document. Aggregate totals for DNP consortium faculty from academic years 2014-2018 indicate that there were 388 peer-reviewed presentations and/or publications.

Teaching is regularly and systematically evaluated using CSU's end-of-term course evaluation system. Table IV-F.2 on page 48 of the self-study document details aggregate graduate course satisfaction rates for 2014-2018. For 2015-2018, student satisfaction with faculty teaching in the DNP program ranged from 3.51 to 3.17 on a 7.0-point scale.

Overall, aggregate faculty outcomes support achievement of the DNP consortium's mission, goals, and expected student outcomes. Outcomes and contributions of individual faculty are reviewed and evaluated during the annual faculty evaluation process.

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.*

Compliance Concern?   DNP: No

Rationale:

A formal complaint (grievance) is defined as one that has not been resolved to the student's satisfaction at the DNP program director level. According to the DNP handbook (p. 27), the student should consult with the DNP program director to determine the most appropriate CSU process based on the nature of the concern. The process varies for grade-related and non-grade-related complaints, and both processes are clearly stated in CSU's online policies (http://www.fullerton.edu/integrity/student/UniversityPolicies.php). The team confirmed with faculty that there have been no formal complaints from students in the DNP program. In a meeting with students, the team confirmed that students are aware of the grievance process and the location of the policy.

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.*

Compliance Concern?   DNP: No

Rationale:

The self-study document states that the DNP consortium systematically uses data from a variety of sources to foster ongoing program improvement. DNP faculty meeting minutes reviewed by the team in the resource room clearly show evidence of faculty engagement in the program improvement process and how data are used for program improvement. For example, a course in data management, quality improvement, and evaluation methods replaced a course in biostatistics based on feedback from the student satisfaction survey. This course was added in Fall 2018 and has not yet been evaluated.