Name of Academic Program- School of Nursing: Doctor of Nursing Practice (DNP), College of Engineering, Education and Professional Studies (CEEPS)

Plan Developed By: Dr. Franta, Dr. Belport, C. Howard, C. Imes, L. Murtagh, Dr. Rooney, Dr. Holthaus, Dr. Coram, Dr. Heintzelman, Dr. Lori Bailey and J. Van Winkle for 2019-2020

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Mission of School and How It Relates to the University:

The department mission is consistent with the university and CEEPS. The university mission is to "offer . . . a limited number of graduate programs that meet regional and broad societal needs… and is committed to excellence, setting the standard for regional comprehensive universities in teaching, research and service by providing leadership and access for its region while maintaining its commitment to diversity."

The mission of CEEPS is to "offer a career-oriented education that efficiently and effectively prepares students to excel as professionals."

Mission/Philosophy Statement

The mission of the School of Nursing (SON) is *to prepare graduates for professional positions as safe, competent, and caring nurses to meet the healthcare needs of diverse populations.* SON faculty developed the mission, philosophy, organizing framework and expected student learning outcomes March 18, 2011 and revised in November 2016.

The Colorado State University-Pueblo School of Nursing shares the mission and philosophy of the University, which focuses on education, scholarly activity, and service. The school's philosophy is dedicated to the pursuit of higher learning grounded in the arts, sciences, and humanities.

Caring is considered the central concept of the nursing curriculum. The nursing faculty of CSU-Pueblo is committed to modeling caring behavior to students on the belief that when students experience caring, they learn to care for others. Caring has been defined as the "essence of nursing" (Leininger, 1988), a process, and a behavior that can be taught and learned. Caring requires the "offering of self" (Scotto, 2003); intellectually, physically, psychologically, and spiritually.

Nursing is the synthesis of science and art, which addresses health promotion and maintenance across the lifespan and fosters the development of the nurse's professional identity, integrity, and leadership. The practice of patient-centered care includes respect for individual dignity and consideration of cultural and ethical beliefs and values. The nurse advocates for patients and families in ways that promote mutual respect and self-management. Nursing care is provided in collaboration with the patient, the family, and members of the health care team. The nurse displays a spirit of inquiry by examining evidence to improve quality of care, promote safety and improve patient outcomes. Nursing judgment is integral to making competent decisions related to the provision of safe and effective nursing care. Effective communication skills using both technological and human means is essential to nursing care.

Education is an interactive experiential process that occurs between teacher, learner, and the environment with an emphasis on student centered learning. A variety of educational experiences is essential and allows the learner to integrate knowledge, skills, and attitudes. The faculty is responsible for facilitating, maintaining, and evaluating the learning process. Learners

are expected to be self-directed, active inquirers, responsible for their own learning and evaluation of educational experiences. Learners move from relative dependence to greater independence in preparation for assuming the professional role and promoting growth as a life-long learner.

Organizing Framework

The faculty ascribes to the core competencies for nursing and nursing education identified by the (2003) Institute of Medicine (IOM) and the (2012) Graduate-Level Quality and Safety Education for Nurses (QSEN) project. QSEN competencies provide the organizing curriculum framework including patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics for the expected student outcomes. The graduate nursing program and student outcomes are congruent with the American Association of Colleges of Nursing's (AACN) *The Essentials of Doctoral Education for Advanced Nursing Practice* (2006) and *Essentials of Master's Education for Advanced Practice Nursing* (2011). Organization and administration, students, curriculum, resources, facilities, services, faculty, and program evaluation for the nurse practitioner emphases are congruent with the *National Task Force on Quality NP Education (2016) and AACN Common Advanced Practice Registered Nurse (APRN) Doctoral-Level Competencies* (2017). Additionally, specific educational role specific emphasis competencies, outcomes, goals, and course objectives were developed based on:

- *National Organization of Nurse Practitioner Faculties (NONPF) Nurse Practitioner Core Competencies* (2014/2017)
- *National Organization of Nurse Practitioner Faculties (NONPF) Population-focused Nurse Practitioner Competencies: Family/Across the Lifespan and Psychiatric-Mental Health* (2013)
- *National Organization of Nurse Practitioner Faculties (NONPF)* and *Adult/Gerontology Acute Care Nurse Practitioner Competencies* (2016)
- *American Nurses Association Code of Ethics for Nurses with Interpretive Statements (2015)*

Graduate Student Learning Outcomes

The CSU–Pueblo Doctor of Nursing Practice (DNP) with an emphasis in one of three BSN-DNP Nurse Practitioner emphasis programs (AGACNP, AGACNP/ FNP or PMHNP) or MS-DNP Population Health curriculum are designed to prepare a graduate who will:

1. Integrate evidence-based practice, ethical decision making and technology into advanced nursing practice.
2. Conduct scholarly inquiry to influence health outcomes of individuals, aggregates, and populations.
3. Organize interprofessional collaboration to provide safe, quality patient-centered care.
4. Assume a leadership role in transforming health care systems, policies, and standards of care.

The DNP major in nursing is congruent with the mission of the university and college since it meets the need for a career-oriented profession that serves the health care needs of diverse populations while being committed to excellence. Student Learning Outcomes (SLOs) relate to the mission and flow through the organizing framework and are based on the national competencies for advanced nursing practice. The SON faculty discussed and identified the need for assistance to plan and implement ongoing assessment regarding Department of Nursing curriculum and End-of-Program Student learning Outcomes for the graduate program and to make recommendations for the DNP nursing program. A consultant was utilized in 2013 to review the systematic plan evaluation (SPE) to develop and implement new EOPSLOs for the master's and anticipated DNP program. Through the consultant-led process, three EOPSLOs were identified using the established standards for master's and post-master's certificate programs. The faculty identified four EOPSLOs for the DNP programs including the advanced nursing practice competencies, role-specific professional standards and guidelines, and any graduate national certification requirements. These components were broad and in 2016, the graduate faculty selected and prioritized components consistent with the organizing framework standards, competencies and from the EOPSLOs for the DNP emphasis options that were submitted as part of the CSU System Chancellor new program funding opportunity. These interrelated SLO components will be evaluated within specific course assignments.
The faculty prioritized components are:

- EOPSLO 1.A., Best current practice, and ways of knowing, based on rationale for practice
- EOPSLO 1.A, Standards and Guidelines
- EOPSLO 1.A., Patient Wishes/ Cultural Sensitivity
- EOPSLO 1.B., ANA Code of Ethics
- EOPSLO 2.A., Individual Health Outcomes Chronic Illness
- EOPSLO 2.B., Aggregate Health Outcomes Chronic Illness
- EOPSLO 2.C., Population Health Outcomes Chronic Illness
- EOPSLO 3.A., Health care Systems and Teams
- EOPSLO 3.A., Inter/Intra-Professional Communication
- EOPSLO 3.A., Interdisciplinary Teamwork (Committees)
- EOPSLO 3.B., Standards and Guidelines
- EOPSLO 3.B., Role-Specific Competencies
- EOPSLO 3.C., Vulnerable Populations
- EOPSLO 3.C., Respect for Patients' Preferences, Values, and Needs
- EOPSLO 4.A., Change Agent

DNP Congruency Among Graduate Nursing EOPSLOs, SPE Components and Essentials in Education		
EOPSLOs	Components (2019-2020 SPE Priorities)	AACN DNP Essentials
1. Integrate evidence-based practice, ethical decision making and technology into advanced nursing practice	**1.A. Best Current Evidence** *(Priority) Best current practice and ways of knowing based on rationale for practice* *(Priority) Standards and Guidelines* Communications *(Priority) Patient Wishes/ Cultural Sensitivity* Research and use evidence to drive daily practice Advocacy Resources at point of care	**I.** Scientific Underpinnings for Practice **III.** Clinical Scholarship and Analytical Methods for Evidence-Based Practice **V.** Health Care Policy for Advocacy in Health Care **VI.** Interprofessional Collaboration for Improving Patient and Population Health Outcomes **VII.** Clinical Prevention and Population Health for Improving the Nation's Health **VIII.** Advance Nursing Practice

	1.B. Ethical Decision-making Ethical decision making (dilemmas) *(Priority) ANA Code of Ethics* IRB/ Consent Ethical Principles evident in delivery of patient care		**II.** Organizational and Systems Leadership for Quality Improvement and Systems Thinking **V.** Health Care Policy for Advocacy in Health Care **VIII.** Advance Nursing Practice
	1.C. Technology HIT in evidence-based patient care (Informatics) Current Technology to communicate and deliver patient care Up-to-date Resources and Documentation HIPAA Equipment and Information Systems		**IV**. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care **VIII.** Advance Nursing Practice
2. Conduct scholarly inquiry to influence health outcomes of individuals, aggregates and populations	**2.A. Individuals** **2.B. Aggregates** **2.C. Populations**	Health Maintenance Health Promotion Disease Prevention *(Priority) Chronic Illness* Palliative Care Terminal Care	**I.** Scientific Underpinnings for Practice **II.** Organizational and Systems Leadership for Quality Improvement and Systems Thinking **III.** Clinical Scholarship and Analytical Methods for Evidence-Based Practice **IV**. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care **V.** Health Care Policy for Advocacy in Health Care **VI.** Interprofessional Collaboration for Improving Patient and Population Health Outcomes **VII.** Clinical Prevention and Population Health for Improving the Nation's Health **VIII.** Advance Nursing Practice
3. Organize interprofessional collaboration to provide safe, quality, patient-centered care	3.A. Interprofessional Collaboration *(Priority) Health care Systems and Teams* *(Priority) Inter/Intra-Professional Communication* *(Priority) Interdisciplinary Teamwork (Committees)* Multiple Resources and Referrals Stakeholder Roles		**II.** Organizational and Systems Leadership for Quality Improvement and Systems Thinking **III.** Clinical Scholarship and Analytical Methods for Evidence-Based Practice **IV**. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care **V.** Health Care Policy for Advocacy in Health Care **VI.** Interprofessional Collaboration for Improving Patient and Population Health Outcomes **VII.** Clinical Prevention and Population Health for Improving the Nation's Health **VIII.** Advance Nursing Practice
	3.B. Safety and Quality Do no Harm *(Priority) Standards and Guidelines* *(Priority) Role-Specific Competencies* Patient Outcomes Graduate-Level QSEN Competencies		**II.** Organizational and Systems Leadership for Quality Improvement and Systems Thinking **III.** Clinical Scholarship and Analytical Methods for Evidence-Based Practice **IV**. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care **V.** Health Care Policy for Advocacy in Health Care **VI.** Interprofessional Collaboration for Improving Patient and Population Health Outcomes

		VII. Clinical Prevention and Population Health for Improving the Nation's Health **VIII.** Advance Nursing Practice
	3.C. Patient-centered care Advocacy *(Priority) Vulnerable Populations* *(Priority) Respect for patient Preferences, Values and Needs* Cultural Sensitivity Holism	**I.** Scientific Underpinnings for Practice **V.** Health Care Policy for Advocacy in Health Care **VI.** Interprofessional Collaboration for Improving Patient and Population Health Outcomes **VII.** Clinical Prevention and Population Health for Improving the Nation's Health **VIII.** Advance Nursing Practice
4. Assume a leadership role in transforming health care systems, policies and standards of care	4.A. Leadership *(Priority) Change Agent* Role in policy change Professional Integrity Transformational Leadership Style Quality Improvement Communication Ethics	**II.** Organizational and Systems Leadership for Quality Improvement and Systems Thinking **III.** Clinical Scholarship and Analytical Methods for Evidence-Based Practice **VII.** Clinical Prevention and Population Health for Improving the Nation's Health **IV**. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care **V.** Health Care Policy for Advocacy in Health Care **VI.** Interprofessional Collaboration for Improving Patient and Population Health Outcomes **VII.** Clinical Prevention and Population Health for Improving the Nation's Health **VIII.** Advance Nursing Practice

DNP Congruency Among Graduate Nursing EOPSLOs, SPE Components and Graduate-Level QSEN Competencies (2012)		
EOPSLOs	**Components** **(2019-2020 SPE Priorities)**	**Graduate-Level QSEN** **(Knowledge, Skills and Attitudes/ Actions)**
1. Integrate evidence-based practice, ethical decision making and technology into advanced nursing practice	**1.A. Best Current Evidence** *(Priority) Best current practice and ways of knowing based on rationale for practice* *(Priority) Standards and Guidelines* Communications *(Priority) Patient Wishes/ Cultural Sensitivity* Research and use evidence to drive daily practice Advocacy Resources at point of care	Quality Improvement Safety Teamwork and Collaboration Patient-centered Care Evidence-Based Practice (EBP) Informatics
	1.B. Ethical Decision-making Ethical decision making (dilemmas) *(Priority) ANA Code of Ethics* IRB/ Consent Ethical Principles evident in delivery of patient care	Quality Improvement Safety Teamwork and Collaboration Patient-centered Care Evidence-Based Practice (EBP) Informatics
	1.C. Technology HIT in evidence-based patient care	Quality Improvement Safety

	Current Technology to communicate and deliver patient care Up-to-date Resources and Documentation HIPAA Equipment and Information Systems		Teamwork and Collaboration Patient-centered Care Evidence-Based Practice (EBP) Informatics
2. Conduct scholarly inquiry to influence health outcomes of individuals, aggregates and populations	**2.A. Individuals** **2.B. Aggregates** **2.C. Populations**	Health Maintenance Health Promotion Disease Prevention *(Priority) Chronic Illness* Palliative Care Terminal Care	Quality Improvement Safety Teamwork and Collaboration Patient-centered Care Evidence-Based Practice (EBP) Informatics
3. Organize interprofessional collaboration to provide safe, quality, patient-centered care	3.A. Interprofessional Collaboration *(Priority) Health care Systems and Teams* *(Priority) Inter/Intra-Professional Communication* *(Priority) Interdisciplinary Teamwork (Committees)* Multiple Resources and Referrals Stakeholder Roles		Quality Improvement Safety Teamwork and Collaboration Patient-centered Care Evidence-Based Practice (EBP) Informatics
	3.B. Safety and Quality Do no Harm *(Priority) Standards and Guidelines* *(Priority) Role-Specific Competencies* Patient Outcomes Graduate-Level QSEN Competencies		Quality Improvement Safety Teamwork and Collaboration Patient-centered Care Evidence-Based Practice (EBP) Informatics
	3.C. Patient-centered care Advocacy *(Priority) Vulnerable Populations* *(Priority) Respect for patient Preferences, Values and Needs* Cultural Sensitivity Holism		Quality Improvement Safety Teamwork and Collaboration Patient-centered Care Evidence-Based Practice (EBP) Informatics
4. Assume a leadership role in transforming health care systems, policies and standards of care	4.A. Leadership *(Priority) Change Agent* Role in policy change Professional Integrity Transformational Leadership Style Quality Improvement Communication Ethics		Quality Improvement Safety Teamwork and Collaboration Patient-centered Care Evidence-Based Practice (EBP) Informatics

Curriculum:

See attached curriculum maps for BSN-DNP Nurse Practitioner emphases: Adult/Gerontology Acute Care Nurse Practitioner, Adult/Gerontology Acute Care/Family Nurse Practitioner, Psychiatric-Mental Health Nurse Practitioner, and the MS-DNP (Population Health) emphasis area. The end-of-program student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities. The updated *DNP Curriculum Map* 2018-2019 for each emphasis by the graduate faculty, originally developing as part of the 2016 Chancellor's new program proposal. The Curriculum Maps use the EOPSLO's program outcomes, expected student learning outcomes, advanced nursing competencies, and established professional standards and guidelines. The course descriptions, content, specific core

and role specific professional competencies, and professional standards and guidelines are described in the DNP content map.

In fall 2016, the faculty developed the curriculum map to accurately reflect the level at which students should be performing in their final synthesis courses to meet end-of-program (EOPSLO) 1-4. The current level of expectation was listed as 'competent' but is now listed as 'proficient'. Faculty use the curriculum map as a guide, and consequently evaluates it on a regular basis. Assessment and evaluation tools are reviewed by the graduate faculty to determine their adequacy in measuring course, student learning and program outcomes. The final summative evaluation of students' achievement of all EOPSLOs congruent with the Essentials of Doctor of Nursing Practice (DNP) education, Masters Essentials education, emphasis track option role-specific competencies and each program outcome is assessed using:

- Comprehensive Examination (BSN-DNP) DNP, Master's Essentials, and emphasis Role-Specific Competencies
- Standardized questions in the final cumulative written exam (BSN-DNP) DNP, Master's Essentials, and emphasis Role-Specific Competencies
- DNP Project (All DNP students)
- DNP Emphasis Program Portfolio (All DNP students)

Assessment Methods

The DNP program has an ongoing dynamic, systematic, comprehensive plan to evaluate end-of-program student learning outcomes (EOPSLOs), and role-specific professional competencies (RSPCs). Faculty utilize direct and indirect measures of student learning to assess the selected End-of-Program SLO components. The SPE addresses the need for timely curricular and other program changes, assists faculty in maintaining consistency within the curriculum, and facilitates the continuously changing contemporary practice demands for the Doctor of Nursing Practice students. These methods are used for the ongoing systematic program evaluation required by the Accreditation Commission for Education in Nursing (ACEN) to guide formative assessment measurements to identify curriculum and program focus areas. Attached are the Systematic Program Evaluation (SPE) templates for the End-of-Program SLO's.

Students are provided with opportunities to be involved in the assessment process through participation in course evaluations, Curriculum and Evaluation Committee, graduate and general faculty meeting and informal sharing of ideas.

Program Outcomes

1. Eighty percent of graduates will:

- Complete the program within one and one-half times the length of the program
- Express satisfaction with the program
- Pass national certification exam the first time
- Be employed in role-related professional practice within six months to one year

2. Eighty percent of employers will express satisfaction with graduates' job performance.

Assessment Results:

Graduate faculty will analyze and interpret data during an annual fall semester faculty meeting. Results/recommendations will be reported to the nursing department at the first spring general faculty meeting. Students have opportunity to participate in the various committees/meetings. Formative and Summative continuous evaluation and improvement methods will be used to achieve program outcomes including national certification exam pass rates, program student and employer satisfaction. Faculty collect formative and summative data throughout the academic year and analyze outcome measurements every fall semester for the previous year. Scheduled meetings throughout the academic year provide opportunities to discuss best practice and annually reevaluate formative and summative assessment methods. As needs are identified, action is taken to implement with best practice based on national guidelines and competencies. Results are disseminated to the advisory board twice each year, annual university assessment and ACEN accreditation reports. Students are notified through written notification via annual updates to the Graduate Nursing Student handbook, blackboard course postings and/or emails with any resulting changes in policies or curriculum, Students complete a self-evaluation for each program course evaluating their progress toward SLOs and education essentials via course grades and applicable clinical practicum evaluations.

Continuous Processes:

Data will be collected on the priority components for a minimum of 3 years for the BSN-DNP and MS-DNP starting with the ACEN DNP Candidacy approval December 12, 2019. Faculty can identify any new priority components to be added to assessment annually based on the Student Learning and Program Outcomes, current best practice, data trends and issues/concerns occurring within courses and/ or program.

The associate dean, the graduate faculty and the curriculum and evaluation committee of the school of nursing are responsible for monitoring the ongoing systematic program evaluation and improvement process and for ensuring that the results from each year provide the springboard for the following year's action plans. To ensure ongoing assessment process, the associate dean maintains a Systematic Master Evaluation Calendar which indicates when data will be collected, reviewed, and reported. The evaluation plan for the Doctor of Nursing Practice program student learning outcomes indicates the collection methods to be used.

References

American Association of Colleges of Nursing (AACN) QSEN Education Consortium *Graduate-Level QSEN Competencies: knowledge, skills and attitudes* (2012). Accessed at https://qsen.org/competencies/graduate-ksas/

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BSN DNP Adult/Geriatric Acute Care Nurse Practitioner (AGACNP) Curriculum Map

	Courses	Integrate evidence-based practice (EBP), ethical, decision making and technology into advanced nursing practice	Conduct scholarly inquiry to influence health outcomes of individuals, aggregates and populations	Organize interprofessional collaboration to provide safe, quality patient centered care	Assume a leadership role in transforming health systems, policies and standards of care	Level of Expertise (Adapted Benner) & Teaching/Learning Strategies
Year 1 Fall	504 NSG Writing & Presentation Skills	AB/ PA, PR, DS				
	505 Biostatistics and Research	AB/ CS, EX, DS, P				
	507 Advanced Practice Roles	AB/ PR, PA, J, EV, P			AB/PA/DS	Advanced Beginner (AB) = Perform with guidance
	508 Adv Practice Theory	AB/PR, PA, P	AB/PR, PA, P			Competent (C) = Aware of long-term goals and analytical thinking
Spring	562 Advanced Assessment	AB/ CS, Sim, D, EX, P				Proficient (P) = Recognize, plan
	562 L Advanced Assessment	AB/ Sim, D, P				
	712 EBP & Research	C/PA, P	AB/PA, P			
	748 Health Care Policy & Law	C/CS, PA, DS, P		AB/CS, PA, DS, P	C/CS, PA, DS, P	**Teaching/Learning Strategies:**
Summer	551 Health Promotion	AB/CS, PA PR, P	AB/CS, PA, PR, P			D=Demonstration
	571 Informatics	AB/ PA, PR, CS, DS, P	C, PA, PR, CS, DS, P	AB/ PA, PR, CS, DS, P	AB/ PA, PR, CS, DS, P	Sim= Simulation DS= Discussion
	714 Epidemiology	P/ PA, PR, CS, P	P/ PA, PR, CS, P	C/ PA, PR, CS, P	C/ PA, PR, CS, P	EX= Exam CS= Case Study
Year 2 Fall	552 Adv Pathophysiology	AB/ EX, CS, DS, P				PR=Presentation
	561 Adv Pharmacology	AB/ EX, CS, DS, P				PA= Paper
	716 Health Care Business & Finance	AB, CS, PA, DS, PR, P	C, PA, PR, P	C/ PA, PR, P		J= Journal EV= Eval forms
Spring	610 Diagnostic Reasoning	AB/ CS, DS, P		AB/CS, DS, P		P=Portfolio
	613L Acute Care Skills Lab	AB/DS, EX, P		AB/S, EX, P		M= Manuscript
	718 Organizational Systems and Leadership	AB, CS, PA, DS, PR, P		C/ PA, DS, PR, CS, P	AB/CS, PR, DS, P	D= Defense
Summer	614L Acute Care Skills Lab II	C/ D, Sim, P		C/ D, Sim, P		
	641 AGACNP I	AB/E, CS, Sim, DS, PR, PA, P	AB/PA, DS, P	AB/CS, P	AB/CS, PR, DS, P	
	641L AGACNP Practicum I	AB/J, EV, P	AB/CS, J, P	AB/EV, P	AB/J, CS, P	
	801 Practice Inquiry I	P/PA, PR, P	P/PA, PR, P	AB/PA, PR, P	AB/PA, PR, P	
Year 3 Fall	642 AGACNP II	AB/E, CS, Sim, DS, PR, PA, P	AB/PA, DS, P	AB/CS, P	AB/CS, PR, DS, P	
	642L AGACNP Practicum II	AB/J, EV, P	AB/CS, J, P	AB/EV, P	AB/J, CS, P	
	802 DNP Project Practicum	P/EV, P, J, CS	P/ EV, P, J, CS	AB/ EV, P, J, CS, P	AB/ EV, P, J, CS, P	
Spring	643 AGACNP III	C/E, CS, Sim, DS, PR, PA, P	C/PA, DS, P	C/CS, P	C/CS, PR, DS, P	
	643L AGACNP Pract III	C/J, EV, P	C/CS, J, P	C/EV, P	C/J, CS, P	
	803 DNP Project Practicum	C/PA, PR, P	C/PA, PR, P	C/PA, PR, P	C/PA, PR, P	
Summer	644 AGACNP IV	C/E, CS, Sim, DS, PR, PA, P	C/PA, DS, P	C/CS, P	C/CS, PR, DS, P	
	644L AGACNP Pract IV	C/J, EV, P	C/CS, J, P	C/EV, P	C/J, CS, P	
	804 DNP Project Practicum	P/EV, P, J, CS	P/ EV, P, J, CS	C/ EV, P, J, CS	C/ EV, P, J, CS	
Year 4 Fall	645 AGACNP V	C/E, CS, Sim, DS, PR, PA, P	C/PA, DS, P	C/CS, P	C/CS, PR, DS, P	
	645L AGACNP Pract V	C/J, EV, P	C/CS, J, P	C/EV, P	C/J, CS, P	
	805 DNP Project Practicum	P/PA, PR, P	P/PA, PR, P	P/PA, PR, P	P/PA, PR, P	
Spring	806 DNP Project Practicum	P/EV, P, J, CS, M, D	P/ EV, P, J, CS, M, D	P/ EV, P, J, CS, M, D	P/ EV, P, J, CS, M, D	

Totals		
	Total Lab Hours	120
	Total Required AGACNP Clinical Hours	585
	Total DNP Practicum Hours	540
	Total Practicum Hours	1125
	Total Program Credits	83

BSN DNP Adult/Geriatric Acute Care (AGACNP)/ Family Nurse Practitioner Curriculum Map

	Courses	Integrate evidence-based practice (EBP), ethical, decision making and technology into advanced nursing practice	Conduct scholarly inquiry to influence health outcomes of individuals, aggregates and populations	Organize interprofessional collaboration to provide safe, quality patient centered care	Assume a leadership role in transforming health systems, policies and standards of care	Level of Expertise (Adapted Benner) & Teaching/Learning Strategies
Year 1 Fall	504 NSG Writing & Presentation skill	AB/ PA, PR, DS				
	505 Biostatistics and Research	AB/ CS, EX, DS, P				
	507 Advanced Practice Roles	AB/ PR, PA, J, EV, P			AB/PA/DS	Advanced Beginner (AB) = Perform with guidance
	508 Adv Practice Theory	AB/PR, PA, P	AB/PR, PA, P			Competent (C) = Aware
Spring	562 Advanced Assessment	AB/ CS, Sim, D, EX, P				of long-term goals and
	562 L Advanced Assessment	AB/ Sim, D, P				analytical thinking
	712 EBP & Research	C/PA, P	AB/PA, P			Proficient (P) =
	748 Health Care Policy & Law	C/CS, PA, DS, P		AB/CS, PA, DS, P	C/CS, PA, DS, P	Recognize, plan
Summer	551 Health Promotion	AB/CS, PA PR, P	AB/CS, PA, PR, P			
	571 Informatics	C/ PA, PR, CS, DS, P	C, PA, PR, CS, DS, P	AB/ PA, PR, CS, DS, P	AB/ PA, PR, CS, DS, P	**Teaching/Learning Strategies:**
	714 Epidemiology	P/ PA, PR, CS, P	P/ PA, PR, CS, P	C/ PA, PR, CS, P	C/ PA, PR, CS, P	D=Demonstration
Year 2 Fall	552 Adv Pathophysiology	AB/ EX, CS, DS, P				Sim= Simulation
	561 Adv Pharmacology	AB/ EX, CS, DS, P				DS= Discussion
	716 Health Care Business & Finance	AB, CS, PA, DS, PR, P	C, PA, PR, P	C/ PA, PR, P		EX= Exam
Spring	610 Diagnostic Reasoning	C/ CS, DS, P		AB/CS, DS, P		CS= Case Study
	613L Acute Care Skills Lab	AB/DS, EX, P	AB/S, EX, P			PR=Presentation
	718 Organizational Systems and Ldr	AB, CS, PA, DS, PR, P		C/ PA, DS, PR, CS, P	AB/CS, PR, DS, P	PA= Paper
Summer	614L Acute Care Skills Lab II	C/ D, Sim, P		C/ D, Sim, P		J= Journal
	641 AGACNP I	AB/E, CS, Sim, DS, PR, PA, P	AB/PA, DS, P	AB/CS, P	AB/CS, PR, DS, P	EV= Eval forms
	641L AGACNP Practicum I	AB/J, EV, P	AB/CS, J, P	AB/EV, P	AB/J, CS, P	P=Portfolio
	661 Family I	AB/E, CS, Sim, DS, PR, PA, P	AB/PA, DS, P	AB/CS, P	AB/CS, PR, DS, P	M= Manuscript
	636L FNP Pract	AB/J, EV, P	AB/CS, J, P	AB/EV, P	AB/J, CS, P	D= Defense
	801 Practice Inquiry I	P/PA, PR, P	P/PA, PR, P	AB/PA, PR, P	AB/PA, PR, P	
Year 3 Fall	642 AGACNP II	AB/E, CS, Sim, DS, PR, PA, P	AB/PA, DS, P	AB/CS, P	AB/CS, PR, DS, P	
	642L AGACNP Practicum II	AB/J, EV, P	AB/CS, J, P	AB/EV, P	AB/J, CS, P	
	662 Family II	AB/E, CS, Sim, DS, PR, PA, P	AB/PA, DS, P	AB/CS, P	AB/CS, PR, DS, P	
	636L FNP Pract	AB/J, EV, P	AB/CS, J, P	AB/EV, P	AB/J, CS, P	
	802 DNP Project Practicum	P/EV, P, J, CS	P/ EV, P, J, CS	AB/ EV, P, J, CS, P	AB/ EV, P, J, CS, P	
Spring	643 AGACNP III	C/E, CS, Sim, DS, PR, PA, P	C/PA, DS, P	C/CS, P	C/CS, PR, DS, P	
	643L AGACNP Pract III	C/J, EV, P	C/CS, J, P	C/EV, P	C/J, CS, P	
	663 Family III	C/E, CS, Sim, DS, PR, PA, P	C/PA, DS, P	C/CS, P	C/CS, PR, DS, P	
	636L FNP Pract	C/J, EV, P	C/CS, J, P	C/EV, P	C/J, CS, P	
	803 DNP Project Practicum	C/PA, PR, P	C/PA, PR, P	C/PA, PR, P	C/PA, PR, P	
Summer	644 AGACNP IV	C/E, CS, Sim, DS, PR, PA, P	C/PA, DS, P	C/CS, P	C/CS, PR, DS, P	
	644L AGACNP Pract IV	C/J, EV, P	C/CS, J, P	C/EV, P	C/J, CS, P	
	664 Family IV	C/E, CS, Sim, DS, PR, PA, P	C/PA, DS, P	C/CS, P	C/CS, PR, DS, P	
	636L FNP Pract	C/J, EV, P	C/CS, J, P	C/EV, P	C/J, CS, P	
	804 DNP Project Practicum	P/EV, P, J, CS	P/ EV, P, J, CS	C/ EV, P, J, CS	C/ EV, P, J, CS	
Year 4 Fall	645 AGACNP V	C/E, CS, Sim, DS, PR, PA, P	C/PA, DS, P	C/CS, P	C/CS, PR, DS, P	
	645L AGACNP Pract V	C/J, EV, P	C/CS, J, P	C/EV, P	C/J, CS, P	
	665 Family V	C/E, CS, Sim, DS, PR, PA, P	C/PA, DS, P	C/CS, P	C/CS, PR, DS, P	
	636L FNP Pract	C/J, EV, P	C/CS, J, P	C/EV, P	C/J, CS, P	
	805 DNP Project Practicum	P/PA, PR, P	P/PA, PR, P	P/PA, PR, P	P/PA, PR, P	
Spring	807 AGAC/ FNP DNP Project Practicum	P/EV, P, J, CS, M, D	P/ EV, P, J, CS, M, D	P/ EV, P, J, CS, M, D	P/ EV, P, J, CS, M, D	

BSN-DNP AGACNP/ FNP Totals	Total Lab Hours	120
	Total Required AGACNP Practicum Hours	585
	Total Required FNP Practicum Hours	585
	Total DNP Practicum Hours	540
	Total Clinical Hours	1710
	Total Required Credit Hours	104

1 Family Nurse Practitioner students must complete a total of 13 semester hours of Family Practicum, the recommended sequence to graduate in eleven semesters is: Summer (Year 2) NSG 636L FNP Practicum (1-13 c.h.) – 1 semester hours, /Fall (Year 3) NSG 636L – 2 semester hours /Spring (Year 3) NSG 636L FNP Practicum (1-13 c.h.) – 2 semester hours, /Summer (Year 3) NSG 636L FNP Practicum (1-13 c.h.) – 1 semester hours. /Fall (Year 4) NSG 636L FNP Practicum (1-13 c.h.)-2 semester hours/Spring (Year 4) NSG 807L Final DNP Practicum AGACNP/FNP (10 c.h.)-4 semester hours. Students are required to take a minimum of 1 semester hour of Family Practicum starting summer of Year 2, a change to the degree plan must be approved by the Graduate Nursing Program Coordinator.

BSN DNP Psychiatric-Mental Health Nurse Practitioner (PMHNP) Curriculum Map

	Courses	Integrate evidence-based practice (EBP), ethical, decision making and technology into advanced nursing practice	Conduct scholarly inquiry to influence health outcomes of individuals, aggregates and populations	Organize interprofessional collaboration to provide safe, quality patient centered care	Assume a leadership role in transforming health systems, policies and standards of care	Level of Expertise (Adapted Benner) & Teaching/Learning Strategies
Year 1 Fall	504 NSG Writing & Presentation Skill	AB/ PA, PR, DS				
	505 Biostatistics and Research	AB/ CS, EX, DS, P				Advanced Beginner (AB) = Perform with guidance
	507 Advanced Practice Roles	AB/ PR, PA, J, EV, P			AB/PA/DS	Competent (C) = Aware of long-term goals and
	508 Adv Practice Theory	AB/PR, PA, P	AB/PR, PA, P			analytical thinking
Spring	562 Advanced Assessment	AB/ CS, Sim, D, EX, P				Proficient (P) = Recognize, plan
	562 L Advanced Assessment	AB/ Sim, D, P				
	712 EBP & Research	C/PA, P	AB/PA, P			
	748 Health Care Policy & Law	C/CS, PA, DS, P		AB/CS, PA, DS, P	C/CS, PA, DS, P	**Teaching/Learning Strategies:**
Summer	551 Health Promotion	AB/CS, PA PR, P	AB/CS, PA, PR, P			D=Demonstration
	571 Informatics	C/ PA, PR, CS, DS, P	C, PA, PR, CS, DS, P	AB/ PA, PR, CS, DS, P	AB/ PA, PR, CS, DS, P	Sim= Simulation DS= Discussion
	714 Epidemiology	P/ PA, PR, CS, P	P/ PA, PR, CS, P	C/ PA, PR, CS, P	C/ PA, PR, CS, P	EX= Exam
Year 2 Fall	552 Adv Pathophysiology	AB/ EX, CS, DS, P				CS= Case Study
	561 Adv Pharmacology	AB/ EX, CS, DS, P				PR=Presentation
	716 Health Care Business & Finance	AB, CS, PA, DS, PR, P	C, PA, PR, P	C/ PA, PR, P		PA= Paper
Spring	676 Theoretical MH	AB/PR, PA	AB/PR, PA			J= Journal
	677 Psychopharmacology	C/DS, PR, CS	C/DS, PR, CS	AB/ DS, PR, CS		EV= Eval forms
	718 Organizational Systems and Ldr	AB, CS, PA, DS, PR, P		C/ PA, DS, PR, CS, P	AB/CS, PR, DS, P	P=Portfolio M= Manuscript
Summer	678 Psych Assess & Evaluation	AB/ CS, PA		AB/CS, PA		D= Defense
	679 Psych Diff Dx	AB/ CS, DS, Sim		AB/CS, DS		
	641 AGACNP I	AB/E, CS, Sim, DS, PR, PA, P	AB/PA, DS, P	AB/CS, P	AB/CS, PR, DS, P	
	641L AGACNP Practicum I	AB/J, EV, P	AB/CS, J, P	AB/EV, P	AB/J, CS, P	
	801 Practice Inquiry I	P/PA, PR, P	P/PA, PR, P	AB/PA, PR, P	AB/PA, PR, P	
Year 3 Fall	651 PMHNP I	AB/E, CS, Sim, DS, PR, PA, P	AB/PA, DS, P	AB/CS, P	AB/CS, PR, DS, P	
	651L PMHNP Practicum I	AB/J, EV, P	AB/CS, J, P	AB/EV, P	AB/J, CS, P	
	802 DNP Project Practicum	P/EV, P, J, CS	P/ EV, P, J, CS	AB/ EV, P, J, CS, P	AB/ EV, P, J, CS, P	
Spring	652 PMHNP II	C/E, CS, Sim, DS, PR, PA, P	AB/PA, DS, P	AB/CS, P	AB/CS, PR, DS, P	
	652L PMHNP Pract II	C/J, EV, P	C/CS, J, P	C/EV, P	C/J, CS, P	
	803 DNP Project Practicum	C/PA, PR, P	C/PA, PR, P	C/PA, PR, P	C/PA, PR, P	
Summer	653 PMHNP III	C/E, CS, Sim, DS, PR, PA, P	AB/PA, DS, P	C/CS, P	ABCS, PR, DS, P	
	653L PMHNP Pract III	C/J, EV, P	C/CS, J, P	C/EV, P	C/J, CS, P	
	804 DNP Project Practicum	P/EV, P, J, CS	P/ EV, P, J, CS	C/ EV, P, J, CS	C/ EV, P, J, CS	
Year 4 Fall	654 PMHNP IV	P/E, CS, Sim, DS, PR, PA, P	C/PA, DS, P	P/CS, P	C/CS, PR, DS, P	
	654L PMHNP Pract IV	C/J, EV, P	C/CS, J, P	C/EV, P	C/J, CS, P	
	805 DNP Project Practicum	P/PA, PR, P	P/PA, PR, P	P/PA, PR, P	P/PA, PR, P	
Spring	808 PMHNP DNP Project Practicum	P/EV, P, J, CS, M, D	P/ EV, P, J, CS, M, D	P/ EV, P, J, CS, M, D	P/ EV, P, J, CS, M, D	

Totals			
	Total Lab Hours	30	
	Total Clinical PMHNP Practicum Hours	585	
	Total DNP Practicum Hours	540	
	Total Practicum Hours	1125	
	Total Required Program Credits	86	

MS DNP Population Health Curriculum Map

	Courses	Integrate evidence-based practice (EBP), ethical, decision making and technology into advanced nursing practice	Conduct scholarly inquiry to influence health outcomes of individuals, aggregates and populations	Organize interprofessional collaboration to provide safe, quality patient centered care	Assume a leadership role in transforming health systems, policies and standards of care	Level of Expertise (Adapted Benner) & Teaching/Learning Strategies
Year 1 Fall	504 NSG Writing & Presentation Skills	AB/ PA, PR, DS				
	505 Biostatistics and Research	AB/ CS, EX, DS, P				
	716 Health Care Business & Finance	AB, CS, PA, DS, PR, P	C, PA, PR, P	C/ PA, PR, P		Advanced Beginner (AB) = Perform with guidance
	801 DNP Seminar	P/PA, PR, P	P/PA, PR, P	AB/PA, PR, P	AB/PA, PR, P	Competent (C) = Aware of long-term goals and
Spring	712 EBP & Research	C/PA, P	AB/PA, P			analytical thinking
	718 Organizational Systems and Leadership		C/ CS, PA, DS, PR, P			Proficient (P) = Recognize, plan
	748 Health Care Policy & Law	C/CS, PA, DS, P		AB/CS, PA, DS, P	C/CS, PA, DS, P	
	809 MS NSG DNP Pro Prac	AB/EV, P, J, CS, M, D	AB/ EV, P, J, CS, M, D	AB/ EV, P, J, CS, M, D	AB/ EV, P, J, CS, M, D	**Teaching/Learning Strategies:**
Summer	714 Epidemiology	P/ PA, PR, CS, P	P/ PA, PR, CS, P	C/ PA, PR, CS, P	C/ PA, PR, CS, P	D=Demonstration Sim= Simulation
	809 MS NSG DNP Pro Prac	C/EV, P, J, CS, M, D	C/ EV, P, J, CS, M, D	C/ EV, P, J, CS, M	C/ EV, P, J, CS, M, D	DS= Discussion EX= Exam
Year 2 Fall	809 MS NSG DNP Pro Prac	P/EV, P, J, CS, M, D	P/ EV, P, J, CS, M, D	P/ EV, P, J, CS, M	P/ EV, P, J, CS, M, D	CS= Case Study PR=Presentation PA= Paper
Spring	809 MS NSG DNP Pro Prac	P/EV, P, J, CS, M, D	P/ EV, P, J, CS, M, D	P/ EV, P, J, CS, M	P/ EV, P, J, CS, M, D	J= Journal EV= Eval forms P=Portfolio M= Manuscript D= Defense

Totals	**Total Lab Hours**	**0**
	Total DNP Practicum Hours	**540-720 (Gap Analysis Practicum Hours)**
	Total Practicum Hours	**540-720**
	Total Program Credits	**35-39 (Gap Analysis Practicum Hours)**

CSU-Pueblo School of Nursing						
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Plan				Implementation		
EOPSLO	Expected Level of Achievement	Frequency of Assessment	Assessment Method/s	Results of Data Collection	Analysis of Data	Actions for Development, Maintenance or Revision
EOPSLO 1- Integrate Evidenced-Based Practice Ethical Decision Making & Technology into Advanced Nursing Practice	**Direct Measure** *90% of BSN-DNP students will score 84% or better (16.7 points out of 20) on the evidence-based practice section of the Comprehensive Exam (CE).*	**Collection** Annually Fall/Spring **Analysis:** Start Annually Fall 2022	In the CE in the semester prior to graduation, comprehensive exam chairs use the Master's CE Evaluation Rubric, and send ratings to the graduate nursing program coordinator who compiles results for faculty analysis and decision-making. The EBP section consists of 4 domains; EBP Interpretation, Advocacy, Theoretical Framework, and Leadership.	**2021-2022** Aggregated all EBP sections: N= total n= % scored higher than 84% (16.7) --------------- Aggregated Emphasis Specific: -AGACNP N=, n=, % -AGACNP/FNP N=, n=, % -PMHNP N=, n=, % ----------------- **EBP Interpretation…:** Aggregate; N= n= % scored higher than 84% (4.2 or higher) Emphasis Specific; -AGACNP N=, n=, % -AGACNP/FNP N=, n=, % ----------- -PMHNP N=, n=, % **EBP Advocacy:** Aggregate; N= % scored higher than 84% (4.2 or higher) ---------- Emphasis Specific; -AGACNP N=, n=, % -AGACNP/FNP N=, n=, % -PMHNP N=, n=, %		

				EBP Theoretical Framework: Aggregate; N= % scored higher than 84% (4.2 or higher) Emphasis Specific; -AGACNP N=, n=0, % -AGACNP/FNP N=, n=, % -PMHNP N=, n=, % **EBP Leadership:** Aggregate; N= % scored higher than 84% (4.2 or higher) **Emphasis Specific;** -AGACNP N=, n= , %------ -AGACNP/FNP N=, n= , %----- -PMHNP N=, n= , %		
EOPSLO 1- Integrate Evidenced-Based Practice Ethical Decision Making & Technology into Advanced Nursing Practice	**Direct Measure** *90% of BSN-DNP students will score 'competent' or 'proficient 'in the EOPSLO 1 overall on the Analytic Rubric for the comprehensive exam (CE).*	**Collection** Annually Fall/Spring **Analysis:** Start Annually Fall 2022	**Method** In the CE in the semester prior to graduation, comprehensive exam chairs use the Master's CE Analytic Rubric and send ratings to the graduate nursing program coordinator who compiles results for faculty analysis and decision-making.	**2021-2022** **End-of-Program Aggregated Results:** N= students, % -------------------- **EOPSLO 1-** % of students achieved a 'competent' or 'proficient' rating. **Emphasis Specific;** -AGACNP N=, n= , %------ -AGACNP/FNP N=, n= , %----- -PMHNP N=, n= , %		

EOPSLO 1- Integrate Evidenced-Based Practice Ethical Decision Making & Technology into Advanced Nursing Practice	**Direct Measure** *90% of all DNP students will score 'competent' or 'proficient 'in the EOPSLO 1 overall on the Analytic Rubric for the DNP Project Defense.*	**Collection** Annually Fall/Spring **Analysis:** Start Annually Fall 2022	**Method** In the CE in the semester prior to graduation, comprehensive exam chairs use the Master's CE Analytic Rubric and send ratings to the graduate nursing program coordinator who compiles results for faculty analysis and decision-making.	**2019-2020** **End-of-Program Aggregated Results:** N= students, % ---------------------- **EOPSLO 1-** % of students achieved a 'competent' or 'proficient' rating. **Emphasis Specific;** -AGACNP N=, n= , %------ -AGACNP/FNP N=, n= , %----- -PMHNP N=, n= , % Population Health N=, n=, %		
EOPSLO 2- Conduct scholarly inquiry to influence health outcomes of individuals, aggregates and populations	**Direct Measure** 90% of all DNP students will receive a satisfactory score on Portfolio submission for a NSG 714 paper specific to health maintenance/promotion in a chronically-ill patient population.	**Collection** Annually Fall **Analysis:** Start Annually Fall 2022	**Method** Student will make corrections and submit to program portfolio the semester following NSG 714 is completed. Chair will grade paper in Portfolio using the health maintenance/ promotion section in a	**2021-2022** **End-of-Program Aggregated Results:** N= students, % ---------------------- **EOPSLO 2-** % of students scored Satisfactory on Portfolio NSG 714 submission. **Emphasis Specific;** -AGACNP N=, n= , %------ -AGACNP/FNP N=, n= , %----- -PMHNP N=, n= , % Population Health N=, n=, %		

			chronically-ill patient population NSG 714 grading rubric provided by instructor. Chair will email data to Graduate Coordinator			
EOPSLO-3 Organize Interprofessional Collaboration to Provide Safe, Quality, Patient-Centered Care.	**Direct Measure** *90% of BSN-DNP students will score 'competent' or 'proficient' in EOPSLO 3 on the Analytic Rubric for the comprehensive exam.*	**Collection** Annually Fall/Spring **Analysis:** Start Annually Fall 2022	**Method** In the CE in the semester prior to graduation, comprehensive exam chairs use the Master's CE Analytic Rubric and send ratings to the graduate nursing program coordinator who compiles results for faculty analysis and decision-making.	**2021-2022** **End-of-Program Aggregated Results:** N= students **EOPSLO 3-** % of students achieved a 'competent' or 'proficient' rating. **Emphasis Specific;** -AGACNP N=, n= , %------ -AGACNP/FNP N=, n= , %----- -PMHNP N=, n= , %		
EOPSLO-3 Organize Interprofessional Collaboration to Provide Safe, Quality, Patient-Centered Care.	**Indirect Measure** 90% of BSN-DNP students will score and average of 7 or higher (on an 8-point scale) regarding NP emphasis role-specific	**Collection** **Collection** Annually Spring **Analysis:** Start	**Method** Instructors in NSG 806, 807, and 808 add 40 standardized multiple-	**2021-2022** **End-of-Program Aggregated Results:** N= students **EOPSLO 3-** % of students scored an average of 7 or higher **Emphasis Specific;**		

	pharmacological decision-making on all preceptor evaluations during their final semester in NP practicum experiences.	Annually Fall 2022	choice questions as part of a cumulative final exam in ExamSoft, collect data, and send to graduate nursing program coordinator who compiles results for faculty analysis and decision-making.	-AGACNP N=, n= , %------ -AGACNP/FNP N=, n=, %----- -PMHNP N=, n=, %
EOPSLO-4 Assume a leadership role in transforming health care systems, policies and standards of care	**Direct Measure** *90% of BSN-DNP students will score 'competent' or 'proficient' on the Analytic Rubric for the oral comprehensive exam.*	**Collection** Annually Fall/Spring **Analysis:** Start Annually Fall 2022	**Method** In the CE in the semester prior to graduation, comprehensive exam chairs use the Master's CE Analytic Rubric and send ratings to the graduate nursing program coordinator who compiles results for faculty analysis and decision-making.	**2021-2022** **End-of-Program Aggregated Results:** N= students **EOPSLO 4-** % of students achieved a 'competent' or 'proficient' rating. **Emphasis Specific;** -AGACNP N=, n= , %------ -AGACNP/FNP N=, n=, %----- -PMHNP N=, n=, %
EOPSLO-4	**Indirect Measure**	**Collection**	**Method**	**End-of-Program Aggregated Results:**

Assume a leadership role in transforming health care systems, policies and standards of care	*80% of BSN-DNP respondents will rate AACN/ Benchworks Nursing Exit Assessment items, Masters Essential III: Quality Improvement and Safety (EOPSLO 4) as 4 or better (7-point scale),*	Annually Spring **Analysis:** Start Annually Fall 2022	At end of program, associate dean opens exit survey for students' use, collects data, and shares with coordinator who compiles results for faculty analysis and decision-making.	N= students **EOPSLO 4-** % of students scored on exit survey for Masters Essential III '4' or better. **Emphasis Specific;** -AGACNP N=, n= , %------ -AGACNP/FNP N=, n=, %----- -PMHNP N=, n=, %
EOPSLO-4 Assume a leadership role in transforming health care systems, policies and standards of care	**Indirect Measure** *80% of respondents will rate DNP Level Nursing Exit survey Assessment items, DNP Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking (EOPSLO 4) as 4 or better (7-point scale), * includes MS-DNP students.*	**Collection** Annually Spring **Analysis:** Start Annually Fall 2022	**Method** At end of program, coordinator will email exit survey link to students, compiles results for faculty analysis and decision-making.	**End-of-Program Aggregated Results:** N= students **EOPSLO 4-** % of students scored exit survey for Doctor of Nursing Practice Essential a '4' or better. **Emphasis Specific;** -AGACNP N=, n= , %------ -AGACNP/FNP N=, n= , %----- -PMHNP N=, n= , % ----- Population Health N=, n=, %
Summative Assessment of All End-of-Program EOPSLOS 1,2,3,4	**Direct Measure** *All BSN-DNP students will score 75% or better on standardized core course content multiple-choice final exam questions. *	**Collection** Annually Spring **Analysis:** Annually Fall	**Method** Instructors in NSG 806, 807, and 808 add 40 standardized multiple-	**2021-2022** **End-of-Program Aggregated Results:** N= students **EOPSLO-1**, % students scored 75% or better **EOPSLO-2**, % students scored 75% or better

			choice questions as part of a cumulative final exam in ExamSoft, collect data, and send to graduate nursing program coordinator who compiles results for faculty analysis and decision-making.	**EOPSLO-3**, % students scored 75% or better **EOPSLO-4**, % students scored 75% or better		
Summative Assessment of All End-of-Program EOPSLOS 1,2,3,4	**Direct Measure** *All BSN-DNP students will score 75% or better on standardized emphasis role-specific multiple-choice final exam questions.*	**Collection** Annually Spring **Analysis:** Annually Fall	**Method** Instructors in NSG 806, 807, and 808 add 50 standardized multiple-choice role specific questions as part of a cumulative final exam in ExamSoft, collect data, and send to graduate nursing program coordinator who compiles	**Role Specific** **AGACNP** N=, n= % students scored 75% or better **AGACNP/ FNP** N=, n= % students scored 75% or better **PMHNP** N=, n= % students scored 75% or better		

			results for faculty analysis and decision-making..			
Summative Assessment of All End-of-Program EOPSLOS 1,2,3,4	**Direct Measure** *90% of the DNP students will receive a satisfactory score on their first attempt in all rubric sections for each EOPSLOS during their DNP Project Defense at the end of the program.*	**Collection** Annually Spring **Analysis:** Annually Fall	**Method** Instructors in NSG 806, 807, and 808 add 40 standardized multiple-choice questions as part of a cumulative final exam in ExamSoft, collect data, and send to graduate nursing program coordinator who compiles results for faculty analysis and decision-making..	**2019-2020** **End-of-Program Aggregated Results:** N= students **EOPSLO-1**, % students scored satisfactory **EOPSLO-2**, % students scored 75% or better **EOPSLO-3**, % students scored 75% or better **EOPSLO-4**, % students scored 75% or better		
Summative Assessment of All End-of-Program EOPSLOS 1,2,3,4	**Indirect Measure** *80% of graduates responding to the Exit Assessment will rate "overall satisfaction" as 4 or better (7-point scale).*	**Collection** Annually Spring **Analysis:** Annually Fall	At end of program, associate dean opens exit survey for students' use, collects data, and shares with	**End-of-Program Aggregated Results:** N= students **EOPSLO 4-** % of students rated a '4' or better for overall satisfaction **Emphasis Specific;** -AGACNP N=, n=, %------ -AGACNP/FNP N=, n=, %----- -PMHNP N=, n=, % ----- Population Health N=, n=, %		

			coordinator who compiles results for faculty analysis and decision-making.			

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Plan				Implementation		
Criterion 6.2	Expected Level of Achievement	Frequency of Assessment	Assessment Method/s	Results of Data Collection	Analysis of Data	Actions for Development, Maintenance or Revision
Program Outcome: Achievement on Certification Exams	**Direct Measure:** *80% of graduates will pass their emphasis specific national certification exam the first time.*	**Collection:** Annually Summer **Analysis:** Annually Fall	Associate dean/Graduate coordinator receives NP certification exam results in April or May each year. Faculty review and analyze data during a spring faculty meeting and shares with faculty facilitate evidence-based curriculum decision-making.	**Date of Program Completion: Spring 2022, 2023, 2024 Graduates Program Pass Rates Aggregated:** N=, n=; % **Pass Rates by Program Option** Adult/Gerontology Acute Care N=, n=; %--- FNP N=, n=; %---- PMHNP N=, n=; %		

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Plan				**Implementation**		
Criterion 6.3	**Expected Level of Achievement**	**Frequency of Assessment**	**Assessment Method/s**	**Results of Data Collection**	**Analysis of Data**	**Actions for Development, Maintenance or Revision**
Program Outcome: Program Completion	*80% of graduates will complete the program within 1 ½ times (MS-DNP 8 semesters/ BSN-DNP 15 semesters) the length of the program.*	**Collection:** Annually Summer & Fall **Analysis:** Annually Spring		**Aggregated for Entire Program** 2020, 2021, 2022 (3 years) MS-DNP: %, N = 2, n= BSN-DNP: NA%, N=0, n=0 **Disaggregated by Program Option** 2020, 2021, 2022 (3 years) BSN-DNP AGACNP-N= , n=, % BSN-DNP AGACNP/ FNP N= , n=, % BSN-DNP PMHNP N= , n=, % MS-DNP Population Health N= , n=, %		

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	Plan			**Implementation**		
Criterion 6.4	**Expected Level of Achievement**	**Frequency of Assessment**	**Assessment Method/s**	**Results of Data Collection**	**Analysis of Data**	**Actions for Development, Maintenance or Revision**
Job Placement	**Indirect Measure** *80% of the DNP graduates will be employed in role-related professional practice within one year.*	**Collection:** Annually Jan-April **Analysis:** Annually Fall	Coordinator will email graduates link to survey specific to satisfaction with NP preparation and practice/ position in area of specialty/ role-related and employer contact information. Emails will be sent 6 months after graduation repeating at 9 months to non-respondents. Coordinator compiles data and shares with faculty for analysis and decision-making	**Aggregated for Entire Program** 2020, 2021, 2022 (3 years) Total Number of Graduates/ Distributed N= Total Number of Graduate Responses n= Response Rate % Responses Role-related professional practice within one year %		

Satisfaction with NP preparation	*80% of the BSN-DNP NP respondents will express overall satisfaction or higher on a 5-point Likert with their emphasis specific NP preparation practice within one year.*	**Collection:** Annually Jan-April **Analysis:** Annually Fall	**Method** Coordinator will email graduates link to survey specific to satisfaction with NP preparation and practice/ position in area of specialty/ role-related and employer contact information. Emails will be sent 6 months after graduation repeating at 9 months to non-respondents. Coordinator compiles data and shares with faculty for analysis and decision-making	**Aggregated for Entire Program NP Emphases** 2022, 2023, 2024 (3 years) BSN-DNP: NA%, N=0, n=0 **Disaggregated by Program Option** 2022, 2023, 2024 (3 years) BSN-DNP AGACNP-N= , n=, % BSN-DNP AGACNP/ FNP N= , n=, % BSN-DNP PMHNP N= , n=, %		
Employer Practice Satisfaction	**Indirect Measure** *80% of employers will express satisfaction or higher on a 5-point Likert*	**Collection:** Annually Jan-April **Analysis:** Annually Fall	**Method** Job Placement and satisfaction respondents identify their employer contact information.	**Aggregated for Entire Program** 2020, 2021, 2022 (3 years) Total Number of Graduates/ Distributed N= Total Number of Graduate Responses n= Response Rate %		

scale with student practice preparation for all DNP graduates.		Coordinator emails employer satisfaction survey to employer. A follow-up telephone call to non-respondents within one year of graduation. Coordinator compiles data for faculty analysis and decision-making.	Responses Role-related professional practice within one year % **Aggregated for Entire Program** 2020, 2021, 2022 (3 years) MS-DNP: %, N = 2, n= BSN-DNP: NA%, N=0, n=0 **Disaggregated by Program Option** 2020, 2021, 2022 (3 years) BSN-DNP AGACNP-N= , n=, % BSN-DNP AGACNP/ FNP N= , n=, % BSN-DNP PMHNP N= , n=, % MS-DNP Population Health N= , n= , %	