GENERAL INFORMATION

Official Name of Institution:  University of San Francisco
Type of Institution (e.g., public, private-secular, private-religious, proprietary):  Private-religious
Institution’s Carnegie Classification:  DRU: Doctoral/Research University
Carnegie Classification:  Community Engaged
Full Name and Title of Chief Executive Officer of Institution:  Stephen A. Privett, SJ
Official Name of Nursing Unit:  School of Nursing and Health Professions
Full Name and Title of Chief Nurse Administrator:  Judith F. Karshmer, PMHCNS-BC, PhD
Address:  2130 Fulton Street
City:  San Francisco  State:  California  Zip Code:  94117
Telephone Number:  415-422-2959
Fax Number:  415-422-6877
Email Address:  jfkarshmer@usfca.edu
Website Address of Institution/Program:  www.usfca.edu/
Date Report Submitted to CCNE:  June 2, 2013
ACCREDITATION AND APPROVAL

Institutional Accreditation

<table>
<thead>
<tr>
<th>INSTITUTIONAL ACCREDITOR (Identify agency name)</th>
<th>LAST REVIEW (year)</th>
<th>NEXT SCHEDULED REVIEW (year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Association of Schools &amp; Colleges (WASC)</td>
<td>2010</td>
<td>2020</td>
</tr>
</tbody>
</table>

Specialized Accreditation

<table>
<thead>
<tr>
<th>SPECIALIZED ACCREDITOR</th>
<th>LAST REVIEW (year)</th>
<th>NEXT SCHEDULED REVIEW (year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council on Accreditation of Nurse Anesthesia Educational Programs</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Accreditation Commission for Midwifery Education</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

*Moving BSN & MSN reviews to align with DNP review cycle

State Board of Nursing Approval

Name of applicable state board of nursing: California Board of Registered Nursing

<table>
<thead>
<tr>
<th>NURSING PROGRAM APPROVED</th>
<th>LAST REVIEW (year)</th>
<th>NEXT SCHEDULED REVIEW (year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baccalaureate program California Board of Registered Nursing</td>
<td>2009 (Interim 2013)</td>
<td>2015</td>
</tr>
<tr>
<td>Master’s program California Board of Registered Nursing</td>
<td>2009 (Interim 2013)</td>
<td>2015</td>
</tr>
<tr>
<td>Doctor of Nursing Practice program –FNP California Board of Registered Nursing</td>
<td>2009 (Interim 2013)</td>
<td>2015</td>
</tr>
</tbody>
</table>

Add any relevant comments regarding accreditation and/or approval:

All nursing program (BSN, MSN, DNP) have been consolidated for CCNE Review
NURSING PROGRAM INFORMATION

Degree Programs and Student Data

(Nursing program information must be provided for all programs even if that program is not the focus of this CIPR.)

Identify all baccalaureate, master’s, and DNP tracks offered by the nursing unit. For each track, list current enrollment data, as well as graduation data for the previous academic year. For the baccalaureate program, include only nursing students (not pre-nursing students).

Baccalaureate Program:

<table>
<thead>
<tr>
<th>BACCALAUREATE PROGRAM</th>
<th>NUMBER OF STUDENTS ENROLLED</th>
<th>NUMBER OF GRADUATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelors of Science in Nursing</td>
<td>708</td>
<td>2011-2012=151</td>
</tr>
<tr>
<td>Totals:</td>
<td>708</td>
<td>151</td>
</tr>
</tbody>
</table>

Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the overall baccalaureate degree program in nursing?

___Yes  _X__No

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

Master’s Program:

<table>
<thead>
<tr>
<th>MASTER’S PROGRAM</th>
<th>NAME OF NATIONAL CERTIFICATION EXAM GRADUATES ELIGIBLE TO TAKE</th>
<th>NUMBER OF STUDENTS ENROLLED</th>
<th>NUMBER OF GRADUATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master’s Entry MSN</td>
<td>CNL</td>
<td>179</td>
<td>29</td>
</tr>
<tr>
<td>RN/MSN on ground</td>
<td>CNL</td>
<td>90</td>
<td>*1</td>
</tr>
<tr>
<td>RN/MSN on line</td>
<td>CNL</td>
<td>117</td>
<td>**0</td>
</tr>
<tr>
<td>Totals:</td>
<td>386</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

*Next graduating date is August 2013
**First graduating class is spring 2014

Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the overall master’s degree program in nursing?

_x_Yes   ___No

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):
In January 2012 the school added an online track to the RN-MSN program. As planned, enrollment has increased and currently there 117 online students. (Substantive Change Notification, December, 2010)

<table>
<thead>
<tr>
<th>Student population</th>
<th>Sp 12</th>
<th>Su 12</th>
<th>Fall 12</th>
<th>Sp 13</th>
<th>Su 13</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online</td>
<td>12</td>
<td>12</td>
<td>38</td>
<td>25</td>
<td>17</td>
<td>117</td>
</tr>
</tbody>
</table>

The online RN-MSN is identical to the on ground program, the same course offerings, same number of credits, same clinical expectations. Faculty have developed the courses for online delivery in conjunction with Embanet/Compass, an external partner for online programming. With class size kept between 20-25 students per class section, six new part time faculty have been hired and six full time faculty, already teaching in the school replaced an on ground course with an online course, as part of their usual work load.

Other resources within the university include the addition of a Vice Provost for Branch Campuses with responsibility for online programming and additional personnel in the registrar’s office, financial aid, and student accounts. The library has reassigned personnel to better respond to the increasing needs of the online students.

**Doctor of Nursing Practice Program:**

<table>
<thead>
<tr>
<th>DOCTOR OF NURSING PRACTICE PROGRAM</th>
<th>NAME OF NATIONAL CERTIFICATION EXAM</th>
<th>NUMBER OF STUDENTS ENROLLED</th>
<th>NUMBER OF GRADUATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(identify all tracks offered and indicate post-baccalaureate or post-master’s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSN - DNP (FNP Track)</td>
<td>ANCC FNP</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>BSN - DNP (HCSL Track)</td>
<td>AONE Nurse Executive</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>DNP Completion Program</td>
<td>ANCC</td>
<td>82</td>
<td>52</td>
</tr>
<tr>
<td>EL-DNP</td>
<td></td>
<td>22</td>
<td>16</td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td>128</td>
<td>68</td>
</tr>
</tbody>
</table>

Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the overall Doctor of Nursing Practice program in nursing?

___x__ Yes  ____No

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

<table>
<thead>
<tr>
<th>DOCTOR OF NURSING PRACTICE STUDENT ADMITTED</th>
<th>Spring 13</th>
<th>Fall 12</th>
<th>Spring 12</th>
<th>Fall 11</th>
<th>Spring 11</th>
<th>Fall10</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>24</td>
<td>20</td>
<td>17</td>
<td>17</td>
<td>25</td>
<td>16</td>
</tr>
<tr>
<td>Prior Semester Headcount</td>
<td>124</td>
<td>120</td>
<td>99</td>
<td>99</td>
<td>85</td>
<td>62</td>
</tr>
<tr>
<td>Graduates</td>
<td>27</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Eligible to Continue*</td>
<td>97</td>
<td>116</td>
<td>95</td>
<td>95</td>
<td>82</td>
<td>58</td>
</tr>
<tr>
<td>Actual Continuing</td>
<td>92</td>
<td>104</td>
<td>100***</td>
<td>100***</td>
<td>74</td>
<td>45</td>
</tr>
<tr>
<td>Total Enrolled**</td>
<td>116</td>
<td>124</td>
<td>117</td>
<td>117</td>
<td>99</td>
<td>61</td>
</tr>
</tbody>
</table>
The growth over the past three years is partially due to the University of San Francisco program becoming more established as a leading DNP Program in California and that the DNP credential has become more widely recognized and popular in the healthcare industry. As anticipated, the Executive Leadership DNP (EL-DNP) resulted in additional students and growth in the program. (Substantive Change Notification, December 2010 May 2012).

To accommodate this growth, the DNP Department has increased the number of faculty and hired a program assistant dedicated solely for this department. In 2012-13, the DNP department started offering multiple sections of some of course offerings to ensure that class size continued to be suitable for doctoral courses and that the faculty-student ratio remained appropriate. In fall, 2013 the DNP department will be moving to USF space in the Presidio along with two other SONHP graduate departments in order to have additional faculty office and classroom space.

Identify any post-graduate certificate programs in nursing offered by the institution:
None at this time

Identify any joint degree programs in nursing offered with any other unit at the institution (e.g., MSN/MPH with the School of Public Health):

The Doctor of Psychology (PsyD) is a collaborative program between University of San Francisco’s School of Education Counseling Psychology Department, the College of Arts & Sciences Psychology Department, the School of Nursing and Health Professions’ DNP Department, and USF Psychological Services. This is a clinical degree, which emphasizes the integration of mental, emotional, and physical health in applied settings. It focuses on cultural competence in meeting the needs of underserved populations. Courses from this program will be used as part of a new Psychiatric- Mental Health Nurse Practitioner Program (PMHNP) slated to start in the fall of 2013. (Substantive Change Notification to be submitted in July 2013).

Faculty Data

CCNE recognizes that faculty members may teach across program levels. Nonetheless, the institution must estimate the faculty full-time equivalent by program level.

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

<table>
<thead>
<tr>
<th></th>
<th>FULL-TIME</th>
<th># PART-TIME/ADJUNCT</th>
<th>TOTAL # FACULTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSN</td>
<td>17</td>
<td>56</td>
<td>75</td>
</tr>
<tr>
<td>MSN</td>
<td>11</td>
<td>30</td>
<td>41</td>
</tr>
<tr>
<td>DNP</td>
<td>7</td>
<td>4</td>
<td>11</td>
</tr>
</tbody>
</table>

Baccalaureate Program:

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

<table>
<thead>
<tr>
<th>FULL-TIME FTE</th>
<th>PART-TIME/ADJUNCT FTE</th>
<th>TOTAL FACULTY FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>12</td>
<td>29</td>
</tr>
</tbody>
</table>

Explain how FTEs are calculated for faculty in the baccalaureate program:

The full-time, tenure-earning faculty teaching load at USF is 9 units each semester. As a result a full-time FTE teaches 18 units in the BSN program in one academic year. Full-time, term faculty teach 12 units each semester so a full time FTE teaches 24 units in one academic year.
Master's Program:

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

<table>
<thead>
<tr>
<th>FULL-TIME FTE</th>
<th>PART-TIME/ADJUNCT FTE</th>
<th>TOTAL FACULTY FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

Explain how FTEs are calculated for faculty in the master's program:

The full-time, tenure-earning faculty teaching load at USF is 9 units each semester. As a result a full-time FTE teaches 18 units in the MSN program in one academic year. Full-time, term faculty teach 12 units each semester so a full time FTE teaches 24 units in one academic year.

Doctor of Nursing Practice Program:

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

<table>
<thead>
<tr>
<th>FULL-TIME FTE</th>
<th>PART-TIME/ADJUNCT FTE</th>
<th>TOTAL FACULTY FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

Explain how FTEs are calculated for faculty in the Doctor of Nursing Practice program:

The full-time, tenure-earning faculty teaching load at USF is 9 units each semester. As a result a full-time FTE teaches 18 units in the DNP program in one academic year. Full-time, term faculty teach 12 units each semester so a full time FTE teaches 24 units in one academic year.

Professional Nursing Standards and Guidelines

Baccalaureate Program:

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

*The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)

- x Yes  
- No  
- Not Applicable (no baccalaureate offerings)

Other (please specify): Quality and Safety for Nursing Education (QSEN) Competencies [http://qsen.org/](http://qsen.org/)

Master's Program:

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

*The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996)

- Yes  
- No  
- x Not Applicable (CNL ONLY)

*The Essentials of Master's Education in Nursing* (AACN, 2011)

- x Yes  
- No  
- Not Applicable (no master's offerings)

*Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2008)

- Yes  
- No  
- x Not Applicable (no nurse practitioner offerings)
Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2012)

___Yes ___No ___x_Not Applicable (no nurse practitioner offerings)

Other (please specify): Quality and Safety for Nursing Education (QSEN) Competencies
http://qsen.org/

Doctor of Nursing Practice Program:

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

The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006)

___x_Yes ___No ___Not Applicable (no DNP offerings)

Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2008)

___x_Yes ___No ___Not Applicable (no nurse practitioner offerings)

Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2012)

___x_Yes ___No ___Not Applicable (no nurse practitioner offerings)

Other (please specify): Selected Outcomes Data

**NCLEX-RN® Pass Rates for the Past Three Years* (Academic or Calendar)**

<table>
<thead>
<tr>
<th>Year</th>
<th># Students Taking NCLEX-RN® for 1st Time</th>
<th>NCLEX-RN® Pass Rate for 1st Time Test Takers</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSN: 2009-2010</td>
<td>128</td>
<td>91.41%</td>
</tr>
<tr>
<td>BSN: 2010-2011</td>
<td>156</td>
<td>87.82%</td>
</tr>
<tr>
<td>BSN: 2011-2012</td>
<td>154</td>
<td>83.12%</td>
</tr>
<tr>
<td>MSN: 2009-2010</td>
<td>55</td>
<td>90.91%</td>
</tr>
<tr>
<td>MSN: 2010-2011</td>
<td>55</td>
<td>81.82%</td>
</tr>
<tr>
<td>MSN: 2011-2012</td>
<td>81</td>
<td>86.89%</td>
</tr>
</tbody>
</table>

*Data required by US Department of Education

**MSN Certification Pass Rates for the Past Three Years* (Academic or Calendar)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Certification Organization</th>
<th>Certification Exam (by specialty area)</th>
<th># Students Taking Exam</th>
<th>Certification Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>CNC</td>
<td>Clinical Nurse Leader</td>
<td>36</td>
<td>47.2%</td>
</tr>
<tr>
<td>2011</td>
<td>CNC</td>
<td>Clinical Nurse Leader</td>
<td>151</td>
<td>52.3%</td>
</tr>
<tr>
<td>2012</td>
<td>CNC</td>
<td>Clinical Nurse Leader</td>
<td>101</td>
<td>63.2%</td>
</tr>
</tbody>
</table>

*Data required by US Department of Education.
Is national certification required to practice in the state where the institution is based?

___Yes    ___X__No    ___Not Applicable

FNP DNP Students
Certification Pass Rates for the Past Three Years* (Academic or Calendar)

<table>
<thead>
<tr>
<th>Year</th>
<th>Certification Organization</th>
<th>Certification Exam (by specialty area)</th>
<th># Students Taking Exam</th>
<th>Certification Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>ANCC</td>
<td>FNP</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; graduates in Fall 2013</td>
<td>NA</td>
</tr>
<tr>
<td>2012</td>
<td>AONE</td>
<td>Nurse Executive</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; graduates in Fall 2013</td>
<td>NA</td>
</tr>
</tbody>
</table>

DNP Completion Students
Certification Pass Rates for the Past Three Years* (Academic or Calendar)

<table>
<thead>
<tr>
<th>Year</th>
<th>Certification Organization</th>
<th>Certification Exam (by specialty area)</th>
<th># Students Taking Exam</th>
<th>Certification Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>*Variable</td>
<td>*Variable</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>2011</td>
<td>*Variable</td>
<td>*Variable</td>
<td>41</td>
<td>100%</td>
</tr>
<tr>
<td>2012</td>
<td>*Variable</td>
<td>*Variable</td>
<td>7</td>
<td>100%</td>
</tr>
</tbody>
</table>

* DNP Completion Students (those with a master's degree) must successfully pass a national certification exam in their specialty area. Certifying Organizations include:
  
  AONE – American Organization of Nurse Executives
  ANCC – American Nurses Credentialing Center
  NLN – National League for Nursing
  AANA – American Association of Nurse Anesthetists
  AMCB – American Midwifery Certification Board
  AACN – American Association of Colleges of Nursing

The Certifications that DNP completion students have passed include:
CENP – Certified in Executive Nursing Practice
NEA-BC – Nurse Executive Advanced-Board Certified
CNE – Certified Nurse Educator
CRNA – Certified Registered Nurse Anesthetist
FNP – Family Nurse Practitioner
CNL – Clinical Nurse Leader
CNS – Clinical Nurse Specialist
CNM – Certified Nurse Midwife
CNML – Certified Nurse Manager and Leader
Baccalaureate Program:

Graduation and Employment Data for the Past Three Years*

<table>
<thead>
<tr>
<th>Term/Year of Admission</th>
<th># Students Admitted</th>
<th>Term/Year of Graduation</th>
<th># Students Graduated</th>
<th>% Students Graduated</th>
<th>% Graduates Employed+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007 Fall</td>
<td>96</td>
<td>2010</td>
<td>89</td>
<td>92.7%</td>
<td>90%</td>
</tr>
<tr>
<td>2008 Fall</td>
<td>81</td>
<td>2011</td>
<td>76</td>
<td>93.8%</td>
<td>82%</td>
</tr>
<tr>
<td>2009 Fall</td>
<td>92</td>
<td>2012</td>
<td>83</td>
<td>90.2%</td>
<td>84%</td>
</tr>
</tbody>
</table>

*Data required by US Department of Education
+Provide employment rate at time of graduation or within 12 months of graduation.

Please explain how graduation rates are calculated: These graduation rates indicate a 4 year graduate rate from the time they entered their first clinical nursing course in their first semester, sophomore year.

Master's Program:

ME-MSN Graduation and Employment Data for the Past Three Years*

<table>
<thead>
<tr>
<th>Term/Year of Admission</th>
<th># Students Admitted</th>
<th>Term/Year of Graduation</th>
<th># Students Graduated 6 semesters</th>
<th>% Students Graduated</th>
<th>% Graduates Employed+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sp 2008</td>
<td>22</td>
<td>Fall 2009</td>
<td>19</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>Su 2008</td>
<td>36</td>
<td>Sp. 2010</td>
<td>31</td>
<td>94%</td>
<td>82%</td>
</tr>
<tr>
<td>Sp 2009</td>
<td>32</td>
<td>Fall 2010</td>
<td>26</td>
<td>93%</td>
<td>84%</td>
</tr>
<tr>
<td>Su 2009</td>
<td>32</td>
<td>Sp 2011</td>
<td>28</td>
<td>93%</td>
<td>85%</td>
</tr>
<tr>
<td>Sp 2010</td>
<td>32</td>
<td>Fall 2011</td>
<td>30</td>
<td>91%</td>
<td>84%</td>
</tr>
<tr>
<td>Su 2010</td>
<td>32</td>
<td>Sp 2012</td>
<td>32</td>
<td>97%</td>
<td>84%</td>
</tr>
</tbody>
</table>

*Data required by US Department of Education
+Provide employment rate at time of graduation or within 12 months of graduation.

RN-MSN Graduation and Employment Data for the Past Three Years*

<table>
<thead>
<tr>
<th>Term/Year of Admission</th>
<th># Students Admitted</th>
<th>Term/Year of Graduation</th>
<th># Students Graduated 7 semesters*</th>
<th>% Students Graduated*</th>
<th>% Graduates Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sp 2009</td>
<td>32</td>
<td>Sp 11</td>
<td>26</td>
<td>81%</td>
<td>100%</td>
</tr>
<tr>
<td>F 2009</td>
<td>22</td>
<td>F 2011</td>
<td>17</td>
<td>77%</td>
<td>100%</td>
</tr>
<tr>
<td>Sp 2010</td>
<td>37</td>
<td>Sp 2012</td>
<td>32</td>
<td>86%</td>
<td>100%</td>
</tr>
<tr>
<td>F 2010</td>
<td>36</td>
<td>F 2012</td>
<td>29</td>
<td>89%</td>
<td>91%</td>
</tr>
<tr>
<td>Sp 2011</td>
<td>20</td>
<td>Sp 2013</td>
<td>18</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>F 2011</td>
<td>31</td>
<td>F 2013</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Information by survey and indicates only those who responded. Aside from the information we collect at graduation, we will be ending out questionnaires out at 6 months and 12 months post graduation to determine status of graduate employment.

Please explain how graduation rates are calculated: graduation rates are calculated by the identifying the number who enter and the number who graduate in that cohort six semesters after they enter the program.
Doctor of Nursing Practice Program:

### Census date for DNP Programs

<table>
<thead>
<tr>
<th></th>
<th>Spring 13</th>
<th>Fall 12</th>
<th>Spring 12</th>
<th>Fall 11</th>
<th>Spring 11</th>
<th>Fall 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>24</td>
<td>20</td>
<td>17</td>
<td>17</td>
<td>25</td>
<td>16</td>
</tr>
<tr>
<td>Prior Semester Headcount</td>
<td>124</td>
<td>120</td>
<td>99</td>
<td>99</td>
<td>85</td>
<td>62</td>
</tr>
<tr>
<td>Graduates</td>
<td>27</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Eligible to Continue*</td>
<td>97</td>
<td>116</td>
<td>95</td>
<td>95</td>
<td>82</td>
<td>58</td>
</tr>
<tr>
<td>Actual Continuing</td>
<td>92</td>
<td>104</td>
<td>100***</td>
<td>100***</td>
<td>74</td>
<td>45</td>
</tr>
<tr>
<td>Total Enrolled**</td>
<td>116</td>
<td>124</td>
<td>117</td>
<td>117</td>
<td>99</td>
<td>61</td>
</tr>
<tr>
<td>Retention Rate</td>
<td>95%</td>
<td>90%</td>
<td>105%</td>
<td>105%</td>
<td>90%</td>
<td>78%</td>
</tr>
<tr>
<td>% of Graduates Employed****</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Eligible to continue equals prior semester headcount – graduates

**Total enrolled equals actual continuing + new.

***Returns from leave of absence resulted in more students enrolled than had been counted as eligible to continue

****100% of students are employed while they are in the program

*Data required by US Department of Education

+Provide employment rate at time of graduation or within 12 months of graduation.

ONLY DNP Completion students have graduated from the program so far. Though the DNP Program is based on a 15-semester/5-year plan, students continue to complete their coursework at different speeds. Graduation rates are based on a tracking of how many students enroll and how many graduate.

Additional Campuses/Sites

<table>
<thead>
<tr>
<th>CAMPUS/SITE (City, State)</th>
<th>DISTANCE FROM MAIN CAMPUS (in miles)</th>
<th># STUDENTS ENROLLED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Rosa</td>
<td>53.4 miles</td>
<td>12</td>
</tr>
<tr>
<td>San Jose</td>
<td>50.3 miles</td>
<td>33</td>
</tr>
<tr>
<td>Pleasanton</td>
<td>36.9 miles</td>
<td>19</td>
</tr>
</tbody>
</table>

Distance Education Offerings

Baccalaureate Program:

Does the baccalaureate program offer curricula (or any part thereof) via distance education (i.e., alternative modalities, including distance-mediated modalities, other than traditional classroom style)?

   ___ Yes        X ___ No        ___ Not Applicable (no baccalaureate offerings)

If yes, please respond to the following:

Indicate the percentage of courses required in the program that use the Internet to augment site-based class activities (e.g., course syllabi, other course materials on web; e-mail interaction with faculty, etc.):

All the courses in the SONHP use the USF Learning Management System (LMS) as part of the student learning experience. Course syllabi are posted online. Faculty routinely communicate
with student via email and most faculty use the digital drop box through the LMS for students to submit course assignments. Some faculty use the LMS for test taking and all grades are posted and available to students online.

Indicate the percentage of courses required in the program for which the ENTIRE course is offered in an asynchronous format (e.g., course is on web with few or no site-based classes):

None

Indicate the percentage of courses required in the program in which the DIDACTIC portion is offered ENTIRELY in an asynchronous format and all LAB classes are on site (e.g., didactic content is on web with few or no on-site class meetings; all lab classes are on site):

None

Indicate the percentage of courses required in the program for which the ENTIRE course is offered ONLY in a synchronous distance education format (e.g., via compressed video, live satellite broadcast, chat room, etc. for students at different sites):

None

Provide a brief (one paragraph) description of the distance learning offerings at the baccalaureate level:

Master's Program:

Does the master's program offer curricula (or any part thereof) via distance education (i.e., alternative modalities, including distance-mediated modalities, other than traditional classroom style)?

_X__Yes     ___No     ___Not Applicable (no master's offerings)

If yes, please respond to the following:

Indicate the percentage of courses required in the program that use the Internet to augment site-based class activities (e.g., course syllabi, other course materials on web; e-mail interaction with faculty, etc.):

One hundred percent of the RN-MSN on ground courses are offered in a blended format that utilizes the LMS to augment site-based class activities.

Indicate the percentage of courses required in the program for which the ENTIRE course is offered in an asynchronous format (e.g., course is on web with few or no site-based classes):

One hundred percent of all the courses in the Online RN-MSN are offered in a web-based, asynchronous format. However, each online course offers two synchronous sessions that are typically used as office hours or review sessions.
Indicate the percentage of courses required in the program in which the DIDACTIC portion is offered ENTIRELY in an asynchronous format and all LAB classes are on site (e.g., didactic content is on web with few or no on-site class meetings; all lab classes are on-site):

None

Indicate the percentage of courses required in the program for which the ENTIRE course is offered ONLY in a synchronous distance education format (e.g., via compressed video, live satellite broadcast, chat room, etc. for students at different sites):

None

Provide a brief (one paragraph) description of the distance learning offerings at the master’s level:

The RN-MSN CNL program is offered in two formats: 1) entirely online and 2) in a blended learning format. The blended learning RN-MSN program consists of hybrid courses in which instruction takes place in a traditional classroom, as well as in a virtual classroom through the LMS. The blended learning RN-MSN program is offered at USF’s main campus in San Francisco, as well as at the branch campuses in Santa Rosa, San Jose, and Pleasanton. Roughly 45% of coursework in didactic classes is completed online in this blended format. By contrast, the online RN-MSN track is entirely online, except for practicum hours. Practicum hours, for both the online and on-ground RN-MSN program take place at a site that meets the criteria for that particular practicum course in consort with a qualified preceptor and supervised by a USF faculty member. There are a 400 required CNL practicum hours in the RN-MSN program as well as the hours for the community health/population based clinical.

Doctor of Nursing Practice Program:

Does the doctor of nursing practice program offer curricula (or any part thereof) via distance education (i.e., alternative modalities, including distance-mediated modalities, other than traditional classroom style)?

_X_Yes  ___No  ___Not Applicable (no DNP offerings)

If yes, please respond to the following:

Indicate the percentage of courses required in the program that use the Internet to augment site-based class activities (e.g., course syllabi, other course materials on web; e-mail interaction with faculty, etc.):

All the courses in the DNP are offered in a blended format that utilizes the LMS to augment site-based classes, except for the one-unit Financial Management Basics course.

Indicate the percentage of courses required in the program for which the ENTIRE course is offered in an asynchronous format (e.g., course is on web with few or no site-based classes):

Only one of the DNP courses is offered entirely online,
Indicate the percentage of courses required in the program in which the DIDACTIC portion is offered ENTIRELY in an asynchronous format and all LAB classes are on site (e.g., didactic content is on web with few or no on-site class meetings; all lab classes are on-site):

None

Indicate the percentage of courses required in the program for which the ENTIRE course is offered ONLY in a synchronous distance education format (e.g., via compressed video, live satellite broadcast, chat room, etc. for students at different sites):

None

Provide a brief (one paragraph) description of the distance learning offerings at the DNP level:

The DNP program at USF is offered in two basic formats, both of which use the LMS to augment and enrich the on ground and dispersed clinical placements. The “traditional” DNP track is offered on campus during “teaching weekends” -- Fridays and Saturdays, every other weekend. Students in the traditional program may be post-baccalaureate DNP or DNP completion students (those already with an earned master’s degree). Expectations for student productively is expanded through the use of the online LMS. Students complete their clinical work and DNP projects with preceptors and faculty supervision at distance sites.

The “executive leadership” track is an option available only for master’s prepared nurse executives. The format for delivery is on-site “intensives” that are scheduled for three days, twelve times over the course of two years. All students in the executive leadership DNP (EL-DNP) are part of a residential cohort in which students’ lodging, meals, and classwork take place together. When students are in their home institutions, their course and clinical work is directed by faculty through the LMS and managed online.
CONTINUED COMPLIANCE WITH CCNE STANDARDS & KEY ELEMENTS

INTRODUCTION

Since the 2010 CCNE on-site evaluation, the School of Nursing & Health Professions has incorporated the Institute of Medicine’s recommendations related to the future of nursing part of its strategic priorities and focused on four main areas: increasing the number of doctorally prepared nurses, proactively preparing the better educated nurse, infusing a substantial integration of quality and safety throughout the nursing curricula, and taking the lead in advancing health professions education. As a result, the school added the Executive Leadership DNP (EL-DNP) track to the DNP program to prepare nurse leaders with doctoral degree. Utilizing an executive cohort format tailored to the needs of nurse executives and high-level administrators, this track has been a phenomenal success: the first cohort of 16 graduated in December 2012.

The goal to help prepare the better educated nurse resulted in the school taking its high quality RN-MSN program fully online. The strong reputation of the University of San Francisco in preparing nurses in the Catholic, Jesuit tradition with a commitment to social justice helped attract nurses to the MSN program who, for whatever reason, did not want to pursue traditional models of nursing education. That the focus of the MSN is on the CNL role creates the opportunity for the MSN graduates to have a significant impact on improving patient care outcomes.

In 2010 the school participated in the Quality & Safety Education for Nurses (QSEN) Faculty Development Institute. Since that time, faculty champions have thoughtfully and successfully integrated the six QSEN competencies throughout the nursing programs. USF faculty have been selected to present at the subsequent QSEN Institutes, integration of the competencies throughout the USF curricula has been showcased as a QSEN exemplar and the school has pioneered the role of a Quality and Safety Officer as part of a nursing education program.

In 2011, the nursing programs at the University of San Francisco were housed in a School of Nursing. However, as part of the priority for nursing to take leadership roles in healthcare and health professions education, the school added a Master’s of Public Health (MPH) degree to its portfolio and changed its name to the School of Nursing & Health Professions (SONHP). This was part of a university commitment to expanding health professions programs under the auspices of the school. In 2012-13 the president of USF appointed a Health Commission gave issued the charge: Building on current strength in the delivery of professional education in nursing, the commission will seek to expand the scope and depth of health professions education at the graduate level with a focus on emerging fields, high demand areas for national and global health priorities, and areas of practice that will link the educational endeavor to providing health-related services in innovative and sustainable patterns of outreach. Potential outcomes may include increased collaboration between health-related programs, initiation of new health and human-services programs, and development of strategic ties with external partners, and increased resources. At the conclusion of its work, the Commission made recommendations for programing around the three USF attributes, Higher Standard, Passion for Justice, and The San Francisco Advantage. The university and school have been evaluating these recommendations and as a result, the new doctoral degree in clinical psychology (PsyD) with a focus on underserved populations and the Master’s of Science in Behavioral Health (MSBH) are starting in the fall 2013. A Master’s of Science in Healthcare Informatics (MSHI) and Master’s in Clinical Simulation (MSIM) will open in the spring of 2014. Although not nursing degrees, these health professions’ programs will enhance the school’s offerings and advance the commitment to interprofessional education and practice. Additional resources are allocated to the school as each program becomes operational.
STANDARD I
PROGRAM QUALITY: MISSION AND GOVERNANCE

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

Key Elements

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

Program Response:
The School of Nursing & Health Professions’ (SONHP) vision, mission, values, and expected outcomes are written and congruent with those of the parent institution and consistent with professional nursing standards. Annually, at the first SONHP Curriculum Committee meeting of the new academic year, the mission/goals and values and the nursing program outcomes are reviewed in relation to those of the University and the relevant professional guidelines. Faculty and students have an opportunity to be actively involved in this assessment and if changes are recommended, they are brought to the faculty for consideration. At their first meeting in September, 2012, faculty affirmed the SONHP vision/mission/values and resolved that their scope remain appropriate as additional non-nursing degree programs are added to the school (Appendix 1 - USF SONHP Mission/Values Congruency).

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

Program Response:
The nursing programs at USF continue to use the 1 AACN Essentials as foundational for the BSN, MSN, and DNP programs. The MSN program at USF only prepares graduates for the Clinical Nurse Leader (CNL) role and as a result utilizes the American Association of Colleges of Nursing (AACN) CNL materials http://www.aacn.nche.edu/cnl/publications-resources. In addition, the family nurse practitioner track in the DNP program uses the recently updated National Organization of Nurse Practitioner Faculties (NONPF) Nurse Practitioner Core Competencies, 2012 and the Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2008). The Health Care System Leadership track uses the American Organization of Nurse Executives (AONE) Nurse Executive Competencies (2011) that provide a more in-depth description than the 2006 competencies that were initially used for the program development. As these national standards have been revised, the coursework and student expectations have been modified. For example the NONPF standard that NPs “Collaborates in planning for transitions across the continuum

---

1 The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)
The Essentials of Master’s Education in Nursing (AACN, 2011)
The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006)
of care” is reflected in NP students clinical practice expectations and is a consideration for their evidence-based change of practice projects.

The nursing programs also use the Quality and Safety for Nursing Education (QSEN) http://qsen.org/ competencies for curricula development and student learning expectations. The appendices provide documentation of how these professional guidelines inform curricula. (Appendix 2 - BSN Essentials; Appendix 3 - MSN Essentials; Appendix 4 - DNP Essentials; Appendix 5 - QSEN Crosswalk).

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

Program Response:

Teaching
Excellence in teaching remains central to the USF and SONHP missions. Faculty in the programs are expected to excel in this area. Teaching is evaluated by students at the end of each course, each semester, using the SUMMA assessment tool. The outcomes of these evaluations are discussed with the Dean in the annual Academic Career Perspective (ACP) meeting at which time goals are set and strategies for excellence are explored. Part time faculty meet with the department chairpersons to review their SUMMAs and teaching effectiveness. Decisions to rehire part time faculty are directly linked to the quality of their teaching.

Scholarship
Full time tenured/tenure earning faculty receive three units of effort allocated each semester for scholarly work. Faculty in the school are expected to identify and demonstrate productivity in a clearly articulated trajectory that links their teaching, scholarship, and practice expertise. It is the premise that faculty productivity in scholarship informs teaching and enhances the student experience.

Practice
Faculty are encouraged to maintain expertise in their practice as part of their faculty role. Teaching assignments are made in order to facilitate faculty practice opportunities and ongoing efforts in expanding faculty practice options are a priority. In response to nurse practitioner faculty requests, teaching loads may be spread over the entire calendar year instead of in a standard, nine month, academic year. For specific course assignments, national certification is required and faculty are encouraged and supported in their pursuit of this credential. Affirmation of the value of national certification for faculty, ARNPs and those in the leadership domains, are key components of the nursing faculty culture.

Service
USF has an additional Carnegie designation as a Community Engaged university. SONHP faculty are actively engaged in outreach and community service as well as the traditional service domains focused on the school, university, and profession. The faculty and dean are well networked in the nursing community, serving as consultants and invited speakers, participating with practice partners on key health related task forces and advancing their reach and impact on the profession.

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

Program Response:
Faculty across all programs participate in the governance of the nursing school in accordance with the University of San Francisco Faculty Association collective bargaining agreement http://usf.usfca.edu/usffa/legal/cba.html and the Bylaws of the SONHP Faculty Association. Department meetings, which include full and part time faculty are held monthly. There are five standing committees in the school: Curriculum Committee, Faculty Development Committee, Program Evaluation Committee,
Peer Review Committee and Academic Standards Committee. At the last spring semester meeting each year, a chairperson is elected by committee members. The associate dean co-chairs the Curriculum and the Program Evaluation Committees and the dean serves as co-chair of the Faculty Development Committee and is an advisor to the Academic Standards Committee. All committees meet monthly and the minutes are posted for faculty review. Committee membership is documented in Appendix 7 – USF/SONHP Committee Membership.

Student input is encouraged and supported. BSN student representatives are selected by the Nursing Student Association (NSA) and serve as the spokespersons by program level, representing their colleagues at the monthly department meetings. Graduate students are active participants in the MSN department meetings and are able to access student representatives on the school committees. How to more fully engage online students in school governance remains a challenge. The Director of the Online Program, Dr. Trevathan has reached out to students as part of the evaluation process to secure their input and suggestions and continued efforts to increase participation remains a priority. Student membership on committees is found in Appendix 8 - Student Representation of SONHP Committees.

In the fall 2010, USF Student Life established a Graduate Student Senate. All graduate students are invited to join and the SONHP has a representative to this organization. The purpose is social as well as supportive with a flurry of activity at the start and end of the academic year.

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

Program Response:
Documents and publications, including the SONHP website, are reviewed and revised annually and, as needed, to remain accurate. Policies and information for perspective and current students is found on the SONHP landing page. The program of study, admission, transfer and grading policies are available on the website and fully explained in the applicable SONHP Student Handbook. A SONHP webmaster is on staff in the school and she maintains the website. Vigilance is the key to assuring accuracy and the SONHP department chairs and associate dean work closely with the webmaster to assure consistency across written and electronic platforms. Feedback regarding publications, documents and websites is obtained from applicants, current students, faculty, and the nursing community via email, phones messages and verbal communications.

Maintaining accuracy across publications is a challenge as the programs have grown and evolved to include additional tracts and forms of presentation. As changes take place and new options are deployed, it is essential to have an mechanism in place that assures all print and online program materials are updated with the same, accurate information.

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

Program Response:
The USF Admissions Department admits BSN freshmen and transfer students into the nursing major in compliance with the published university criteria. Competition for admission into the nursing major is fierce. In fall 2012, the average GPA for incoming nursing students was 3.94, the highest on campus. This
spring, 1199 students applied to the BSN program, 411 were accepted and, as of this date, 102 have
deposited. An enrollment of 105 freshmen students is projected. The school had 555 transfer
applications; 102 were accepted and 81 have deposited. The BSN Student Handbook (located online in
the SONHP Student Portal) provides the most current compilation of policies, procedures related to the
student experience and academic expectation.

For the nursing graduate programs, the application process is managed within the nursing school. The
online and on ground RN-MSN programs have the same admission criteria and their applications are
reviewed by the Graduate Admission Coordinator (GAC) and the department chairperson, and the
program directors, to ensure consistency. The Masters Entry ME-MSN applications are reviewed by the
GAC, MSN department chairperson, and the assistant dean. Requirements for admission are published on
the website and in the brochures used for recruitment. Dates for application submission are posted on the
USF SONHP landing page and decision letters regarding admission status are sent directly from the
SONHP. The MSN Student Handbook provides the specific information for the graduate students and
clarifies the similarities and differences in expectations across the program tracks.

The DNP applications are reviewed by the GAC, DNP department chairperson, FNP director when
necessary, and the DNP program administrator. Criteria for admission to the programs are accurate
across published materials and posted on the web site. The DNP program uses a rolling admission cycle
in order to meet the needs of applicants who must make long range plans for teaching weekends and
intensives. The DNP Student Handbook and a handbook specific to the Executive Leadership DNP (EL-
DNP) provide documentation regarding the expectations for students and provides the resources for them
to progress through their programs of study.

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

Program Response:
The SONHP has a policy and procedure in place to review formal complaints and analyze pertinent
issues. As an executive officer of the university, the Dean is responsible to report any formal complaint to
the appropriate office including the Office of General Counsel. The USF Prevention of Sexual & Other
Unlawful Harassment Policy http://www.usfca.edu/hr/aaeoo/psouhp.html spells out the steps that must be
taken if there is an issue related to harassment.

In addition to a procedure for formal complaints, the university catalog outlines a two-step Grade Appeal
Process and the SONHP has a published procedure for appealing disqualification from the program,
which can occur if a student fails two required nursing courses.

A number of students take advantage of the grade appeal and reinstatement policies at the end of every
semester. Hearings are generally held within a month after the close of a semester and provide the
students with an opportunity to make appropriate plans if their appeals are unsuccessful. Records are kept
of these appeals and reports prepared for faculty as feedback for curricular and policy modifications as
warranted.

In the fall of 2011, a revised Honor Code was implemented on the USF campus. An Academic Honesty
Committee (AHC) was developed and is composed of students, faculty and staff from the university. The
SONHP is represented on the AHC by a faculty member and the Chairperson of the AHC is the Associate
Dean Lynch from the SONHP. The polices of for the committee and their scope of work is available at
http://www.usfca.edu/catalog/policies/honor/.
STANDARD II
PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

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

Key Elements

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.

Program Response:
The SONHP has continued to thrive and grow with limited fiscal restraint in an era of cost cutting measures across campus. The budget has supported growth in SONHP infrastructure with an increase in staff from seven in 2006 to 20 in 2013. This growth has been possible due to an increase in enrollments from an overall student body of 625 in 2006 to 1191 in January 2013. This growth is attributed to an increase in graduate students (online, DNP students, and MPH students) as well as a strong effort to increase enrollment in the branch campuses for the on ground RN-MSN program. The BSN program has also increased but the goal is to stabilize enrollment at 720 due to competition for clinical placement sites in the San Francisco Bay Area.

As a planned consequence of the increase in enrollment, there has been an increase in full time tenure track and term faculty from 27 in 2006 to 37 in Spring 2013. The number of part time (adjunct) faculty has also increased at the pre-licensure level as enrollment has increased and as clinical agencies restrict the numbers of students that faculty may supervise in a clinical cohort on nursing units. Current clinical cohort numbers range from 7-10 students and with an average of 12-13 sections for 95-100 students per clinical course. Across the nursing programs, 90 adjunct faculty teach in addition to those who are full time.

Office space is a challenge for both faculty and staff. However, in the fall of 2013, the DNP, MPH and PsyD programs will move from the USF Hill Top Campus to a new site at Crissy Field in the Presidio. This will assist in maximizing space and afford those programs that are moving, the opportunity to consolidate their departments and centralize support services.

Since 2008 the SONHP simulation center has been located in the empty nursing dorm in St. Mary’s Medical Center on Hayes Street, two blocks from the main USF campus. In 2011 the school was awarded a two million DOD grant for simulation research. A new state-of-the-art simulation lab was opened in the fall 2012. During the first year, the site was used for simulation research by Dr. Judith Lambton. Beginning in the fall 2013, it will be available for all students in the nursing programs, pre-licensure and ARNP.

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

Program Response:
Academic support services continue to be in sufficient quantity and quality to meet the needs of the nursing programs. One area of challenge has been the number of computer laboratories available for use on the USF campus. The pre-licensure nursing programs use a variety of computerized tests throughout the curricula and scheduling the rooms in which they are located has presented a challenge. The school
has worked very closely with the Registrar’s Office in reserving these rooms and has been creative in arranging to administer the tests on various times and days. These changes have helped in meeting the constant space challenge.

In the fall 2011, the University established the Center for Academic and Student Achievement (CASA). CASA to meet the needs of freshmen students and to increase overall retention and progression. The center provides students with compassionate academic and personal support that promotes holistic student development. It is a place that connects students, faculty and staff with university resources for success. It empowers students to reach their potential. Nursing students participate in all services offered by this center with the exception of academic advising which remains part of the nursing faculty and staff student service suite.

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

Program Response:
The Dean of the SONHP, Judith Karshmer is the chief nurse administrator and is responsible for all programs within the school. Her academic background includes a graduate degree in nursing and PhD social psychology. She maintains ANCC certification as a PMHCNS. Her leadership and vision have been essential to the growth of the nursing and health profession programs, faculty, and students. In her capacity as Dean, she meets with and participates in the leadership and decision making of the university and facilitates the implementation of the SONHP strategic initiatives. Dean Karshmer was recently named one of San Francisco’s 100 Most Influential Women and appointed by Mayor Lee to the San Francisco Health Commission.

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

Program Response:
Full time faculty have increased by 25% since 2006, from 27 to 37 faculty in 2013; adjunct faculty have increased by similar proportions. All full time faculty are doctorally prepared or currently enrolled in doctoral programs. All faculty are academically prepared and experientially prepared in the disciplines they teach. They are approved by the California Board of Registered Nursing (CA BRN) to teach in the specialty for which they were hired. The faculty-student ratio in the clinical settings meets the standards set by the CA BRN and further limitations imposed by the clinical setting. (Appendix 6 SONHP Faculty)

The majority of full time faculty teaching in the CNL program are certified as CNLs. Nurse Practitioner faculty teaching in the DNP are nationally certified and are sufficient in number to supervise the FNP students, meeting the NONPF guidelines. Faculty supervising students in the healthcare systems leadership track of the DNP program are certified nurse executives or CNLs.
All full time faculty are contracted to work 15 workload units per semester. For tenured/tenure-earning faculty, three of these units are allocated for research/scholarship and three are for service to the community, profession, school, and/or university. During the past three years faculty have conducted research, published: three books, four book chapters, 152 journal articles and have given national and international presentations. A list of recent faculty publications is found in Appendix 14.

Excellent part time faculty are an important part of the SONHP success. It is ideal to enrich full time faculty acumen with part time faculty expertise. The school seeks out professionals who are actively employed to bring proficiency as clinicians, APRNs, and nurse executives with organizational and political savvy to enhance the learning environment. Their investment in the school and the students has great rewards for USF graduates. In Spring 2013 the University Distinguished Adjunct Teaching Award was given to a nursing faculty member, Prof Kathy Grimly-Baker who has been a part time clinical faculty for 20 years!

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

Program Response:
Preceptors are used in the BSN, MSN, and DNP programs and meet the experiential and academic criteria determined by the CA BRN. The SONHP Preceptor Handbook, given to all preceptors, identifies the roles and responsibilities of faculty, students, and preceptors and clarifies course objectives. The instructor communicates with the preceptor before the beginning of the course and throughout the semester as needed. This is the case for local as well as online preceptors regardless of their location.

Selection of preceptors is a collaboration among the faculty, preceptor, preceptor supervisor, and student. Preceptors provide continual feedback as a form of encouragement and as a method of helping the student identify areas that need improvement. They are involved in the formal evaluation process of the students at the middle and end of the semester/experience.

Placement of NP students with preceptors is coordinated by the NP Program Director and the SONHP Clinical Placement Coordinator who also works to secure appropriate sites. Finding sites and selecting preceptors have been a challenge for the SONHP and the FNP program. In April of this year a seasoned NP Program Director, Dr. Alexa Curtis, was hired to help develop novel approaches to securing sites, locate preceptors, work with them in developing their roles, and providing assistance to assure that NP students are able to meet the course objectives.

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.

Program Response:
The environment at USF and in the SONHP promotes success in teaching, scholarship, service and practice. In the last five years, nine SONHP faculty were eligible for promotion and/or tenure and every one of them was successful. Faculty meet with the Dean each fall to review their academic trajectory, evaluate progress, and make plans for the future. This work then directs the faculty in securing the resources that are necessary for them to reach their goals.

As part of USF faculty request for resources in teaching, the university established a Center for Teaching Excellence (CTE) in 2011. The CTE fosters conversation among faculty across disciplines, across schools, at all stages of their career. Activities include intensive workshops, mini grants for faculty, new faculty workshops, open classrooms and peer consultation and has been a welcome resource for SONHP
faculty and the dean to address issues of teaching that arise during the ACP.

Faculty, full and part time, may apply for funds from the SONHP Faculty Development Committee to advance their professional development as outlined in the ACP. This committee distributes funds to those who submit requests that are designed to either advance their teaching effectiveness or scholarship. In the academic year 2012-13, over $100,000 was awarded to full time faculty and $14,000 was awarded to part time faculty.

Service, as part of outreach to underserved populations, is a priority for the university. In 2009 the Jesuit Community at USF endowed a fund for faculty and staff to participate in an immersion to El Salvador as part of their commitment to encourage a meaningful service dialogue among faculty and students. Since its inception, four faculty and the school’s assistant dean have participated in the trip and brought back to the school a perceptual base that encourages SONHP faculty to lead student immersions. The school now has a portfolio of student opportunities in Columbia, Cuba, Vietnam, Korea, and the California Central Valley.

As a practice discipline, every dimension of nursing must consider practice. At USF several avenues have been explored to encourage faculty practice. The school has partnered with Bay Area non-profits to provide NP services and CNL consultation. Dr. Waxman is the consultant for the Bay Area Simulation Collaboration, Drs. Curtis, Pauly-O’Neill, Van Leuven, and Loomis work as nurse practitioners, and Dr. DeNatale works to assure that San Francisco Impact, a multi-service resource for the homeless, has the necessary health provider volunteers to stay open. National certification has become the preferential faculty credential. The school has been in dialogue with the university to expand its role in student health services and the employee health program. It is likely that in the next two years, more clinical opportunities for faculty practice will emerge.
STANDARD III
PROGRAM QUALITY: CURRICULUM, TEACHING-LEARNING PRACTICES AND
INDIVIDUAL STUDENT LEARNING OUTCOMES

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

Key Elements

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

Program Response:
The foundation of the curricula for all three nursing programs, BSN, MSN and DNP are the mission, vision, and values of the University and of the SONHP. The vision of the school is to prepare professional nurses who provide a moral compass to transform health care in order to promote equity and positively influence quality, delivery, and access to care. The SONHP mission is to advance nursing education and health care delivery within the context of the Jesuit tradition. The school offers dynamic and innovative approaches to undergraduate and graduate nursing education that prepare professionals for current and future practice domains. The educational standard is to effectively link classroom and clinical experiences with expectations for compassion and justice in health care within the context of the highest academic standards. When the new non-nursing programs were added to the school, the mission, vision, values were reviewed. However, with only some broadening of the language, they held true and have been reaffirmed each year as fundamental to the academic programs in the SONHP.

Learning Outcomes for the BSN, MSN and DNP programs are presented in Appendix 9 and the Comparison of the USF and SONHP Mission and Visions are in Appendix 1.

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

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

**Program Response:**
The nursing programs continue to use the *AACN Essentials* as foundational for the BSN, MSN, and DNP programs. The MSN program at USF only prepares graduates for the Clinical Nurse Leader (CNL) role and as a result utilizes the American Association of Colleges of Nursing (AACN) CNL materials [http://www.aacn.nche.edu/cnl/publications-resources](http://www.aacn.nche.edu/cnl/publications-resources). The family nurse practitioner track in the DNP program uses the recently updated *National Organization of Nurse Practitioner Faculties* (NONPF) *Nurse Practitioner Core Competencies, 2012* and the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008). The Health Care System Leadership track uses the American Organization of Nurse Executives (AONE) *Nurse Executive Competencies* (2011) that provide a more in-depth description than the 2006 competencies initially used for the program development. The nursing programs also use the *Quality and Safety for Nursing Education* (QSEN) [http://qsen.org/](http://qsen.org/) competencies for curricula development and student learning expectations. As these national standards have been revised, the coursework and student expectations have been modified.

How the BSN, MSN, and DNP courses are linked to addressing the content in the respective Essential’s document are presented in Appendices 2, 3, 4, and 5. The NTF (2012) criteria for evaluation and how the USF FNP program meets these requirements are found in Appendix 10. Updates to curricula are made as data are collected and analyzed for each program. For example, when the content related to “informatics” was found to be deficient across all the curricula, each program addressed the need through curricular revisions and the school, as a whole, also responded. A new course, NURS 322 Evidence Based Inquiry and Informatics was added to the undergraduate program at the junior 1 level. For the MSN program, the informatics content was moved out of a combined course related to instructional design to a stand alone informatics course (NURS 640) and in the DNP program, NURS 704 Healthcare Informatics was added as a required course. At the school level, an Electronic Health Record (DocuCare) was purchased for use as part of all simulation experiences in both the BSN and MSN programs. Additionally, faculty in the school are looking forward to the launch of the Master’s of Science in Healthcare Informatics program slated to start in January 2014. This emphasis and focused level of expertise promises to have positive implications for informatics content and interprofessional options among the programs in the school.

The nursing courses and plans of study are consistent with the professional competencies and program guidelines. To assure the linkages across standards and confirm their operationalization in the curricula, a series of “crosswalks” have been prepared and used to guide curriculum development and ongoing review. (Appendices 2, 3, 4, 12, 13)

---

2 *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)

*The Essentials of Master’s Education in Nursing* (AACN, 2011)

*The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006)
III-C. The curriculum is logically structured to achieve expected individual and aggregate student outcomes.

- The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.
- Master’s curricula build on a foundation comparable to baccalaureate level nursing knowledge.
- DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student.

Program Response:
Consistent with the mission of the University, faculty in the SONHP believe that a basis of caring for the whole person is knowledge from a rich core of disciplines. Even though the BSN program at USF has been a program that admits freshmen since its inception, at the time of the previous site visit, nursing majors did not take any nursing courses until their sophomore year. Based on student feedback and the faculty’s belief that core coursework should span the four years of the undergraduate degree, two new freshmen seminars were introduced. Students now take NURS 120, Nursing in the Jesuit Tradition and NURS 170, Introduction to the Profession in their freshman year and core courses from the humanities, arts and sciences are spread across eight academic semesters. These changes were a part of the overall BSN curriculum revision. (Substantive Change Notification, July 2010).

As was the case at the last CCNE on-site visit, the MSN program has tracks for masters’ entry students who have baccalaureate degrees but are not yet nurses and well as RNs with a BSN, RNs with a BA/BS in other disciplines, and RNs with associate degrees. Regardless of how students enter the program or what skills they have at their disposal, during the programs of study, students are expected to meet the Core competencies, Core knowledge, and Role development outlined in the both the BSN and MSN Essentials as well as the CNL white paper. They must complete integrated course work and clinical experiences to assure competence in community health nursing as well as the knowledge, skills, and attitudes of the CNL. Revisions to the programs of study have been made as a result of student, faculty, and graduate feedback – the first semester of the course ME-MSN now includes a clinical course; the RN-MSN course sequence requires that all students complete a professional writing course. The current programs of study are found in Appendix 11.

The DNP program has tracks for post baccalaureate students in the FNP and healthcare systems leader roles as well as a DNP completion program for master’s prepared nurses. Since initial accreditation in 2009, the program as undergone a series of revisions based on student feedback, faculty assessment, and input from the school’s communities of interest. One key component of the modifications was directly linked to record keeping and processes to track students and their clinical experiences. With the addition of a program assistant solely dedicated to the DNP department, much of the confusion regarding student progress through the program has been resolved. The “qualifying exam” for students was originally not linked to a course. This was problematic for students and faculty. It is now constituted as a one-unit course and tracking and student success is better managed.

An important evolution in the program has been the way in which the DNP project has developed. With ongoing discussion and faculty participation in the national dialogue, the DNP project at USF is now titled “Evidence-based Change of Practice Project” and all students must submit their prospectus for approval by the department as whole. This is designed to avoid issues that arose when students wandered into answering a research question rather than making a change in practice as foundational to their project.

The addition of the EL-DNP track was a result of requests from nurse executive colleagues anxious to secure their doctoral degree in a format and environment responsive to their unique learning needs.

The FNP track in the DNP program is under continuous review. The new NONPF competencies,
interpretations of the Consensus Model and the updated NTF criteria, as well as the guidance from ANCC, keep faculty attentive to assuring the program remains contemporary. While the FNP courses have not changed, the sequence has been modified and student experiences have been altered. All students in the DNP program complete a minimum of 1000 hours of supervised practica. All students in the DNP program, including the FNP track must, take the appropriate national certification as part of their programs of study.

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

Program Response: The learning environment for the nursing programs continue to evolve to best support achievement of individual and aggregate student outcomes. BSN students have concurrent didactic and clinical experiences built across six semesters of the curriculum. Throughout the program, they have the opportunity to test their growing knowledge base with the content specific Health Education Systems, Inc. (HESI) exams. During their last semester they are required to take the comprehensive HESI in order to evaluate mastery of program outcomes. In addition to the clinical and didactic linked courses in the MSN program, these students all complete a CNL project in their final residency. These projects are evidence-based and directly responsive to real-time unit based issues. All MSN students must present their work as a formal, public poster presentation.

The students’ success and difficulties on the CNL Certification Exam have provided the impetus to undertake a major evaluation of the curriculum and make modifications to courses and the student experience.

All DNP students are required to successfully pass the appropriate national certification exam in addition to the DNP milestones that include the qualifying exam, portfolio, evidence-based change of practice project presentation and report. Student achievement in these areas provide feedback to be considered as part of assessing the nature of the teaching-learning practices and the SONHP learning environment.

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

Program Response: Because USF admits nursing majors as freshmen, the incoming class is composed of students from the traditional undergraduate population, young, recent high school graduates. The climate of a residential campus is important for this population and all freshmen and most sophomores live on campus. The nursing courses are fully integrated with prerequisite and USF core courses and care is taken to help students have a rich undergraduate experience that mixes the expectation for quality and rigor with a good deal of fun.

The ME-MSN program is a six semester, intensive program during which college graduates from other disciplines develop as a professional nurses in the USF tradition. The program of study for this student body is a cohort model that takes advantage of the developing support system that facilitates learning and success. The students in the RN-MSN track are working professionals and the courses are designed for one day/week and clinical expectations that are flexible and student/preceptor driven. The online MSN program is uniquely suited for the nurse in practice.

The students in the DNP program are also working professionals, who, for the most part, have a great deal of flexibility in scheduling their courses. However, for students in the FNP track, it is made clear from the
onset that once they start their primary care clinical sequence, they have a major time commitment in preceptor settings that requires a full time student focus and limits their scheduling options.

The employer community of interest continues to hire USF graduates and provide feedback indicating that they believe them to be well prepared. In the past five years the availability of job options has diminished and USF graduates are increasingly seeking employment outside of the SF Bay Area. The school has implemented a number of action steps to help graduates prepare for positions as new nurses, including an alumni mentoring program, resume and interview workshops, and a transition to practice program that has successfully helped its participants secure employment in ambulatory and home health settings.

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

**Program Response:**
Student evaluation is regular and ongoing and provides the student with information to foster improvement in both the didactic and clinical courses. For the undergraduate students, quizzes, midterms and finals, homework assignments, papers, clinical case studies and care plans are among some of the evaluation methodologies used to determine student progress through the curriculum. Tests are both teacher-made as well as those that are nationally normed and standardized. They are used in the pre-licensure BSN and MSN programs and provide student’s with performance marks related to NCLEX success. Clinical competence is assessed by the instructor in each clinical class with input from the students’ preceptors. A common evaluation tool is used and applied consistency across clinical sections and instructors.

In the MSN program for pre-licensure students, similar tools are used as in the BSN program including the HESI exams. Although the policies and procedure for MSN and BSN students differ, they are consistently applied to students in a given program. Faculty supervision of student clinical experiences conforms to sound principles of pedagogy (more supervision for more novice students) and faculty work closely with preceptors as appropriate. For RNs in the MSN program, the evaluation procedures and policies are the same in the didactic courses as for the ME-MSN program. However, supervision and expectations for clinical are markedly different. The preceptor for the RN-MSN student uses the grading rubric outlined in the Preceptor Handbook in consultation with the faculty. For the FNP students in the DNP program, faculty supervision conforms to the NONPF guidelines such that they are responsible for evaluating the student performance with input from the nurse practitioner or physician preceptor. DNP students in the healthcare systems leadership track work closely with their preceptor and committee chairs to articulate the performance standard. The guidelines for clinical courses across the program are posted on the DNP student portal and available for student review in anticipation of a given clinical semester.

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

**Program Response:**
Didactic and clinical courses are evaluated at the end of each semester on a preplanned rotation, didactic in the spring, clinical in the fall for all BSN courses; on ground MSN courses are also evaluated on in rotating basis while online and DNP courses are evaluated every semester by the students.
• In the fall of 2012, course evaluations for the NP practica courses identified issues with timely placements of students. This resulted in the decision to hire faculty that can precept as well as a seasoned NP educator to manage the program.

• Input from potential DNP students indicated that they wanted more time to prepare for entering the DNP program. As a result, a rolling admissions cycle was implemented that allows for applications to be reviewed when they arrive and acceptance decisions made within a few weeks.

• The online program has been able to overcome issues related to residency placements during the CNL roles’ courses. The concerns raised by students and faculty resulted in the development of a handbook that describes the specific activities and outcomes that students are expected to accomplish by the end of each “roles” class as well as by the end of the program residency. This was distributed to each student and sent to each preceptor. It has met with some success and as a “next step,” a shortened process for all on-line students in relation to clinical placement acquisition is being implemented.

• At the BSN level, the faculty identified an issue with 12 hour shifts for students. The literature and empirical data suggested that these long shifts might contribute to an increase in errors. As a result, the eight hour shifts have been adopted for student clinical experiences.

• Based on student course evaluation in the BSN program, the medical-surgical course was revised in the spring of 2012 to place greater emphasis on student-centered, interactive knowledge and skills application in the classroom setting. This was achieved by "flipping" the class, designing pre-class learning activities that provided foundational theory-based knowledge via multi-media learning objects rather than in-class lectures (using narrated PowerPoint, video and audio clips, interactive learning modules with pre- and post-tests). While in the classroom, students engage in small-group case and problem-based learning events designed to promote clinical reasoning, transfer of knowledge to clinical contexts, and peer-to-peer teaching and collaboration with additional focus on professional role, scope of practice, and interprofessional team dynamics. After-class activities include written assignments demonstrating synthesis of new knowledge, and clinical practice in simulation and clinical agencies.

• To advance psychomotor skills development, skills principles and methods are demonstrated in the classroom, supplemented by web-based multimedia. Skills Clinics were initiated to provide guided practice and feedback in the Learning Resource Center prior to performance validation of selected skills. The Skills Clinics are drop-in, two-hour sessions scheduled three times per week and are managed by course TAs under the supervision of the course faculty. This new teaching methodology was evaluated following the spring semester 2013. The results will be reviewed by the faculty, department and evaluation committee.
The program is effective in fulfilling its mission, goals, and expected aggregate student and faculty outcomes. Actual aggregate student outcomes are consistent with the mission, goals, and expected student outcomes. Actual alumni satisfaction data and the accomplishments of graduates of the program attest to the effectiveness of the program. Actual aggregate faculty outcomes are consistent with the mission, goals, and expected faculty outcomes. Data on program effectiveness are used to foster ongoing program improvement.

Key Elements

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

The SONHP Evaluation Plan provides the framework for a systematic evaluation of SONHP programs. The plan continues to undergo revisions as national standards and professional expectations alter and programs are added to the school. For the BSN, MSN, and DNP programs, specific evaluation data are solicited from 1) students, regarding a) satisfaction with faculty teaching using the university standard SUMMA evaluation tool, and b) satisfaction with courses using an online tool and, 2) graduates regarding their satisfaction with the programs and their achievements; and, 3) satisfaction of employers of the USF graduates.

Current Students

• Evaluations of Instructor Effectiveness (SUMMA)
  Student satisfaction is part of the student evaluation of instructor effectiveness. As outlined by the USFFA contract, students complete a SUMMA evaluation for each instructor in each class at the end of each semester. Student satisfaction is considered a “whole” metric, composed of several subparts. However, in particular, SUMMA questions #18 “In this course I am learning much” and #22 “Overall, I rate this instructor a good teacher” are used by the university to gauge student satisfaction with teaching. The results of these student evaluations provide feedback for faculty that enable them to focus their efforts on improved teaching and are used as part of the hiring, tenure, and promotion process.

• Evaluations of Courses
  Course evaluations are part of the SONHP process evaluation of student satisfaction. To assess students’ overall satisfaction with an individual course, the final question from each section of the survey provides insight to the students’ perceptions and level of satisfaction. (e.g. Syllabus: “Overall, an essential course resource for me;” Tests and Assignments: “Overall, fair and acute test of my learning in this course”). When faculty receive the results of the surveys for their courses (after grades are posted), they are required to complete an analysis and submit their results and any plans for change as warranted by the data. When 30% or more of responding students rate an item in the two lowest categories (disagree or strongly disagree for positive stems, and strongly agree or agree for negative stems), the evaluation is of the courses is determined to be below the positive threshold of 70% and requires that a plan of action is submitted to the program department chair.

Graduating Students & Alumni

• Graduate Survey
The USF Graduating Student Survey, coordinated by the Office of Institutional Trend Analysis, is conducted and summarized every spring. In 2010 USF adopted a new survey process and the data below reflects three years of student responses. By the end of May 2013 a total of 2681 surveys were completed online by graduating students. The survey instrument, connected to the online application to graduate, assessed students’ education, work, and living experiences while at USF; attitudes about individual, ethnic, and religious differences; satisfaction with various USF facilities and services; attitudes about education at USF; volunteer services, internships, and community service learning at USF; and plans after graduation.

- **USF Alumni Survey**

USF alumni surveys are designed to query graduates about how well USF educated them to “change the world.” An online survey of recently graduated alumni is conducted by the Office of Institutional Trend Analysis every spring 2012 semester. Approximately 10,000 alumni residing in the United States receive a postcard and/or an email message inviting them to participate in the survey.

**Employers**

A survey of employers of graduates of the nursing programs is conducted every fall in an online format. Employers are asked to report by USF degree type, the number of nurse employees and rate them in regards to their abilities related to safety, working collaboratively with others, acting responsibility, advocating for others, meeting the expectations of their roles, thinking critically and if they would recommend USF to someone considering a degree in nursing.

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

**Program Response**

**Expected Student Outcomes (BSN, MSN, DNP)**

**Satisfaction:**

- **Student**
  - Student ranking of faculty teaching effectiveness will be above the SUMMA national mean, individually and collectively
  - 70% of the categories specified in the online course evaluation will be rated as positive

- **Graduates/Alumni**
  - 80% of graduates will agree with the statement “I would recommend USF to someone considering a degree in nursing.”

- **Employer**
  - 80% of employers will rate USF graduates as safe, able to work collaboratively with others, act responsibility, serve as advocates for others, meet expectations of their roles and think critically

**Achievements of Graduates: BSN**

- 80% of all BSN graduates will have successfully passed the NCLEX-RN exam within 6 months of graduation
- 80% of BSN freshmen admits will graduate in 5 years
- 80% of BSN graduates be employed in nursing within 1 year of graduation

**Achievements of Graduates: MSN**
• 80% of all ME-MSN graduates will have successfully passed the NCLEX-RN exam within 6 months of graduation
• 80% of MSN graduates be employed in nursing within 1 year of graduation
• 80% of ME-MSN admits will graduate in 6 semesters; 90% in 8 semesters
• 80% of RN-MSN admits will graduate in 6 semesters; 90% in 8 semesters
• 80% of MSN graduates will hold national certification

Achievements of Graduates: DNP
• 50% of all DNP students will have a peer-reviewed manuscript/poster accepted for publication or presentation
• 100% of all DNP graduates will hold national certification
• 100% of DNP graduates will secure employment in positions in which they are using their advanced clinical, organizational, economic and leadership knowledge
• DNP retention rate and progress toward graduation will exceed 80%

ACTUAL Student Outcomes:
Satisfaction:
Student
• Nursing student ranking of faculty teaching effectiveness on the SUMMA is above the national mean
  o Students rate 88.5% of nursing faculty above the national average
• The majority of students “agree” or “strongly agree” with the summary question for each section of the course evaluations survey
  o Every semester well over 200 sections of nursing courses are offered by SOHNP faculty. Only when 30% or more of responding students rate an item in the two lowest categories combined (disagree or strongly disagree for positive stems, and strongly agree or agree for negative stems), the evaluation is of courses is determined to be below the positive threshold of 70%. Each semester there are only between six and eight sections that are below the threshold

Graduates/Alumni
• Findings are reported by school/college and USF as a whole. Overall, students indicated a high level of satisfaction with their learning experience while at USF. Among all the respondents, 97% were “strongly satisfied” or “satisfied” with the following statement: “Overall, how satisfied are you with your USF education?” Likewise, 85.4% of those surveyed indicated “Yes” that they “would recommend USF to others.” In addition, well over 90% of the respondents indicated “Very Well” or “Well” that USF provided expertise across an array of necessary knowledge and skills that includes issues and events outside the US, working effectively with people from different cultures, being an advocate for diversity, understand the interdependence of countries and people around the world, to appreciate the needs of others, contribute positively to society, be a man or woman for others, be a leader in the community, defined their personal value system, take action on moral and ethical issues, develop a personal identity, and to act ethically; all of which are critical values of the USF Mission. Results for the SON regarding many of these same skills were even higher than the university averages.
  Results: USF Graduating Student Survey May 2010 through May 2013 (n=333)
  o ITEM Overall Nursing
  o Overall satisfaction with my USF Education 97.5%
  o Would recommend USF to others 97.3%

• A total of 559 unique and useable surveys were received from former undergraduate students, 33 or 5.9% were from nursing graduates. Overall, large proportions of USF’s alumni reported
high levels of satisfaction with their experiences at USF including academic coursework, acquisition of basic skills and of a comprehensive liberal arts education, and preparedness for their first and current job. High proportions of alumni also reported that USF prepared them to act ethically and work in a diverse, global environment. Alumni reported that their experiences while at USF helped them develop as individuals and that USF gave them the skills and sensitivities to contribute to society as change agents.

- Very large proportions of respondents showed a high level of satisfaction with their USF experience. Overall 97% of alumni from the School of Nursing indicated that they would “recommend USF to others.” Ninety-seven percent of SON alumni versus 93.4% for the university as a whole reported that they were satisfied with “academic coursework experiences while at USF.” In regard to “meeting mission”, 97% of SON graduates versus 87% for USF reported that they were skilled to assist the underserved and marginalized and 97% of nursing graduates indicated that they felt that they could contribute positively and act ethically, being a “person for others.”

**Employer**

- **Over 80%** of employers agreed with the statement "I would recommend the USF program to someone considering a degree in nursing."
  - In Fall 2012, the school used an online survey to contact 600 California nurse leaders. 22 responses were received. The majority of nurses employed by these nurse leaders were BSN: 55%, MSN: 36% and DNP: 14%. Reaching the employers of graduates and ensuring their participation in program evaluation is a constant challenge. Of those that responded, **90%** indicated that they found USF graduates to be safe, work collaboratively with others, act responsibility, are advocates for others, meet expectations of their role and think critically. Their written comments included that the graduates see the whole patient, promote patient/family centered care and increase safety of the patient.
  - The school continues to struggle to secure formal employer feedback. In the two previous years, clinical faculty were asked to physically distribute and then promptly collect the survey from the manager of their clinical unit. It is unknown how many surveys were distributed each year, but the number of responses varied between eight-ten each year. Responses were received from nurse managers from SFGH, Kaiser San Francisco, St. Francis, St Mary’s and UCSF Hospitals. All of these institutions reported at minimum one USF graduate and some noted ten or more and their evaluations were uniformly positive.

**Achievements of BSN Graduates:**

- **Greater than 80%** of BSN graduates have successfully passed the NCLEX-RN
  - 91.4%; 87.8%; 83.1%
- **Greater than 80%** of BSN freshmen admits have graduated in 5 years
  - 92.8%; 93.8%; 90.2%
- **Greater 80%** of BSN graduates are employed 1 year post graduation
  - Results of the survey indicated that 84.7 % of the nursing graduates from pre-licensure (BSN, ME-MSN) programs were employed in nursing: 74.5% in hospitals, 5.5% in community clinics, 5.5% in higher education and 2 % in skilled nursing facilities. These graduates also stated that it took them an average of 4-6 months to find a job in nursing after graduation with some graduates having jobs prior to leaving the nursing program and others taking longer that 12 months to find a position. As a result of their degree, more that 40% of graduates stated that they were involved patient advocacy and hospital policy-making.

**Achievements of MSN Graduates:**
• Greater than 80% of ME-MSN graduates have successfully passed the NCLEX-RN
  o 90.1%; 81.8%; 86.8%
• Greater than 80% of MSN graduates are employed 1 year post graduation
  o Results of the survey indicated that 84.7% of the nursing graduates from pre-licensure (BSN, ME-MSN) programs were employed in nursing; 74.5% in hospitals, 5.5% in community clinics, 5.5% in higher education and 2% in skilled nursing facilities. These graduates also stated that it took them on an average of 4-6 months to find a job in nursing after graduation with some graduates having jobs prior to leaving the nursing program and others taking longer that 12 months to find a position in nursing. As a result of their degree, more that 40% of graduates stated that they were involved patient advocacy and hospital policy-making.
  o 100% of the RN-MSN graduates are employed in nursing
• Over the last three years 80% of RN-MSN admits graduated in 7 semesters
  o 81%; 77%; 86%; 89% Only one of these rates fell below the 80% threshold (Fall, 2009) and actions to increase student success have effectively raised this rate.
• The target that greater than 80% of MSN graduates would hold national certification as CNLs was NOT MET
  o 47.2%; 52.3%; 63.2%

Achievements of DNP Graduates:
• Greater than 50% of all DNP students will have a peer-reviewed manuscript/poster accepted for publication or presentation
  o 58.6% of the DNP students have had manuscripts/posters accepted for publication or presentation
• 100% of all DNP graduates will hold national certification
  o All DNP graduates are nationally certified
• 100% of DNP graduates will secure employment in positions in which they are using their advanced clinical, organizational, economic and leadership knowledge
  o 100% of DNP graduates report that they are employed in positions in which they are using their advanced clinical, organizational, economic and leadership
• Retention rate and progress toward graduation for DNP completion admits will exceed 80%
  o For all but one semester, the retention rate has exceeded 80%. 95%; 90%; 100%; 100%; 90%; Only in 2010 did the rate fall below the target at 78%

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

Program Response
The SONHP program evaluation plan was revised in 2011. It is a living document, which is a guide for monitoring program effectiveness. Key data for analysis are identified and a mechanism for data collection is implemented. Processes are put in place that direct the information to the appropriate committee or department for review and action. The plan identifies the who is responsible and the time frame available. Some actions may be taken by an individual or they may be best implemented at the department level. Recommendations that may affect the entire school or impact all the curricula are referred to the appropriate standing committee for review and recommendations made to the full faculty. The loop is closed when the committee, department or school, as a whole, implements a recommendation and follows though with an assessment of impact. Data collection is triggered and the process is reactivated. The Program Evaluation Committee (PEC) reviews the data from the alumni, graduating student and employer surveys as well as the course evaluations that are below the established threshold (also reported to the department chairs). They make reports on the findings to the appropriate group. Overall satisfaction findings were reported at full faculty and in Leadership Council meetings. Findings
related to NCLEX-RN results and employment rates are directed to the pre-licensure departments in the BSN and ME-MSN programs, Curriculum Committee and the Leadership Council for review, discussion, and action.

**Satisfaction**
Satisfaction rates among student graduates and employers meet the targets. Discussion among faculty have focused on increasing strategies to increase employer response rate. Those employers who respond to surveys are very positive but the challenge is finding a methodology that incentivizes them to respond. Best practices of other similar institutions are being explored and will be attempted with yet the next iteration of the employer survey in fall 2013. These include telephone follow-up, and distribution of survey forms at local and state conferences, as well as the continued use of online survey monkey tool.

**Student Achievement**
Student Achievement across all programs meets or exceeds graduation and employment rates. NCLEX pass rates are above the threshold, however the faculty goal is to move the pass rate higher and with the first graduating class from the new BSN curriculum there is great anticipation that the next quarter will show an increased rate. Because all DNP students must secure national certification the rate is 100%. However, the first BSN-DNP students will be eligible for national certification the fall 2012 and this outcome will be carefully monitored as a marker of the program success.

Serious concerns are manifest as a result of the low CNL certification pass rates. Faculty in the SONHP are committed to the CNL role and two faculty members (Drs. Seed & Trevathan) hold national leadership positions on the CNC. Consequently this poor outcome for the CNL exam has been the focus of much faculty analysis and review. A plan has emerged that includes: restructuring of the CNL roles courses to reduce redundancy, assurance that critical CNL content is included in the curriculum plan, addressing issues related to test taking for RN-MSN students and providing a review session for students as part of the CNL exam preparation.

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

**Student Achievement**
For the last three years all students in the MSN program have been require to take the CNL certification exam. Although a program requirement, it did not carry any grade implication and for some students it was a low priority in a busy semester that included NCLEX examination and searching for a job. In addition it has been impossible to distinguish the pass rates for ME-MSN students from RN-MSN students and there was much speculation about the which group fared better. Faculty now ask the students at the end of the exam to tell them if they pass or not to try to get a finer level of detail regarding success rates.

As a result of the conversation and analysis, several action steps have been put into place: 1) Faculty completed a focused review of MSN curriculum map as compared to the CNL competencies and a number of course revisions have been made in particular areas of redundancy and omissions. 2) A CNL exam review course has been developed for students and was first been offered in 2012. 3) RN-MSN students who had limited experience in taking computerized exams, are being provided with opportunities to take practice test using an online format. 4) Analysis of the impact of CNL certification or lack thereof for new graduates or those not in current CNL roles is currently underway.

**IV-E. Aggregate faculty outcomes are consistent with and contribute to achievement of the program’s mission, goals, and expected student outcomes.**
SONHP faculty outcomes in teaching, scholarship, service, and practice continue to demonstrate achievement of the School’s mission, goals and expected outcomes, and enhance program quality and effectiveness of the programs in the School.

**Faculty Achievement in Teaching:**
Teaching is the primary focus for USF and SONHP. University required SUMMA reports faculty teaching effectiveness and compares faculty individually to their unit and the university and a national norm. The results for the faculty in the SON indicate that evaluations of nursing faculty are consistently within the range of mean scores for USF units and the national norms.

**Faculty Achievement in Scholarship:**
Faculty continue to be productive scholars. In the past four years faculty have published three books, four book chapters, three professional practice/education manuals, an RWJ workforce white paper, and 152 articles have accepted or appeared in publication. The school has DOD and HRSA funding and private funding for immersion outreach to Vietnam, Latin America and the California Central Valley. In the last three years the school received funding from the Gordon & Betty Moore Foundation, the California Institute for Nursing & Health Care, the Kaiser Foundation and the San Francisco Metta Fund for four transition to practice programs for new graduates in primary and ambulatory care and home health nursing. Four SONHP faculty have been Fulbright Scholars in the last three years (Dr. Lambton – Lebanon, Dr. Banks – Jordan, Dr. Hansen – Iceland and Dr. Prion – Vietnam).

**Faculty Practice and Certification**
Facilitating faculty practice is a key component of advancing practice as part of scholarship. Seventy two percent of eligible faculty are nationally certified in their specialty areas. The increased focus on linking practice, scholarship, and teaching is a priority for the school.

**Faculty Achievement in Service:**
Service is a major theme at USF. SONHP faculty actively participate in school, university, and professional service. Two faculty are members of journal editorial boards and nine serve as reviewers for professional journals. A number of the faculty hold local, regional, and national office in professional organizations. Faculty are heavily involved in USF governance and the work of the university. In addition, the faculty and the dean are well networked in the nursing community, serving as consultants and invited speakers, participating with practice partners on key health related task forces and advancing their reach and impact on the profession.

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

**Faculty Achievement in Teaching:**
- 80% of SONHP faculty will receive teaching evaluations (SUMMA) above the school and university mean
- 80% of SONHP courses will be evaluated by students such that they meet or exceed the positive threshold that 70% of the summary items are rated positively

**Faculty Achievement in Scholarship:**
- 100% of SONHP tenure-earning faculty will demonstrate achieving in scholarship as documented by publications and/or peer-reviewed presentations within a 4 year time-frame
- 70% of eligible SONHP faculty will be nationally certified in a specialty
- 25% of SONHP tenure-earning faculty will receive funding within a 4 year time-frame

**Faculty Achievement in Service:**
- 100% of SONHP faculty will demonstrate achievement in professional service within a 4 year time-frame
• 100% of SONHP faculty will demonstrate achievement in university service within a 4 year time-frame

ACTUAL Faculty Outcomes:

Faculty Achievement in Teaching:
• Greater than 80% of all SONHP faculty received teaching evaluations (SUMMA) above the school and university mean
  o 88.5% of faculty had SUMMA scores above the mean
• Greater 80% of SONHP courses were evaluated by students such that they met or exceeded the positive threshold that 70% of the summary items were rated positively
  o Every semester well over 200 sections of nursing courses are offered by SOHNP faculty. Only when 30% or more of responding students rate an item in the two lowest categories combined (disagree or strongly disagree for positive stems, and strongly agree or agree for negative stems), the evaluation of courses is determined to be below the positive threshold of 70%. Each semester there are only between six and eight sections that are below the threshold

Faculty Achievement in Scholarship:
• 100% of SONHP tenured/tenure-earning faculty demonstrated scholarship as documented by publications and/or peer-reviewed presentations within a 4 year time-frame;
• Greater than 70% of faculty are nationally certified
  o 76.3% of eligible SONHP faculty are certified
• Greater than 25% of SONHP tenure-earning faculty received funding within a 4 year time-frame
  o 27% of faculty received funding

Faculty Achievement in Service:
• 100% of SONHP faculty were involved in active professional service within a 4 year time-frame
  o 100% of SONHP faculty were involved in university service within a 4 year time-frame

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

Program Response:
Grade and reinstatement appeals are part of the educational climate at USF. The standard in the SONHP for excellence sets the bar for nursing grades higher than for the rest of the university. That, and the policy disqualifying a student from the nursing program for failing two courses, has resulted in students routinely appealing any failing grade. The Academic Standards Committee holds hearings after grades are submitted at the end of the semester. Almost all the final grade appeals do not result in a change of grade. However, students who are able to make a compelling case for reinstatement are often allowed to remain in the program and re-take the failed course(s). A report on lessons learned is prepared for faculty as feedback for curricular and policy modifications as warranted. The numbers of failures and disqualifications has resulted in a school-wide priority for early intervention when students are struggling, including additional TA support for classes, supplemental instruction and discussion sections, increased lab time and referral to CASA.

This spring, one formal complaint was made against a faculty member, though not to the school or university, but to the California Board of Registered Nursing (CA BRN). The student received a failing
grade in a clinical Community Mental Health course and when the faculty assigned the grade, the student made a complaint to the CA BRN about how the clinical instructor treated her. The student also lodged a grade appeal. The step one appeal has been heard: the documentation of the instructor was overwhelming and the student’s grade was upheld. As the next step in the school’s process, the appeal will go to step two. If the grade is upheld, this will constitute a second nursing course failure and the student will be disqualified from the nursing major. This action does not disqualify the student from the university. There has been no follow-up from the CA BRN regarding the student’s complaint. The USF General Counsel has been informed and will be updated as information is received.

While not a formal compliant against the school or university, this situation has caused the SONHP Leadership and General Counsel to review polices and processes that are related to the SONHP student experience. Upon review, the conclusion held that guidelines provide the student, the faculty, and the school with clear expectations and procedures for due process. On advise of the USF general counsel, it was determined that the current processes are reasonable and defensible.

√☐ Check here to verify that the Chief Nurse Administrator has approved the completed report and confirms its contents as of June 2, 2013.

SUBMISSION INSTRUCTIONS:

All reports must be submitted on or before the due date (but no sooner than 30 days before the due date) to ensure that the information provided is current. Email the completed report, and appendices, if any, as a PDF attachment, to Crystal Pool at cpool@aacn.nche.edu. Please do not send hard copies.
## Appendix 1

**USF SONHP MISSION/VALUES CONGRUENCY**

<table>
<thead>
<tr>
<th><strong>USF MISSION</strong></th>
<th><strong>SONHP Values</strong></th>
<th><strong>SONPH PROGRAM MISSION/GOALS</strong></th>
<th><strong>BSN Program Outcomes</strong></th>
<th><strong>MSN-CNL Outcomes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision:</strong></td>
<td>The University is committed to advancing the preparation of professional nurses within the Jesuit academic tradition: a strong liberal arts and science foundation coupled with professional knowledge in the discipline of nursing. The curriculum designed for nursing majors at the University of San Francisco is based on a conceptual framework and reflects the philosophy that a professional nurse needs a liberal background for professional development and personal growth. The program prepares men and women for beginning positions in nursing, provides the means for personal and professional advancement, and qualifies them for progression into programs that offer advanced degrees. Creates and maintains an environment that promotes excellence in the nursing academic endeavor based on: mutual respect, transparency, collaboration, professionalism, creativity, diversity, cultural sensitivity and spirituality. Demonstrates the personal values of: integrity, academic excellence, respect for self and others, compassion and caring, personal growth, responsibility, and accountability,</td>
<td>The School of Nursing and Health Professions at the University of San Francisco advances the mission of the University by preparing healthcare professionals who provide a moral compass to transform health care in order to promote equity and positively influence quality, delivery, and access to care. The mission of the School of Nursing and Health Professions is to advance education in nursing and health care professions with the context of the Jesuit tradition. The school uses dynamic and innovative approaches in undergraduate and graduate education to prepare professionals for current and future practice domains. The goal is to effectively link classroom and clinical experiences with expectations for competence, compassion, and justice in health care within the context of the highest academic standards. Congruent with the core values of the University, the values of the School of Nursing and Health Professions are to create and maintain an environment that promotes excellence in the nursing academic endeavor based on: • Mutual respect • Transparency</td>
<td>At the completion of the Bachelor of Science in nursing program at the University of San Francisco, the graduate will: • Work collaboratively as a member of the interdisciplinary healthcare team, utilizing effective written and oral communication, and professional behaviors to foster shared-decision-making and accountability among team members for patient care outcomes. • Personal growth, responsibility, and accountability • Professionalism • A passion for justice • Personal health and well-being • Positively influence nursing practice and health care environments by promoting Health and wellness Holistic, patient-centered care Patient advocacy A spirit of inquiry and evidence-based practice Safety and quality improvement</td>
<td>A graduate of the CNL program will understand the rationale for care and competently deliver this care to an increasingly complex and diverse population in multiple environments at the point of care, across the lifespan with particular emphasis on health promotion and risk reduction services. In order to do this the CNL program will prepare graduates to: • Design, coordinate and evaluate care to individuals, families, groups, communities, and populations, understand the rationale for care and competently deliver this care to an increasingly complex and diverse population in multiple environments. • Provide care at the point of care to individuals across the lifespan with particular emphasis on health promotion and risk reduction services. • Synthesize data, information, and knowledge to evaluate and achieve optimal client outcomes. • Ensure that clients, families, and communities are well-informed and included in care planning and is an informed leader for...</td>
</tr>
<tr>
<td><strong>Mission:</strong></td>
<td>The core mission of the University is to promote learning in the Jesuit Catholic tradition. The University offers undergraduate, graduate and professional students the knowledge and skills needed to succeed as persons and professional, and the values and sensitivity necessary to be men and women for others. The University will distinguish itself as a diverse, socially responsible learning community of high quality scholarship and academic rigor sustained by a faith that does justice. The University will draw from the cultural, intellectual and economic resources of the San Francisco Bay area and its location on the Pacific Rim to enrich and strengthen its educational and service activities.</td>
<td></td>
<td></td>
<td>Upon the D the gri...</td>
</tr>
</tbody>
</table>
programs.

**Strategic Initiatives:**
The following initiatives are key to the University’s achieving recognition as a premier Jesuit Catholic urban University.

- Recruit and retain a diverse faculty of outstanding teachers and scholars and a diverse, highly-qualified, service oriented staff committed to advancing the University’s mission and its core values.
- Enroll, support and graduate a diverse student body which demonstrates high academic achievement, strong leadership capability, concern for others and a sense of responsibility for the weak and vulnerable.
- 3. Provide an attractive campus environment and the resources necessary to promote learning throughout the University:
  - Technology solutions to enhance learning and improve service
  - Facilities to support outstanding educational programs
  - Learning resources that improve the curriculum and support scholarship

**Core Values:**
The University’s core values include a belief in and commitment to advancing:

- Professionalism, a passion for justice, and personal health and well-being.
- Positively influences nursing practice and health care environments by promoting: health and wellness, holistic, patient-centered care, patient advocacy, a spirit of inquiry and evidence-based practice, safety and quality improvement, cost effective care, emerging technologies balanced with a humanistic approach, professional and ethical decision-making, increased access to care, especially for vulnerable populations and, lifelong learning.
- Demonstrate the personal values of:
  - Integrity
  - Academic excellence
  - Respect for self and others
  - Compassion and caring
  - Personal growth, responsibility, and accountability
  - Professionalism
  - A passion for justice
  - Personal health and well-being

- Positively influence nursing practice and health care environments by promoting:
  - Health and wellness
  - Holistic, patient-centered care
  - Patient advocacy
  - A spirit of inquiry and evidence-based practice
  - Safety and quality improvement
  - Cost effective care
  - Emerging technologies balanced with a humanistic approach
  - Professional and ethical decision-making
  - Increased access to care, especially for vulnerable populations
  - Lifelong learning

- Cost effective care
- Emerging technologies balanced with a humanistic approach
- Professional and ethical decision-making
- Increased access to care, especially for vulnerable populations
- Lifelong learning

- Advocate for the client by taking action if decisions or activities are against the wishes or interests of the client; give the client the opportunity to make informed decisions about health care before it is provided. Serve as an advocate for the profession and the interdisciplinary health care team.
- Use appropriate teaching principles and strategies as well as current information, materials, and technologies to teach clients, groups, and other health care professionals under their supervision.
- Use information systems and technology that put knowledge at the point of care to improve health care outcomes.
- Participate in systems review to improve quality of client care delivery and at the individual level to critically evaluate and anticipate risks to client safety with the aim of preventing medical error.
- Delegate and manage the nursing team resources (human and fiscal) and serve as a leader and partner in the interdisciplinary health care team.
- Assume accountability for the ongoing acquisition of knowledge and skills to effect change in health care practice and outcomes and in health care delivery.

- Der lea
- dev
- im
- st
- inte
- pol
- Adv
- just
- ethi
- wir
- ar
- Eff
- qua
- and
- initi
- Ad
- effe
- heal
- info
to a heal
- Em
- cor
- coll
-in tl
-and of p heal
-stan
-and issu
- An
- syn
- epic
-bio
-env
-cult
-rela
-agg
-pop
- Cor
The Jesuit Catholic tradition that views faith and reason as complementary resources in the search for truth and authentic human development, and that welcomes persons of all faiths or no religious beliefs as fully contributing partners to the University;

• The freedom and the responsibility to pursue truth and follow evidence to its conclusion;
• Learning as a humanizing, social activity rather than a competitive exercise;
• A common good that transcends the interests of particular individuals or groups; and reasoned discourse rather than coercion as the norm for decision making;
• Diversity of perspectives, experiences and traditions as essential components of a quality education in our global context;
• Excellence as the standard for teaching, scholarship, creative expression and service to the University community;
• Social responsibility in fulfilling the University’s mission to create, communicate and apply knowledge to a world shared by all people and held in trust for future generations;
• The moral dimensions of every significant human
choice: taking seriously how and who we choose to be in the world

- The full, integral development of each person and all persons, with the belief that no individual or group may rightfully prosper at the expense of others;
- A culture of service that respects and promotes the dignity of every person
APPENDIX 2: Baccalaureate Essentials*

Essentials I through IX delineate the outcomes expected of graduates of baccalaureate nursing programs. Achievement of these outcomes will enable graduates to practice within complex healthcare systems and assume the roles: provider of care; designer/manager/coordinator of care; and member of a profession.

The nine Essentials are:

<table>
<thead>
<tr>
<th>Essentials</th>
<th>Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice</strong></td>
<td>Anatomy, Physiology, Microbiology, <strong>USF LEARNING CORE</strong> (Public Speaking, Advanced Written Communication, Natural Science, Literature, Humanities, History, Theology and Religious Studies, Philosophy, Ethics, Social Sciences (met by Gen Psychology), Fine Arts, Sociology 150)</td>
</tr>
<tr>
<td>• A solid base in liberal education provides the cornerstone for the practice and education of nurses.</td>
<td></td>
</tr>
</tbody>
</table>
### Essential III: Scholarship for Evidence Based Practice

- Professional nursing practice is grounded in the translation of current evidence into practice

<table>
<thead>
<tr>
<th>Course Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>N272 Applied Assess &amp; Nsg. Fund</td>
</tr>
<tr>
<td>N320 CMH</td>
</tr>
<tr>
<td>N322 Evidence Based Inquiry &amp; Informatics</td>
</tr>
</tbody>
</table>

### Essential IV: Information Management and Application of Patient Care Technology

- Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care

<table>
<thead>
<tr>
<th>Course Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>N120 Nursing in the Jesuit Tradition</td>
</tr>
<tr>
<td>N170 Intro to Profess. Nsg. Practice</td>
</tr>
<tr>
<td>N222 Applied Assess &amp; Nsg. Fund</td>
</tr>
<tr>
<td>N271 Applied Patho/Pharm</td>
</tr>
<tr>
<td>N321 Health Care Syst. I</td>
</tr>
<tr>
<td>N371 Health Care Syst. II</td>
</tr>
<tr>
<td>N322 Evidence Based Inquiry &amp; Informatics</td>
</tr>
<tr>
<td>N470 Nursing in the Jesuit Tradition</td>
</tr>
</tbody>
</table>

### Essential V: Healthcare Policy, Finance, and Regulatory Environments

- Healthcare policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing practice.

<table>
<thead>
<tr>
<th>Course Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 321 Health Care Systems I:</td>
</tr>
<tr>
<td>N 371 Health Care Systems II:</td>
</tr>
</tbody>
</table>

### Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

- Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care.

<table>
<thead>
<tr>
<th>Course Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>N222 Applied Assess &amp; Nsg. Fund</td>
</tr>
<tr>
<td>N320 CMH</td>
</tr>
<tr>
<td>N375 Cl. Lab IV</td>
</tr>
<tr>
<td>N321 Health Care Syst I</td>
</tr>
<tr>
<td>N470 Nursing in the Jesuit Tradition</td>
</tr>
<tr>
<td>N471 Complex Care across the lifespan</td>
</tr>
</tbody>
</table>

### Essential VII: Clinical Prevention and Population Health

- Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.

<table>
<thead>
<tr>
<th>Course Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>N222 Applied Assess &amp; Nsg. Fund</td>
</tr>
<tr>
<td>N270 Nutrition</td>
</tr>
<tr>
<td>N272 applies assess &amp; Fund.</td>
</tr>
<tr>
<td>N320 CMH</td>
</tr>
<tr>
<td>N420 Woman’s Health</td>
</tr>
<tr>
<td>N421 Med/Surg II Peds</td>
</tr>
<tr>
<td>N470 Nursing in the Jesuit Tradition</td>
</tr>
<tr>
<td>N471 Complex Care across the lifespan</td>
</tr>
</tbody>
</table>

### Essential VIII: Professionalism and Professional Values

- Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to nursing.

<table>
<thead>
<tr>
<th>Course Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>N120 Nursing in the Jesuit Tradition</td>
</tr>
<tr>
<td>N170 Intro to Professional Nursing Practice</td>
</tr>
<tr>
<td>N320 CMH</td>
</tr>
</tbody>
</table>
Essential IX: Baccalaureate Generalist Nursing Practice

- The baccalaureate-graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments.
- The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients (AACN, 2008).

<table>
<thead>
<tr>
<th>Essential IX: Baccalaureate Generalist Nursing Practice</th>
<th>All Clinical Courses:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N225</td>
</tr>
<tr>
<td></td>
<td>N275</td>
</tr>
<tr>
<td></td>
<td>N325</td>
</tr>
<tr>
<td></td>
<td>N375</td>
</tr>
<tr>
<td></td>
<td>N425</td>
</tr>
<tr>
<td></td>
<td>N426</td>
</tr>
<tr>
<td></td>
<td>N475</td>
</tr>
</tbody>
</table>

The Six QSEN competencies are woven into all courses, didactic and clinical
<table>
<thead>
<tr>
<th>Essentials</th>
<th>Courses</th>
</tr>
</thead>
</table>
| **Essential I: Background for Practice from Sciences and Humanities** | N612- Advanced pathophysiology/Pharmacology  
N648- Health Policy and Ethics  
N 602- Epidemiology |
| • Recognized that the master’s prepared nurse integrates scientific findings from nursing, bio-psycho-social fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care | |
| **Essential II: Organizational and Systems Leadership** | N614- Health systems Leadership  
N623- Teamwork and Leadership  
N628 |
| • Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making, effective working relationships and a systems perspective | |
| **Essential III: Quality Improvement and Safety** | N623- Teamwork and Leadership  
N628(RNs)  
N651/N653 |
| • Recognizes that a master’s prepared nurse must be articulate in the methods, tools, performance measures and standards related to quality, as well as prepared to apply quality principles within an organization. | |
| **Essential IV: Translating and Integrating Scholarship into Practice** | N612- Adv. Patho/Pharm  
N634- Nursing Research  
N651/N653 Role Synthesis and Internship Practicum |
<p>| • Recognizes that the master’s prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent and disseminated results. | |
| <strong>Essential V: Informatics and Healthcare Technologies</strong> | N640- Informatics |
| • Recognizes that the master’s prepared nurse uses patient-care technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care. | |
| <strong>Essential VI: Health Policy and Advocacy</strong> | N648- Health Care Policy and Ethics |
| • Recognizes that the master’s prepared nurse is able to intervene at the system level through the policy development process to employ advocacy strategies to influence health and health care. | |</p>
<table>
<thead>
<tr>
<th>Essential VII: Inter professional Collaboration for Improving Patient and Population Health Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recognizes that the master’s prepared nurse as a member and leader of inter professional teams, communicates, collaborates and consults with other health professionals to manage and coordinate care.</td>
</tr>
<tr>
<td>N628- Clinical Outcomes Manager (RN only) N623, N651</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Essential VIII: Clinical Prevention and Population Health for Improving Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recognizes that the master’s prepared nurse applies and integrates broad, organizational, client centered, culturally appropriate concepts in the planning delivery, management and evaluation of evidence based clinical prevention and population care and services to individuals, families and aggregates/identified populations.</td>
</tr>
<tr>
<td>N651- Role Synthesis Integrated into N618, N635/Med-Surg Nursing Integrated into N637- Pediatrics N644- Mental and Community Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Essential IX: Master’s-Level Nursing Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recognizes that nursing practice, at the master’ level is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations or systems. Master’s level nursing graduates must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care components.</td>
</tr>
<tr>
<td>N612- Advanced Pathophysiology/Pharmacology N645- Integration and Evaluation of CNL role N651/N653</td>
</tr>
</tbody>
</table>
# ESSENTIAL

<table>
<thead>
<tr>
<th>COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N754 Policy and Ethical Implications for Healthcare Outcomes</td>
</tr>
<tr>
<td>N755 Leadership In Complex Adaptive Systems</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCIENTIFIC UNDERPINNINGS FOR PRACTICE</th>
</tr>
</thead>
</table>

1. Integrate nursing science with knowledge from ethics, biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.

**COURSE**

| N754 Policy and Ethical Implications for Healthcare Outcomes |
| N755 Leadership In Complex Adaptive Systems |

2. Use science-based theories and concepts to:

   - determine the nature and significance of health and health care delivery phenomena;

   - describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and evaluate outcomes.

   - develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.

   **COURSE**

   | N711 Evidence-based Practice |
   | N755 Leadership In Complex Adaptive Systems |
   | N702 Epidemiology |

3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.

   **COURSE**

   | N711 Evidence-based Practice |
   | N701 Applied Data Analysis |

## II. ORGANIZATIONAL AND SYSTEMS LEADERSHIP FOR QUALITY IMPROVEMENT AND SYSTEMS THINKING

The DNP program prepares the graduate to:

1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences as well as organizational, political, and economic sciences.

   **COURSE**

   | N711 Evidence-based Practice |
   | N702 Epidemiology |
   | N754 Policy and Ethical Implications for Healthcare Outcomes |
   | N755 Leadership In Complex Adaptive Systems |

2. Ensure accountability for quality of health care and patient safety for populations with whom they work.

   **COURSE**

   | N702 Epidemiology |
   | N763 Management of Financial Resources |

   **a.** Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems. practice initiatives that will improve the quality of care delivery.

   **COURSE**

   | N755 Leadership In Complex Adaptive Systems |
   | N702 Epidemiology |
   | N711 Evidence-based Practice |

   **b.** Develop and/or monitor budgets for practice initiatives.

   **COURSE**

   | N762 Financial Management Basics |
   | N763 Management of Financial Resources |
   | N764 Advanced Financial Management |

   **c.** Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.

   **COURSE**

<p>| N762 Financial Management Basics |
| N763 Management of Financial Resources |</p>
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>N764</td>
<td>Advanced Financial Management</td>
</tr>
<tr>
<td>N721</td>
<td>Legal and Risk Management in Administrative Practice</td>
</tr>
<tr>
<td>N754</td>
<td>Policy and Ethical Implications for Healthcare Outcomes</td>
</tr>
<tr>
<td>N755</td>
<td>Leadership in Complex Adaptive Systems</td>
</tr>
<tr>
<td>N755</td>
<td>Policy and Ethical Implications for Healthcare Outcomes</td>
</tr>
<tr>
<td>N701</td>
<td>Applied Data Analysis</td>
</tr>
<tr>
<td>N711</td>
<td>Evidence-based Practice</td>
</tr>
<tr>
<td>N763</td>
<td>Management of Financial Resources</td>
</tr>
<tr>
<td>N702</td>
<td>Epidemiology</td>
</tr>
<tr>
<td>N702</td>
<td>Epidemiology</td>
</tr>
<tr>
<td>N720</td>
<td>Quality and Safety Improvement with Information Technology</td>
</tr>
<tr>
<td>N711</td>
<td>Evidence-based Practice</td>
</tr>
<tr>
<td>N765</td>
<td>Project and Practice Management</td>
</tr>
<tr>
<td>N704</td>
<td>Healthcare Informatics</td>
</tr>
<tr>
<td>N720</td>
<td>Quality and Safety Improvement with Information Technology</td>
</tr>
<tr>
<td>N771</td>
<td>Evidence-based Practice</td>
</tr>
<tr>
<td>N765</td>
<td>Project and Practice Management</td>
</tr>
<tr>
<td>N720</td>
<td>Quality and Safety Improvement with Information Technology</td>
</tr>
</tbody>
</table>

### III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice

The DNP program prepares the graduate to:

**1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.**

- N701 Applied Data Analysis
- N711 Evidence-based Practice

**2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.**

- N701 Applied Data Analysis
- N711 Evidence-based Practice
- N763 Management of Financial Resources
- N702 Epidemiology

**3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.**

- N720 Quality and Safety Improvement with Information Technology
- N711 Evidence-based Practice
- N765 Project and Practice Management
- N702 Epidemiology

**4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.**

- N701 Applied Data Analysis
- N711 Evidence-based Practice
- N765 Project and Practice Management
- N720 Quality and Safety Improvement with Information Technology

**5. Use information technology and research methods appropriately to:**

- N704 Healthcare Informatics
- N720 Quality and Safety Improvement with Information Technology
- N711 Evidence-based Practice

- collect appropriate and accurate data to generate evidence for nursing practice

- N704 Healthcare Informatics
- N720 Quality and Safety Improvement with Information Technology
<table>
<thead>
<tr>
<th>Information Technology</th>
<th>Information Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>N711 Evidence-based Practice</td>
<td></td>
</tr>
<tr>
<td><strong>• inform and guide the design of databases that generate meaningful evidence for nursing practice</strong></td>
<td></td>
</tr>
<tr>
<td>N704 Healthcare Informatics</td>
<td></td>
</tr>
<tr>
<td>N720 Quality and Safety Improvement with Information Technology</td>
<td></td>
</tr>
<tr>
<td>N711 Evidence-based Practice</td>
<td></td>
</tr>
<tr>
<td><strong>• analyze data from practice</strong></td>
<td></td>
</tr>
<tr>
<td>N704 Healthcare Informatics</td>
<td></td>
</tr>
<tr>
<td>N720 Quality and Safety Improvement with Information Technology</td>
<td></td>
</tr>
<tr>
<td>N711 Evidence-based Practice</td>
<td></td>
</tr>
<tr>
<td><strong>• design evidence-based interventions</strong></td>
<td></td>
</tr>
<tr>
<td>N704 Healthcare Informatics</td>
<td></td>
</tr>
<tr>
<td>N720 Quality and Safety Improvement with Information Technology</td>
<td></td>
</tr>
<tr>
<td>N711 Evidence-based Practice</td>
<td></td>
</tr>
<tr>
<td><strong>• predict and analyze outcomes</strong></td>
<td></td>
</tr>
<tr>
<td>N704 Healthcare Informatics</td>
<td></td>
</tr>
<tr>
<td>N720 Quality and Safety Improvement with Information Technology</td>
<td></td>
</tr>
<tr>
<td>N711 Evidence-based Practice</td>
<td></td>
</tr>
<tr>
<td><strong>• examine patterns of behavior and outcomes</strong></td>
<td></td>
</tr>
<tr>
<td>N704 Healthcare Informatics</td>
<td></td>
</tr>
<tr>
<td>N720 Quality and Safety Improvement with Information Technology</td>
<td></td>
</tr>
<tr>
<td>N711 Evidence-based Practice</td>
<td></td>
</tr>
<tr>
<td><strong>• identify gaps in evidence for practice</strong></td>
<td></td>
</tr>
<tr>
<td>N704 Healthcare Informatics</td>
<td></td>
</tr>
<tr>
<td>N720 Quality and Safety Improvement with Information Technology</td>
<td></td>
</tr>
<tr>
<td>N711 Evidence-based Practice</td>
<td></td>
</tr>
<tr>
<td>N701 Applied Data Analysis</td>
<td></td>
</tr>
<tr>
<td>6. Function as a practice specialist/consultant in collaborative knowledge-generating research.</td>
<td></td>
</tr>
<tr>
<td>N765 Project and Practice Management</td>
<td></td>
</tr>
<tr>
<td>N711 Evidence-based Practice</td>
<td></td>
</tr>
<tr>
<td>N701 Applied Data Analysis</td>
<td></td>
</tr>
<tr>
<td>7. Disseminate findings</td>
<td></td>
</tr>
<tr>
<td>N701 Applied Data Analysis</td>
<td></td>
</tr>
<tr>
<td>N755 Leadership in Complex Adaptive Systems</td>
<td></td>
</tr>
</tbody>
</table>
### IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

The DNP program prepares the graduate to:

1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.
   - N704 Healthcare Informatics
   - N765 Project and Practice Management
   - N712 Population-Focused System Improvement and Design

2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.
   - N704 Healthcare Informatics
   - N765 Project and Practice Management
   - N712 Population-Focused System Improvement and Design

3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
   - N701 Applied Data Analysis
   - N704 Healthcare Informatics
   - N765 Project & Practice Management

4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.
   - N755 Leadership in Complex Adaptive Systems
   - N754 Policy and Ethical Implications for Healthcare Outcomes
   - N704 Healthcare Informatics

5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.
   - N704 Healthcare Informatics
   - N764 Management of Financial Resources
   - N720 Quality and Safety Improvement with Information Technology

### V. Health Care Policy for Advocacy in Health Care

The DNP program prepares the graduate to:

1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.
   - N754 Policy and Ethical Implications for Healthcare Outcomes

2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.
   - N754 Policy and Ethical Implications for Healthcare Outcomes
   - N755 Leadership in Complex Adaptive Systems

3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.
   - N754 Policy and Ethical Implications for Healthcare Outcomes
   - N755 Leadership in Complex Adaptive Systems

4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.
   - N754 Policy and Ethical Implications for Healthcare Outcomes
   - N755 Leadership in Complex Adaptive Systems
5. Advocate for the nursing profession within the policy and healthcare communities.  
Complex Adaptive Systems

6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery  
Complex Adaptive Systems

7. Advocate for social justice, equity, and ethical policies within all healthcare arenas  
Complex Adaptive Systems

### VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes

The DNP program prepares the graduate to:

1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.

2. Lead interprofessional teams in the analysis of complex practice and organizational issues.

3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.

### VII. Clinical Prevention and Population Health for Improving the Nation’s Health

The DNP program prepares the graduate to:

1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.

2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.

3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

### VIII. Advanced Nursing Practice

The DNP program prepares the graduate to:

1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.

2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.
3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.

4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.

5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.

6. Educate and guide individuals and groups through complex health and situational transitions.

7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.
**Definition:** Teamwork is characterized by joint actions by two or more people, in which each person contributes with different skills and expresses his or her individual interests and opinions to the unity and efficiency of the group in order to achieve common goals. Collaboration is joint decision making among independent parties involving joint ownership of decisions and collective responsibility to outcomes; working across professional boundaries with meaningful, respectful and mutually-beneficial teamwork that results in the highest-quality care for each patient.

**Outcome:** Functions effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care and accountability among team members for patient care outcomes.

<table>
<thead>
<tr>
<th>Competency Targets</th>
<th>Level One Behaviors</th>
<th>Level Two Behaviors</th>
<th>Level Three Behaviors</th>
<th>Level Four Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates effectively and efficiently orally and in writing</td>
<td>Demonstrates abilities with peers and faculty, describes impact of own communication style on others</td>
<td>Demonstrates oral communication abilities with patients, families, and faculty</td>
<td>Demonstrates oral and written communication effectiveness within healthcare team</td>
<td>Demonstrates competence in oral and written communication with minimal direction for interactions with patients, families, faculty, interdisciplinary team, and with the public</td>
</tr>
<tr>
<td></td>
<td>Explains concepts of therapeutic communication</td>
<td>Adapts own style of communication to needs of patients, families, and healthcare team members, and situation</td>
<td>Adjusts communication practice to minimize risks associated with handoffs among providers across transitions in care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demonstrates beginning abilities for scholarly writing (APA format)</td>
<td>Demonstrates intermediate abilities for effective written communication and composition of scholarly writing (APA format)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands and incorporates into clinical practice, scopes of practice and roles for self and healthcare team members</td>
<td>Describes nurse role and influence in healthcare systems</td>
<td>Enacts professional role, duties, and tasks</td>
<td>Develops and models role and professional behaviors; uses role to influence self and others; is aware of specialty roles on healthcare team</td>
<td>Fully integrates professional role into practice; explains influence of authority gradients on teamwork, and patient safety and quality outcomes</td>
</tr>
<tr>
<td></td>
<td>Describes models for systematic decision-making, problem solving, and change process</td>
<td>Initiates requests for help when appropriate to situation</td>
<td>Actively participates as member of healthcare team; asserts nurse role in managing patient care, patient advocacy, managing conflict</td>
<td>Demonstrates proactive, assertive role as member or leader of interdisciplinary teams; establishes teams; initiates conflict management strategies</td>
</tr>
<tr>
<td>Demonstrates collaborative behaviors</td>
<td>Describes the types of teams, member roles, dynamics, team communication, professional assertiveness, consensus building and conflict management</td>
<td>Identifies nurse and healthcare team member roles; reporting relationships and hierarchies</td>
<td>Acts with integrity, consistency, and respect for differing views</td>
<td></td>
</tr>
</tbody>
</table>

Faculty Task Force (9-2007); adopted faculty (12-2008); modified DeBourgh for QSEN Resource Team (6-2010) from sources: Barton et al., 2009; Cronenwett et al, 2007; informatics update IPEI RT 1-13
**QSEN Crosswalk**  
**Nursing Programs Outcomes**

**Evidenced-Based Practice**

**Definition:** Integrating best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

**Outcome:** Synthesizes data, research information, and clinical expertise to develop, implement, and evaluate patient care protocols and guidelines for clinical practice that achieve optimal client outcomes, improve access to care, and manage healthcare costs.

<table>
<thead>
<tr>
<th>Competency Targets</th>
<th>Level One Behaviors</th>
<th>Level Two Behaviors</th>
<th>Level Three Behaviors</th>
<th>Level Four Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates scientific methods and process knowledge</td>
<td>Describes the principles of scientific inquiry</td>
<td>Identifies and utilizes scientific evidence and rationales to support nursing theory and practice; Describes best practice evidence and relevance to patient care management strategies</td>
<td>Discriminates between valid and invalid data; critically evaluates research and applicability to inform specific aspects of clinical practice</td>
<td>Synthesizes, applies, and evaluates clinical research to inform direct and indirect nursing clinical practice and interdisciplinary patient care</td>
</tr>
<tr>
<td></td>
<td>Defines and describes EBP</td>
<td>Demonstrates beginning abilities to search online evidence databases</td>
<td>Demonstrates intermediate abilities to search online evidence databases</td>
<td>Describes strength of evidence standards</td>
</tr>
<tr>
<td></td>
<td>Describes reliable sources for locating evidence reports</td>
<td></td>
<td></td>
<td>Demonstrates abilities to conduct complex, multisite search for evidence</td>
</tr>
<tr>
<td>Demonstrates research application</td>
<td>Differentiates clinical opinion from research and evidence</td>
<td>Differentiates among sources of evidence (research, systematic reviews, clinical practice guidelines, best practices)</td>
<td>Critiques and selectively applies data from research sources to provide evidence (rationales) for nursing actions.</td>
<td>Utilizes appropriate data, analysis methods, and data collection techniques to influence clinical practice and interdisciplinary care</td>
</tr>
<tr>
<td></td>
<td>Describes need and value for scientific evidence to support patient care management decisions</td>
<td>Recognizes and acknowledges own limitations in knowledge and expertise before determining to deviate from evidence-based practices (seeks consultation)</td>
<td>Participates in data collection and research activities</td>
<td></td>
</tr>
<tr>
<td>Demonstrates resource management knowledge</td>
<td>Describes impacts of cost on patient care services delivery</td>
<td>Defines and locates resources as evidence (rationale) to support patient care management decisions and manage care costs</td>
<td>Incorporates collected evidence related to clinical practice topics and clinical guidelines to support clinical actions and patient care decisions</td>
<td>Utilizes appropriate resources to support and influence clinical practice goals and therapies</td>
</tr>
<tr>
<td></td>
<td>Identifies current reimbursement sources for healthcare costs</td>
<td></td>
<td></td>
<td>Facilitates patient access to information to manage self-care and healthcare costs</td>
</tr>
</tbody>
</table>

Faculty Task Force (9-2007); adopted faculty (12-2008); modified DeBourgh for QSEN Resource Team (6-2010) from sources: Barton et al., 2009; Cronenwett et al, 2007; informatics update IPEI RT 1-13
**Quality Improvement**

**Definition:** Use of data to monitor the outcomes of care processes, and use of improvement methods to design and test changes to continuously improve the quality and safety of health care systems.

**Outcome:** Participates in critical analyses of systems and utilizes data to continuously monitor patient outcomes and to inform decisions for change that improve the quality of care delivered to individuals, families and communities. Advocates for social justice, equitable access to health care, and policy change through political action.

<table>
<thead>
<tr>
<th>Competency Targets</th>
<th>Level One Behaviors</th>
<th>Level Two Behaviors</th>
<th>Level Three Behaviors</th>
<th>Level Four Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses awareness of human and systems factors to impact quality of patient care outcomes</td>
<td>Lists human and systems factors that impact performance; identifies metrics (measures) to understand human performance in healthcare settings Recognizes nursing role, impact, and potential contributions to systems of care and care processes that affect outcomes for patients and families</td>
<td>Identifies and articulates quality concerns and issues that impact patient care outcomes Describes patient quality outcome measures (metrics) and the variables that contribute to ideal outcomes</td>
<td>In response to a quality issue identified in a clinical setting, applies knowledge of evidence-based approach and best practice data to identify actions for assessment, planning, and nurse interventions to favorably impact patient outcomes</td>
<td>Uses and understands quality improvement concepts, processes, and outcome measures (metrics) to assist or initiate basic quality and safety investigations Assists in the development of quality improvement action plans Assists in monitoring the results of the actions plans</td>
</tr>
<tr>
<td>Identifies and employs factors that create a culture of nurse accountability for quality patient outcomes</td>
<td>Defines the concepts and principles of the continuous quality improvement (CQI) process</td>
<td>Demonstrates an understanding of how CQI is linked to organizational mission, service, strategies, and processes; how projects are managed individually and collectively by healthcare teams, and the role and potential impact of the registered nurse</td>
<td>Applies the concepts of CQI processes to patient care management and evaluates outcomes Participates in a root cause analysis for a sentinel event Identifies gaps between best practices and local agency practice</td>
<td>Participates in patient safety initiatives/programs within a local, clinical environment wherein direct patient care is delivered, evaluated, and monitored Establishes accountability within the scope and role of the registered nurse for patient care outcomes</td>
</tr>
</tbody>
</table>
## Quality Improvement (continued)

<table>
<thead>
<tr>
<th>Competency Targets</th>
<th>Level One Behaviors</th>
<th>Level Two Behaviors</th>
<th>Level Three Behaviors</th>
<th>Level Four Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Translates knowledge to initiate and monitor nurse actions at the point-of-care, reflecting use of evidence data, systems, regulatory guidelines, politics, and policies</td>
<td>Explains various models and systems of patient care delivery; the interface of core services, delivery processes, customers, and patient outcomes; and performance improvement methods</td>
<td>Describes situations in which unwanted variation affects patient care, and describes tools for measurement of nursesensitive patient care outcomes in clinical settings (e.g. communication, patient handover, error reporting systems, failure to rescue)</td>
<td>Describes resources (tools and methods) used for implementing and evaluating CQI initiatives</td>
<td>Through a field experience, uses the four dimensions of improvement knowledge (knowledge of a system, knowledge of psychology, knowledge of variation, theory of knowledge) to describe a change in patient care</td>
</tr>
<tr>
<td></td>
<td>Lists patient outcomes potentially sensitive to nursing actions (nurse-sensitive indicators) and performance metrics within the context of quality improvement initiatives (e.g. 10 million lives protected from harm; 100,000 lives campaign; QSEN; NIH)</td>
<td>Identifies quality measures (processes and tools) to understand performance and variation in healthcare delivery systems</td>
<td>Defines and articulates the components of the PDCA process for planned change</td>
<td>Designs a small “test of change” intervention in a clinical setting, using an experiential learning method (e.g. Plan-Do-Check-Act)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Describes models for change in processes of care related to the provision of direct and indirect care</td>
<td>Applies quality improvement processes and tools to assess, plan, and monitor indicators (metrics) for patient outcomes in a clinical setting</td>
<td>Identifies the psychology of work (e.g., organizational design, motivation) and psychology of change factors with potential influence on a healthcare problem</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Identifies nursing-care sensitive patient outcomes relevant to various patient populations and selects nursing actions to achieve intended patient outcomes</td>
<td>Examines tools to analyze, display, and communicate data about processes related to quality patient outcomes and the CQI process</td>
</tr>
</tbody>
</table>
**Healthcare Informatics**

**Definition:** Use of information and technology to communicate and manage information (data) and knowledge, mitigate error, and support decision making; the intersection of data management and quality.

**Outcome:** Demonstrates healthcare information technology literacy to access, monitor, manage and communicate data to plan, deliver, and evaluate direct and indirect patient care to improve healthcare outcomes.

<table>
<thead>
<tr>
<th>Competency Targets</th>
<th>Level One Behaviors</th>
<th>Level Two Behaviors</th>
<th>Level Three Behaviors</th>
<th>Level Four Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates computer literacy</td>
<td>Demonstrates basic computer skills (e.g. word processing, navigates with Internet browser, uses operations software)</td>
<td>Provides examples of clinical information systems impact on patient care outcomes (quality and safety) and safe clinical practice environments</td>
<td>Demonstrates use of computer skills to facilitate effective communication with nurse, physician, and allied health colleagues; clinical leaders, managers</td>
<td>Given a complex patient care scenario, demonstrates capability to search, retrieve, collate, and validate best practice, evidence-based patient care interventions consistent with patient-specific outcomes</td>
</tr>
<tr>
<td></td>
<td>Completes a literature search using online access to literature</td>
<td>Employs communication technologies to coordinate patient care</td>
<td>Responds appropriately to clinical decision making supports and alerts</td>
<td>Analyzes, critiques, and suggests improvements for workflow and care processes that impact patient care services delivery and patient outcomes</td>
</tr>
<tr>
<td></td>
<td>Recognizes workflow and care processes that impact patient care services delivery and patient outcomes</td>
<td>Recognizes workflow and care processes that impact patient care services delivery and patient outcomes</td>
<td>Evaluates workflow and care processes that impact patient care services delivery and patient outcomes</td>
<td></td>
</tr>
<tr>
<td>Demonstrates information literacy</td>
<td>Identifies essential information that must be available in an accessible, interdisciplinary database to support patient care services</td>
<td>Given a patient care scenario, locates and selects healthcare information from multiple sources related to patient care management (assessment, planning, implementation, and evaluation of patient responses that reflect nurse-sensitive care)</td>
<td>Demonstrates abilities to retrieve from an EHR, data to evaluate current patient status, and to construct a plan of care consistent with medically-prescribed and patient-specific outcome goals</td>
<td>Demonstrates abilities to search, locate, retrieve, synthesize, and validate information for a given disease/disorder to construct a plan for patient care (to include patient self-care teaching)</td>
</tr>
<tr>
<td></td>
<td>Recognizes data and information sources, structures, and processes appropriate to the scope of nursing practice and patient population-specific care needs</td>
<td>Navigates an electronic health record (EHR) to retrieve data to prepare for patient care delivery that is patient population-specific</td>
<td>Demonstrates abilities to enter patient care data into an EHR</td>
<td>Describes a criterion-based process for health information system product selection, procurement, and evaluation</td>
</tr>
</tbody>
</table>

Faculty Task Force (9-2007); adopted faculty (12-2008); modified DeBourgh for QSEN Resource Team (6-2010) from sources: Barton et al., 2009; Cronenwett et al, 2007; informatics update IPEI RT 1-13
## Healthcare Informatics (continued)

<table>
<thead>
<tr>
<th>Competency Targets</th>
<th>Level One Behaviors</th>
<th>Level Two Behaviors</th>
<th>Level Three Behaviors</th>
<th>Level Four Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates patient advocacy through professional accountability and conduct consistent with standards for data security and confidentiality</td>
<td>Understands laws pertaining to patient privacy, confidentiality, and security of health information Respects patient and healthcare systems confidentiality while using hand-held devices in actual and simulated patient care environments</td>
<td>Demonstrates patient advocacy by protecting confidentiality of health information in an EHR in actual and simulated patient care environments Describes relationship of technology and information management to quality and patient safety</td>
<td>As a member of the interprofessional healthcare team, ensures confidentiality of health information during patient care delivery in actual and simulated patient care environments. Describes strategies to integrate information technology into healthcare systems to promote communication and collaboration across the continuum of care</td>
<td>Assess systems, policies, and protocols in actual and simulated patient delivery environments that ensure protection of confidential health information; suggests improvements Explains the impact of national initiatives, laws, and policies that impact use of healthcare informatics in nursing practice</td>
</tr>
</tbody>
</table>
### Definition:
Minimize risk of harm to patients and providers through both system effectiveness and individual performance.

### Outcome:
Employs knowledge of human factors implicated in adverse patient outcomes to continuously analyze the delivery and outcomes of care within the context of the healthcare system to identify and minimize patient risk and error.

<table>
<thead>
<tr>
<th>Competency Targets</th>
<th>Level One Behaviors</th>
<th>Level Two Behaviors</th>
<th>Level Three Behaviors</th>
<th>Level Four Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently and progressively demonstrates safe and effective nursing care</td>
<td>Identifies potential situations related to patient care that place patients and nurses at high-risk for harm</td>
<td>Identifies human and system factors implicated in medical error and harm</td>
<td>Identifies interdisciplinary opportunities for collaboration in minimizing the potential for patient risk and harm</td>
<td>Demonstrates through composition of a scholarly paper, the ability to: identify a high-risk condition or situation for a patient or a nurse; review and synthesize relevant safety and quality literature for validated best practices to mitigate the safety risk; identify the leadership role of the registered nurse and potential collaborative actions among the healthcare team; and identify metrics for monitoring outcomes that suggest success in risk and harm reduction</td>
</tr>
<tr>
<td>Protection of self from harm</td>
<td>Completes online self-study modules: Safe Patient Handling and Safe Clinical Practice</td>
<td>Consistently demonstrates proactive methods to minimize exposure and injury to self and others during patient care delivery</td>
<td>During delegation of patient care activities to unlicensed assistive personnel, demonstrates proactive direction and plans for supervision for protective behaviors and strategies to minimize risk for exposure and harm to self/others/patients during patient care delivery</td>
<td>Conducts a systematic “environment of care” safety assessment within a clinical agency; identifies systems and human factors contributing to risk for patient/staff error and harm; prepares and presents findings to agency leadership and staff</td>
</tr>
</tbody>
</table>

Verbalizes the legal, ethical, and moral responsibilities of the nurse during medication administration and follow up care; verbalizes the 7 rights for safe medication preparation and administration

Demonstrates ability to accurately perform mathematical calculations related to medication dosages at the mastery level (100%)
### Patient-Centered Care

**Definition:** Care that recognizes the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs. The patient and family are in a partnered relationship with their healthcare providers and are equipped with relevant information, resources, access, and support to fully engage in and/or direct the healthcare experience as they choose. Transitions among healthcare providers are respectful, coordinated, efficient, and minimize waste and cost.

**Outcome:** Designs, coordinates, implements, and evaluates age- and culturally-appropriate care to individuals, families, and communities utilizing primary, secondary and tertiary prevention strategies in a variety of environments. Incorporates caring and compassionate behaviors to demonstrate advocacy and respect for patient choice, values, and needs.

<table>
<thead>
<tr>
<th>Competency Targets</th>
<th>Level One Behaviors</th>
<th>Level Two Behaviors</th>
<th>Level Three Behaviors</th>
<th>Level Four Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrates patient-sensitive approach to care management</td>
<td>Identifies principles and concepts related to healthcare delivery: person-centered; consumer-centered; personalized; individualized; holistic. Demonstrates awareness (inventory self-assessment) of own values, bias, knowledge limitations and the potential for impact on nurse role in managing patient care. Identifies the core elements, processes, and nurse accountabilities for patient care planning and documentation of patient care in the healthcare record (assessments, interventions, patient teaching, narrative event notes, evaluative statements, end-of-shift summaries)</td>
<td>Demonstrates beginning abilities for cultural competence, health literacy and patient self-care teaching, generational preferences, therapeutic communication, and nurse role assertiveness. Uses the nursing process to contribute to patient care delivery through: patient care planning; administration of medications and treatments; patient teaching for self-care and safety; and documentation of patient care in the healthcare record (assessments, interventions, patient teaching, narrative event notes, evaluative statements, end-of-shift summaries)</td>
<td>Integrates relationship-based patient care management approach and the nursing process to plan, deliver, coordinate, monitor, and evaluate patient care delivered by the healthcare team. Extends principles of relationship-based care to interactions with members of the healthcare team and support departments</td>
<td>Identifies clinical agency initiatives for patient/family/staff satisfaction survey data and analysis; and describes how these date are used to promote quality patient care services. Identifies and describes agency systems, policies, and procedures that create constraints and capabilities to implement relationship-based, patient-sensitive healthcare services, and describe potential actions of the professional nurse to promote the model for patient care services</td>
</tr>
<tr>
<td>Patient advocacy role</td>
<td>Advocates for self as student and in the developing role of nurse</td>
<td>Advocates to peers for patient as partner with healthcare team to support patient preferences, values, and needs related to health care</td>
<td>Demonstrates patient advocacy behaviors to healthcare team</td>
<td>Identifies structures and leadership methods to facilitate change within the healthcare organization to advocate for patient respect as partner in health care</td>
</tr>
</tbody>
</table>

Faculty Task Force (9-2007); adopted faculty (12-2008); modified DeBourgh for QSEN Resource Team (6-2010) from sources: Barton et al., 2009; Cronenwett et al, 2007; informatics update IPEI RT 1-13
## Appendix 6 Faculty in SONHP

<table>
<thead>
<tr>
<th>Title</th>
<th>Creds</th>
<th>Specialty</th>
<th>Certifications</th>
<th>Practice Background</th>
<th>Teaching Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td>NICU</td>
<td>BSN: N420 Woman’s Health, N 425 Clinical Lab V-A: Women’s Health(Mat)</td>
</tr>
<tr>
<td>Aaronson, Amanda</td>
<td>Assistant Professor</td>
<td>PhD</td>
<td>Maternity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td>Cardiovascular Critical Care and Medical-Surgical Nursing</td>
<td>BSN, MSN N271 Applied Pathophysiology &amp;Pharmacology II, N618 Med/Surgical Nursing I</td>
</tr>
<tr>
<td>Banks, Angela</td>
<td>Associate Professor</td>
<td>PhD</td>
<td>Med/Surg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td>Psych</td>
<td>Psychiatric MH Clinical</td>
</tr>
<tr>
<td>Buccheri, Robin</td>
<td>Professor</td>
<td>PhD</td>
<td>Psych</td>
<td>MHNP,FAAN</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td>Med/Surg</td>
<td>Medical Surgical Nursing</td>
</tr>
<tr>
<td>Bunnell, Pamela</td>
<td>Instructor</td>
<td>MSN</td>
<td>Med/Surg</td>
<td>CNL</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td>Medical Surgical Nursing</td>
<td></td>
</tr>
<tr>
<td>Cooper, Eliz.</td>
<td>Assistant Professor</td>
<td>DNP</td>
<td>Med/Surg</td>
<td>CNL,CNS</td>
<td>Cardiovascular Intensive Care Unit</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td>CNS,MHNP</td>
<td></td>
</tr>
<tr>
<td>Cox, Kimberly</td>
<td>Assistant Professor</td>
<td>DNP</td>
<td>Psych</td>
<td>Community and Psychiatric Mental Health, Substance Abuse, Primary and Urgent Care</td>
<td>BSN N320 Community and Mental Health Nursing, N 451 Clinical Lab VI CMH</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td>FNP-BC</td>
<td>APRN Primary Care Rural Health</td>
</tr>
<tr>
<td>Curtis, Alexa</td>
<td>Associate Professor</td>
<td>PhD</td>
<td>Family, Pediatric, Community Health</td>
<td>CNE,ANEF, Case Mangt., CNS</td>
<td>Medical Surgical Nurse Manager</td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DeBourgh, Gregory</td>
<td>Professor</td>
<td>EdD</td>
<td>Med/Surg</td>
<td>CNE,ANEF, Case Mangt., CNS</td>
<td>BSN N370 Medical-Surgical Nursing I</td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DeNatale,,Mary Lou</td>
<td>Professor</td>
<td>EdD</td>
<td>Maternity/ Community Health</td>
<td>CNL</td>
<td>Community Health Nursing Maternity Nursing</td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Egan,Sr.Ellene</td>
<td>Assistant Professor</td>
<td>EdD</td>
<td>Med/Surg</td>
<td></td>
<td>ＢSN</td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallo, T.</td>
<td>Instructor</td>
<td>MSN</td>
<td>Med/Surg</td>
<td>CNL</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gifford. Eliz.</td>
<td>Assistant</td>
<td>DNP</td>
<td>Psych</td>
<td>Hospice</td>
<td>Dir. Pt. Care Serv. Optimal</td>
</tr>
</tbody>
</table>

May 2013
<table>
<thead>
<tr>
<th>13. Godrey, SJ, Timothy</th>
<th>Assistant Professor</th>
<th>DNP</th>
<th>Psych</th>
<th>PHCNL-BC</th>
<th>Spanish Catholic Center, Catholic Charities, Mary’s Center for Maternal and Child Care</th>
<th>MSN, DNP</th>
<th>N705 Scholarly Communication, N754 Policy &amp; Ethical Implications for Healthcare Outcomes, N791 Practicum II Focus: Microsystem, N792 Practicum III, N505 Community Health Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Green, Nancy</td>
<td>Instructor</td>
<td>DNP</td>
<td>Maternity</td>
<td>CNM</td>
<td></td>
<td>MSN</td>
<td>N425S Clinical Lab V-A: Simulation, N622 Health Assessment</td>
</tr>
<tr>
<td>15. Hansen, Margaret</td>
<td>Associate Professor</td>
<td>EdD</td>
<td>Med/Surg</td>
<td>CNL</td>
<td>Med/Surg; Periop</td>
<td>BSN/MSN</td>
<td>N322 Evidence-Based Inquiry and Informatics, N634 Nursing Research, N664 Instructional Systems Design</td>
</tr>
<tr>
<td>16. James, Kia</td>
<td>Assistant Professor</td>
<td>EdD</td>
<td>Med/Surg</td>
<td></td>
<td></td>
<td>MPH, DNP</td>
<td>MPH611 Introduction to Public Health and Health Promotion, MPH631 Public Health Systems Leadership and Administration, N793 Practicum IV</td>
</tr>
<tr>
<td>17. Keeler, Courtney</td>
<td>Assistant Professor</td>
<td>PhD</td>
<td>Public Health</td>
<td></td>
<td></td>
<td>MPH, DNP</td>
<td>N701 Applied Data Analysis, N791 Practicum II Focus Microsystems, MPH612 Biostatistics in Public Health, MPH621 Epidemiology, MPH657 Health Economics and Public Health</td>
</tr>
<tr>
<td>19. Lambton, Judith</td>
<td>Professor</td>
<td>EdD</td>
<td>Pediatrics</td>
<td>Pediatric Critical Care</td>
<td></td>
<td>DNP:</td>
<td>N790 Practicum IV, N789 DNP Project, N795 HSL Practicum I: Role Development</td>
</tr>
<tr>
<td>20. Lemos, Tina</td>
<td>Assistant Professor</td>
<td>EdD(C)</td>
<td>Med/Surg</td>
<td>CNL CNS</td>
<td>Renal CNS</td>
<td>MSN</td>
<td>N651 Transition to CNL Graduate Education, N635 Med Surg II</td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Title</td>
<td>Degree</td>
<td>Field</td>
<td>Course Codes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>----------------</td>
<td>----------------</td>
<td>--------</td>
<td>---------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Loomis, Jo</td>
<td>Assistant Professor</td>
<td>DNP</td>
<td>Maternity</td>
<td>FNP-C, NCNP, CNL, Dir. Comm. Preg. Centers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MSN, DNP Transition to CNL Graduate Education, N613 Intro CNL Role, N600 Foundations of Graduate Nursing, N740 Primary Care I Clinical, N741 Primary Care I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Mason, Shayne</td>
<td>Instructor</td>
<td>MS</td>
<td>Psych</td>
<td>PMHNP-BC Psych Urgent Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BSN, N221 Essentials of Pharmacology: Principles and Concepts, N325 Clinical Lab III: Community and Mental Health Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Maxworthy, Julie</td>
<td>Assistant Professor</td>
<td>DNP</td>
<td>Med/Surg</td>
<td>MBA, RN, CNL, CPHQ, CPPS Consultant Quality Improv.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Nguyen, Helen</td>
<td>Assistant Professor</td>
<td>DNP</td>
<td>Pediatrics</td>
<td>NNP NICU</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BSN/MSN N426 Clinical Lab V-B Nursing Care of Children (Peds), N601 Pathophysiology, N637 Pediatric Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>Nosek, Meera</td>
<td>Assistant Professor</td>
<td>PhD</td>
<td>Maternity</td>
<td>CNM, WHNP, CNL Som. Comm. Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BSN, MSN, MPH N391 Cultural and Linguistic Preparation for Healthcare, N602 Epidemiology, MPH622 Communicating Healthy Behavior, MPH693 Cultural and Linguistic Preparation for Healthcare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>O'Neill, Susan</td>
<td>Assistant Professor</td>
<td>DNP</td>
<td>Pediatrics</td>
<td>PNP-BC Pediatric Urgent Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BSN, N421 Medical-Surgical II: Nursing Care of Children (Peds),</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Ong, Chenit</td>
<td>Assistant Professor</td>
<td>DNP</td>
<td>Med/Surg</td>
<td>APHN-BC Assis, Nurse Mgr. ED</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MSN, N603 Assessment, N652 Assessment &amp; Fundamental Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Pavlic, Danijela</td>
<td>Instructor</td>
<td>MSN</td>
<td>Med/Surg</td>
<td>CNL CNL Telem; Ed Utiliz. Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MSN N613 Intro CNL Role N639, Nursing Inquiry N501 Transition to Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DNP Sabbatical AY 12/13 N789 DNP Project N793 Practicum IV, N795 DNP Residency</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BSN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Title</td>
<td>Degree(s)</td>
<td>Specialization</td>
<td>Courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-----------------</td>
<td>----------------------</td>
<td>-----------</td>
<td>----------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Rowniak, Stefan</td>
<td>Assistant Professor</td>
<td>PhD</td>
<td>Psych</td>
<td>N222 Applied Assessment &amp; Nursing Fundamentals Across the Lifespan I: Health &amp; Wellness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MSN,DNP N648Healthcare Policy &amp; Ethics N741 Primary Care I</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Seed, Mary</td>
<td>Professor</td>
<td>PhD</td>
<td>Psych</td>
<td>MSN N506Community Health Practicum, N628CNL Role: Clinical Outcome Manager, N613Introduction to the CNL Role</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Struve, Octavia</td>
<td>Instructor</td>
<td>MSN</td>
<td>Med/Surg</td>
<td>BSN N370Medical-Surgical Nursing I, N375Clinical Lab IV: Med-Surg Nsg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Torkelson, Diane</td>
<td>Associate Professor</td>
<td>PhD</td>
<td>Psych</td>
<td>BSN,MSN,DNP N325 Clinical Lab III: Community and Mental, N614 Healthcare Systems Leadership, N791 Practicum II Focus:Microsystem</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Trevathan, Enna</td>
<td>Assistant Professor</td>
<td>DNP</td>
<td>Med/Surg</td>
<td>MSN N600 Foundations in CNL Leadership N614 Healthcare Systems Leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Turner, Laureen</td>
<td>Instructor</td>
<td>MSN</td>
<td>Maternity/Pediatrics</td>
<td>BSN N322 Evidence-Based Inquiry and Informatics, N425Clinical Lab V-A:Women’s Health (Mat), N426Clinical Lab V-B Nursing Care of Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Van Leuven, Karen</td>
<td>Associate Professor</td>
<td>PhD</td>
<td>Med/Surg</td>
<td>DNP N706 Primary Care IV Clinical, N781 Primary Care IV, N706 Advanced Physiology &amp; Pathophysiology N749 Qualifying Project N793 Practicum IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 7 FASON HP AND UNIVERSITY COMMITTEES
School of Nursing and Health Professions
2012-2013

FASONHP OFFICERS/EXECUTIVE COUNCIL
Sr. M. Ellene Egan, RSM, Chair (leave for fall semester)
Mary Lou De Natale, Vice Chair
Enna Trevathan, USFFA Policy Representative
Susan O’Neill, BSN Co-Chair
Elizabeth Cooper, BSN Co-Chair
Tina Lemos, MSN Chair
Kia James, MPH Chair
Mary Seed, RN-MSN Program Director
K.T. Waxman, DNP Chair
Jo Loomis, FNP Chair

FASONHP STANDING COMMITTEES

Curriculum Committee
Kia James, Chair
Elizabeth Cooper
Tina Lemos
Christina Purpora
Stefan Rowniak
Mary Seed
Diane Torkelson
Enna Trevathan
Laureen Turner
K.T. Waxman
Tom Wade – Staff

Academic Standards Committee
Helen Nguyen, Chair
Anna Kwong
Amanda Aaronson
Cathy Coleman
Susan O’Neill
T. Gallo
Shayne Mason
Justin Moore – Staff

Faculty Development Committee
Jo Loomis, Chair
Pam Bunnell
Lisa Gifford
Margaret Hansen
Danijela Pavlic
Barbara Sattler
Judy Karshmer
Dorothy Stuebner - Staff
**Peer Review Committee**
Mary Seed, Chair
Angela Banks
Diane Torkelson
Greg DeBourgh
Margaret Hansen
Margeaux Holloway – Staff

**Program Evaluation Committee**
Meera Nosek, Chair
Kimberleigh Cox
Timothy Godfrey
Courtney Keeler
Danijela Pavlic
Karen Van Leuven
——— – Staff to be assigned

**Simulation Committee**
Octavia Struve, Co-Chair
K.T. Waxman, Co-Chair
Pamela Bunnell
Gregory DeBourgh
Margaret Hansen
Jo Loomis
L. Sabatini
Enna Trevathan (Online Program)
Francoise Etchenique - Staff

**LEADERSHIP COUNCIL (Formerly Administrative Council)**
Patricia Lynch, Associate Dean
Mary Kate Wood, Assistant Dean
Elizabeth Cooper, BSN – Co-chair
Susan O’Neill, BSN Co-chair
Sister M. Ellene Egan (FASONHP Chair – Leave for Fall 2012)
Mary Lou De Natale (FASONHP Vice Chair – Fall 2012)
Tina Lemos, MSN Chair
Kia James, MPH Chair
Mary Seed, RN-MSN Program Director
Enna Trevathan, On-Line Program Director
Jo Loomis, FNP Program Director
K.T. Waxman, DNP Chair
Margeaux Holloway - Staff

**SONHP AWARDS**

**JANE CORBETT AWARD:** Margaret Hansen
SONHP ADVISORS

NSNA ADVISORS: Kim Cox (Undergraduate)
MALE NURSING STUDENTS SOCIETY ADVISOR: Gregory DeBourgh
NURSING MULTICULTURAL GROUP ADVISOR: Meera Nosek, Anna Kwong
SIGMA THETA TAU ADVISORS: Mary Lou De Natale (Faculty); Patricia Lynch (Administration)
TRI GAMMA WOMEN’S NURSING SOCIETY ADVISOR: Meera Nosek, Diane Torkelson
UNIVERSITY SCHOLARS ADVISOR: Lisa Gifford

USFFA COMMITTEES

USFFA APPEALS: Sister M. Ellene Egan (Follow-up with President of USFFA-President Elliott)
UNIVERSITY PEER REVIEW: Mary Seed, M. Hansen
DISTINGUISHED RESEARCH AWARD: Liz Cooper
DISTINGUISHED TEACHING: Pamela Bunnell, Anna Kwong
GRIEVANCE: Robin Buccheri
PARKING: Margaret Hansen
INNOVATION COMMITTEE: Liz Cooper
JOINT UNIVERSITY LIBRARY COMMITTEE: Diane Torkelson

UNIVERSITY Core Area Committees

Core A Foundational Communication: Kia James
Core B Math & Science: Margaret Hansen
Core C Humanities: Tim Godfrey
Core D Philosophy & Theology: Octavia Struve
Core E Social Science: Amanda Aaronson
Core F Visual Performing Arts: Mary Lou De Natale

UNIVERSITY COMMITTEES

ACADEMIC HONESTY COMMITTEE: Diane Torkelson
BOARD OF TRUSTEE, DEVELOPMENT COMMITTEE: Susan O’Neill
CENTER FOR TEACHING EXCELLENCE: Gregory DeBourgh
HONORARY DEGREE COMMITTEE: Mary Lou De Natale
INTERDISCIPLINARY COMMITTEE ON AGING ISSUES: Mary Lou De Natale
IRBPHS: Christina Purpora, Meera Nosek
JESUIT GRANT COMMITTEE: Angela Banks
LEARNING TECHNOLOGIES COMMITTEE: Lisa Gifford
PRESIDENT’s ADVISORY COMMITTEE ON THE STATUS OF WOMEN: Meera Nosek
McCARTHY CENTER STEERING COMMITTEE: Susan O’Neill
STUDENTS FOR CANCER AWARENESS COMMITTEE: Mary Lou De Natale
UNIVERSITY ASSESSMENT STEERING COMMITTEE: Kia James
UNIVERSITY DISABILITY COMMITTEE: Lisa Gifford
UNIVERSITY DIVERSITY COUNCIL: Angela Banks
USF COMMITTEE ON CHILDREN AND YOUTH: Helen Nguyen, Mary Seed
UNIVERSITY INFORMATION TECHNOLOGY SERVICES: Amanda Aaronson/Lisa Gifford
USF TASK FORCE FOR STUDENT WELLNESS: Margaret Hansen
USF VIOLENCE PREVENTION: Meera Nosek
WELLNESS STEERING COMMITTEE (USF STAFF): Amanda Aaronson
MORTGAGE COMMITTEE – Margaret Hansen
APPENDIX 8  STUDENT PARTICIPATION ON SONHP COMMITTEES
School of Nursing and Health Professions
2012-2013

CURRICULUM COMMITTEE
CHASE ALLEN SMITH

EVALUATION COMMITTEE
JANELLE STRAIN

BSN DEPARTMENT COMMITTEE
Tracey Sorbet
Vernon Newton
Camilla Mesina
Sonja Krabetz
Nina Roque
Rachel Baker
Molly Turrentine

MSN DEPARTMENT COMMITTEE
Danielle DeRousseau
Hailee Barnes
Megan Alsmeyer
Tanvi Bhakta
William Johnson

DNP DEPARTMENT COMMITTEE
Christine Delucas
Nancy Green
APPENDIX 9 PROGRAM OUTCOMES

Bachelor of Science

At the completion of the Bachelor of Science in nursing program, the graduate will:

1. Work collaboratively as a member of the interdisciplinary healthcare team, utilizing effective written and oral communication, and professional behaviors to foster shared decision-making and accountability among team members for patient care outcomes.
2. Synthesize data, research information, and clinical expertise to develop, implement, and evaluate patient care protocols and guidelines for clinical practice that achieve optimal client outcomes, improve access to care, and manage healthcare costs.
3. Participate in critical analyses of systems and utilize data to continuously monitor patient outcomes and to inform decisions for change that improve the quality of care delivered to individuals, families and communities.
4. Advocate for social justice, equitable access to health care, and policy change through political action.
5. Demonstrate health care technology and information literacy to access, monitor, manage, and communicate data to plan, deliver, and evaluate direct and indirect patient care to improve healthcare outcomes.
6. Demonstrate knowledge of regulatory requirements to employ safeguards to protect the privacy of patients and their healthcare data.
7. Employ knowledge of human factors implicated in adverse patient outcomes to continuously analyze the delivery and outcomes of care within the context of the healthcare system to identify and minimize patient risk, harm, and error.
8. Design, coordinate, implement, and evaluate population-sensitive care to individuals, families, and communities utilizing primary, secondary and tertiary prevention strategies in a variety of environments.
9. Incorporate caring and compassionate behaviors to demonstrate advocacy and respect for patient choice and values that are ethically and legally grounded.
10. Use the nursing process to provide comprehensive, individualized contemporary nursing care to diverse individuals, families, and communities who experience a wide range of health conditions in a variety of health care settings.

Master of Science in Nursing

A graduate of the CNL program will understand the rationale for care and competently deliver this care to an increasingly complex and diverse population in multiple environments at the point of care, across the lifespan with particular emphasis on health promotion and risk reduction services. In order to do this the CNL program will prepare graduates to:

1. Design, coordinate and evaluate care to individuals, families, groups, communities, and populations, understand the rationale for care and competently deliver this care to an increasingly complex and diverse population in multiple environments.
2. Provide care at the point of care to individuals across the lifespan with particular emphasis on health promotion and risk reduction services.
3. Synthesize data, information, and knowledge to evaluate and achieve optimal client outcomes.
4. Ensure that clients, families, and communities are well-informed and included in care planning and is an informed leader for improving care.
5. Advocate for the client by taking action if decisions or activities are against the wished or interests of the client; give the client the opportunity to make informed decisions about health care before it is provided. Serve as an advocate for the profession and the interdisciplinary health care team.
6. Use appropriate teaching principles and strategies as well as current information, materials, and technologies to teach clients, groups, and other health care professionals under their supervision.
7. Use information systems and technology that put knowledge at the point of care to improve health care outcomes.
8. Participate in systems review to improve quality of client care delivery and at the individual level to critically evaluate and anticipate risks to client safety with the aim of preventing medical error.
9. Delegate and manage the nursing team resources (human and fiscal) and serve as a leader and partner in the interdisciplinary health care team.
10. Assume accountability for the ongoing acquisition of knowledge and skills to effect change in health care practice and outcomes and in the profession.

**Doctor of Nursing Practice**

Upon completion of the D.N.P. program, the graduate will be able to:

1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences to develop and evaluate nursing practice and care delivery models
2. Develop and evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, information technology, and research
3. Use analytic methods to design, implement, and evaluate best practice models for patient care and systems of care delivery
4. Effectively develop, implement, and evaluate evidence-based approaches to advance nursing and health care
5. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and international health policy
6. Advocate for social justice, equity, and ethical policies within all healthcare arenas
7. Effectively lead quality improvement and patient safety initiatives
8. Advance the effective use of health care information systems to assure high quality health care outcomes
9. Employ effective communication and collaborative skills in the development and implementation of practice models, health policy, standards of care, and organizational issues
10. Analyze and synthesize epidemiological, biostatistical, environmental, and cultural elements related to individual, aggregate, and population health
11. Conduct a comprehensive assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches in order to design, implement, and evaluate evidence-based interventions
12. Develop and sustain therapeutic relationships and partnerships with patients and other professionals to facilitate optimal patient outcomes
13. Analyze the links among practice, organizational, population, fiscal, and policy issues in order to effectively educate individuals and colleagues
14. Satisfy the course and clinical requirements for specialty certification
15. Advance the mission and core values of the University of San Francisco
## CRITERION I: Organization & Administration

### Documentation

#### I. A. Required:
- Submit curricula vitae of program director.
- Document credentialing as an NP in the state (or territory) of practice.
- Provide proof of national certification as an NP in at least one population-focused area.
- Provide a statement from the program director describing his/her responsibilities to the program.

#### I. B. Required
- Submit curriculum vitae of lead NP faculty for each population-focused track.
- Document credentialing as an NP in the state (or territory) of practice.
- Provide proof of national certification as an NP in the population-focused area.
- Provide a statement from the lead faculty member, describing his/her responsibilities to the program.

#### I. C. Required:
- Submit a copy of institutional policies or guidelines that support or document NP faculty’s ability to practice; OR
- Provide a letter of support from the Dean or a copy of the policy that allows faculty to practice as part of the workload.

### University of San Francisco

The director of the program, Alexa Curtis is certified as a family nurse practitioner. She has responsibility of overall leadership for the program.

The School only offers the FNP option. The director, Dr. Curtis is the lead faculty.

SONHP policies assure that NP faculty are able to maintain currency in clinical practice. The Dean has worked with university administration to promote “practice as scholarship” as an attractive concept in a practice discipline. Faculty practice as part of assigned effort is reflected as scholarly
CRITERION II: Students

A. Any admission criteria specific to the NP program/track reflect ongoing involvement by NP faculty.

II. A. Required
- Submit copy of admission materials with admission criteria clearly highlighted. If criteria for the NP program/track do not differ from the criteria of the overall BSN-DNP degree program, submit program criteria.
- Provide examples of documents that demonstrate NP faculty are providing input into admission criteria specific to the NP program/track

Admission criteria for the FNP and Healthcare Systems Leader (HSL) tracks in the DNP program are the same. NP faculty are contributing members of the SONHP committee structure that set and evaluate admission policy. During the development of the DNP program (which included development of the curriculum and admission criteria), FNP faculty were instrumental in the planning decisions.

Before Dr. Curtis joined the faculty, Dr. Van Leuven was consistently part of the admission process for students applying to the FNP track. She was one of the two faculty members who scored all applicants for admission decisions.

B. Any progression and graduation criteria specific to the NP program/track reflect ongoing involvement by NP faculty.

II. B. Required:
- Submit student progression and graduation criteria, including any unique to the NP program/track. If criteria for the NP program/track do not differ from the overall criteria of the graduate program, submit program criteria. Submit the criteria for full-time, part-time, and post-master’s study.
- Provide examples of documents that demonstrate NP faculty are providing input into progression and graduation criteria specific to the NP program/track.

NP faculty are contributing members of the SONHP committee structure that sets and evaluates progression and graduation criteria. Dr. Van Leuven served as the initial coordinator for the FNP track of the DNP program and now the work has been transferred to Dr. Curtis.

CRITERION III: Curriculum

A. NP faculty members provide ongoing input into the development, evaluation, and revision of

III. A. Required:
- Provide examples of curriculum committee minutes documenting that NP faculty are designing/evaluating/and revising the curriculum

Admission criteria for the FNP and Healthcare Systems Leader (HSL) tracks in the DNP program are the same. During the development of the DNP program (which included development of the curriculum and admission criteria), Karen Van Leuven, PhD, FNP was the Curriculum Committee Chair.
She was also one of the two faculty who scored all applicants for admission decision.

NP participation in curriculum design, evaluation and revision: SONHP Curriculum Committee Minutes document NP involvement of curriculum decision and admission criteria.

<table>
<thead>
<tr>
<th>B. The curriculum is congruent with national standards for graduate level and advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP competencies.</th>
<th>III. B. Required:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Identify the national standards used for developing curriculum for graduate, APRN, and NP role/population-focused content.</td>
</tr>
<tr>
<td></td>
<td>• Identify the national standards used for developing curriculum for specialty content, if applicable.</td>
</tr>
<tr>
<td></td>
<td>• Submit the program of study for master’s and post- master’s (full and part-time) including courses, course sequence, number of credit hours, number of clinical hours per course, as appropriate.</td>
</tr>
<tr>
<td></td>
<td>• Submit a brief overview, including course description and objectives for each course, identifying where nationally recognized graduate core, APRN core, and NP role/population-focused core competencies are included.</td>
</tr>
<tr>
<td></td>
<td>• Submit a brief overview, including course description and objectives for each course, identifying where nationally recognized specialty competencies are included, when applicable.</td>
</tr>
</tbody>
</table>

The curriculum for the FNP track was designed to be congruent with the American Association of Colleges of Nursing (AACN) *Essentials of Doctoral Education for Advanced Nursing Practice* (2006) and the NONPF COMPETENCIES. The program of study is consistent with the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* (2008) and conforms to Article 8 of the *Standards for Nurse Practitioner California Board of Register Nursing.*

The track prepares the graduate for the **certified nurse practitioner** (CNP) role with **family/individual across the lifespan** as its population focus. A crosswalk of competencies and review of the program of study and each course syllabus demonstrates how the DNP core, APRN core, and FNP competencies are addressed in the curriculum.

C.1 The NP educational program must prepare the graduate to be eligible to sit for a national NP certification that corresponds with

<table>
<thead>
<tr>
<th>III. C. (1) Required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Programs must provide written statement identifying the role and population-focused certification for which they would be eligible to apply upon successful completion of the program.</td>
</tr>
<tr>
<td>• Programs must state in official documents how they meet the</td>
</tr>
</tbody>
</table>

The FNP track prepares students in the program to be eligible for national certification as an FNP. In order to progress in the program and complete the DNP project and residency all student must successfully attain national certification. This is spelled
<table>
<thead>
<tr>
<th>the role and population focus of the NP program.</th>
<th>educational eligibility criteria for the national certification exam(s) for each NP track.</th>
<th>out in program documents and the DNP Student Handbook.</th>
</tr>
</thead>
</table>
| **C.2** The official graduate transcript must state the NP role and population focus of educational preparation. | **C. (2) Required:**
| • Provide a sample transcript for a NP graduate showing educational preparation for the NP role and at least one (1) population focus.
| • Provide a sample of an official letter with institutional seal used to specify the educational preparation for the NP role and at least (1) population focus. | The official transcripts for graduates of the FNP track in the DNP program indicate the family (population focus) of the degree. |
| **D. The curriculum plan evidences appropriate course sequencing.** | **III. D. Required:**
| • Submit a program of study for graduate degree and post-master’s (full/PT) including pre-requisites. | The curriculum plan for students in the FNP track has been carefully developed to move from “simple to complex”. Students must first successfully complete course work in advanced Pathophysiology (NURS 706), pharmacology (NURS 707) and advanced assessment, didactic and clinical (NURS 731/730). The knowledge and skills mastered in these courses provide the base upon which the primary care management and clinical courses are built. There is a four semesters sequence of concurrent didactic and concurrent clinical courses. The first of the sequence focuses on “common and acute health problems” (NURS 741/740) in primary care. It then progresses to “chronic health problems” (NURS 751/750) in the next semester and builds to “complex health problems” (NURS 771/770). The fourth semester of primary management coursework, is designed to promote clinical scholarship and integration of knowledge (NURS 781/780). This sequence provides the foundation upon which the DNP residency is
based and the knowledge, attitudes and skills that inform the DNP final project. Students are admitted into a BSN-MSN program, but the NP sequence is post-masters.

<table>
<thead>
<tr>
<th>E. The NP program/track has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours must be distributed in a way that represents the population needs served by the graduate.</th>
<th>III. E. Required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Document the process used to verify student learning experiences and clinical hours.</td>
<td></td>
</tr>
<tr>
<td>• Submit an overview of the curriculum</td>
<td></td>
</tr>
<tr>
<td>• Submit an overview of the number of required clinical/preceptor hours. For dual NP programs, demonstrate areas of overlap among clinical hours.</td>
<td></td>
</tr>
<tr>
<td>• Submit a description of types of clinical experiences, including patient populations, types of practices, or settings each student is expected to receive.</td>
<td></td>
</tr>
</tbody>
</table>

Students in the FNP track in the DNP program complete 765 clinical hours in acute, chronic, and complex primary care with patients from across the lifespan. In order to graduate with the DNP, students must complete a combined total of 1000 hours of supervised clinical practice that includes the clinical work in the MSN degree and the 765 hours in the DNP program.

<table>
<thead>
<tr>
<th>F. Post-graduate students must successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate-level certificate or degree-granting graduate level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500</th>
<th>III. F. Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Complete a Gap Analysis for each post-master’s candidate who requests waivers or exceptions.</td>
<td></td>
</tr>
<tr>
<td>• Provide evidence of school’s ability to issue a certificate of completion.</td>
<td></td>
</tr>
<tr>
<td>• Provide a sample transcript for a Post-Master’s NP graduate showing educational preparation for the NP role and at least one (1) population focus.</td>
<td></td>
</tr>
</tbody>
</table>

Although students are admitted into the BSN-DNP program, they must all successfully complete their MSN prior to taking the FNP primary care sequence. Technically they are all “post-masters” students. Since the only MSN degree offered at USF is the advanced CNL generalist, the entire FNP sequence is post masters. All students complete 765 hours in the NP role with the family/individual across the lifespan. Clinical hours in the MSN (CNL) program focus on systems’ issues in primary care and prepare the MSN graduate to provide primary care to the individual with a firm grasp of the systems issues that influence practice and patient outcomes.

All graduates of the FNP track in the program complete the same didactic and clinical courses and have in excess of 500
supervised direct patient care clinical hours.

**CRITERION VI: Evaluation**

A. There is an evaluation plan for the NP program/track.

1. Evaluate courses regularly scheduled intervals.

2. Evaluate NP program faculty competence annually.

3. Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter

4. Evaluate students’ attainment of competencies throughout the program.

5. Evaluate students cumulatively based on *clinical observation* of student competence and

V. A. Required

- Submit the evaluation plan used for the NP program/track. Include evaluation forms, feedback mechanism for change, documentation via minutes, and process of integration.

1. Required

   - Document current course evaluation process.

The SONHP Evaluation Plan provides the framework for a systematic evaluation of nursing programs, including the FNP.

**Course and Teaching Evaluation**

- Evaluations of Instructor Effectiveness (SUMMA)

  Student satisfaction is part of the student evaluation of instructor effectiveness. As mandated by the USFFA contract, students complete a SUMMA evaluation for each instructor in each class at the end of each semester. The results of these student evaluations are used in hiring, tenure and promotion decisions. Copies of the forms are located in the Student Handbooks. Student satisfaction is considered a “whole” metric, composed of several subparts. However, in particular, SUMMA questions #18 “In this course I am learning much” and #22 “Overall, I rate this instructor a good teacher” are used by the university to gauge student satisfaction with teaching.

- Evaluations of Courses

  Course evaluations are part of the SON process evaluation for student satisfaction. It is administered in an online format and has been administered for every course taught in the DNP program. To assess students’ overall satisfaction with an individual course, the final question from...
performance by NP faculty and/or preceptor assessment.

(6) Evaluate clinical sites at regularly scheduled intervals

(7) Evaluate preceptors annually.

(3) Required
- Document methods used to evaluate the students throughout the program (e.g., pass rates, case studies). Submit evaluation forms used

(4) Required
- Submit the forms used for preceptor and NP faculty evaluation of the student's clinical performance.
- Document the availability of completed evaluations.
- Document the frequency and process used for evaluation of the student's clinical performance

(6) Required
- Document how preceptors are evaluated

Each section of the survey provides insight to the students' perceptions and level of satisfaction. (e.g. Syllabus: “Overall, an essential course resource for me”; Tests and Assignments: “Overall, fair and acute test of my learning in this course”).

Using information from student progress and success and the results of the course and teacher evaluations provide both qualitative and quantitative data. The faculty member prepares summaries of the feedback with corresponding response plans that are shared at departmental meetings and the appropriate SON committee. Meeting minutes available for review document the feedback loop for input, discussion, evaluation, and suggested curricular or policy changes.

All faculty at USF participate in a yearly evaluation process. An Academic Career Prospectus (ACP) is prepared by each full-time faculty member and submitted to the Dean. This process provides an opportunity for faculty to discuss their contributions in the areas of teaching, scholarship, including practice and service with the Dean and to collaboratively develop an academic agenda for the upcoming year. Faculty whose SUMMA evaluations are below the School or University norm are asked to complete a self-assessment regarding which classes and students are involved and what factors may be contributing to the scores. Plans are made to address and follow-up the findings with future SUMMA results and potential mid-
term evaluations, peer coaching and/or referral to a master teacher. The Dean works closely with the faculty to assure that the teaching assignment is a “fit” with faculty interest and expertise and assignments are adjusted as warranted.

Implementation of a DNP program intensified the need for faculty scholarship. Faculty have met this challenge and are working to raise the bar as productive scholars. The conceptualization of practice as part of scholarship has been an effective component in documenting APRN scholarship. In 2008-09 two SON faculty earned tenure and promotion to associate professor, one of them a NP faculty member. As a practice discipline, a number of SON faculty maintain an active advanced practice and are nationally certified in their clinical area. Facilitating faculty practice is a key component of advancing practice as part of scholarship and a significant component of the essential preparation for teaching in the DNP program.

**Samples of Current Faculty Scholarship:**
Available for on-site review.

Students in the program are evaluated in every didactic and clinical course. Evaluation and grading criteria are spelled out in each course syllabus, available for on-site review. Clinical course evaluations have been developed and are found in Appendix D in the Preceptor Handbook. Students’ clinical
| B. Formal NP curriculum evaluation should occur every 5 years or sooner. | V. B. Required
• Document frequency of curriculum evaluation.
• Document curricular decisions based upon evaluation | performance is evaluated for each course by both the preceptor and faculty and kept in the student file in the school.
Preceptors (as well as clinical sites) are evaluated by students and faculty at the completion of every clinical course using the evaluations in the FNP Preceptor Handbook. The results provide feedback regarding the effectiveness of the preceptor and nature of the site for consideration when planning for future clinical experiences.
The NP program is part of the SONHP Evaluation and parts of curriculum are reviewed every year.
Data collected about the curriculum informs decisions about courses, policy, as well as progression and graduation. Often the data suggest modifications in

| C. There is an evaluation plan to measure outcomes of graduates. | V. C. Required
Document the frequency of evaluation and methods/measures used for the evaluation. Outcome measures should include, at a minimum, certification pass rates, practice/position in area of specialty, employer/practice satisfaction, and graduate satisfaction with NP preparation.
(5) Required
• Document how clinical sites are evaluated
• adequate satisfaction with NP preparation. Other measures may be used to support further the outcomes of the program. | The evaluation plan, that is part of the overall SONHP Evaluation Plan.
The expected DNP Student Outcomes include:
**Satisfaction:**
Student
• DNP student ranking of faculty teaching effectiveness will be above the SUMMA national mean, individually and collectively
• Scores for DNP student course evaluations will be “agree” or “strongly agree” with the summary question for each section.
Graduates/Alumni
• 80% of graduates will agree with the
<table>
<thead>
<tr>
<th>Statement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>- 80% of employers will agree with the statement &quot;I would recommend the USF DNP program to someone considering a doctorate degree in nursing.&quot;</td>
</tr>
</tbody>
</table>

**Achievements of Graduates:**
- 50% of all DNP students will have a manuscript accepted for publication in a peer-reviewed journal.
- 80% of DNP graduates will have a manuscript accepted for publication in a peer-reviewed journal within 3 years.
- 50% DNP of students will have a grant funded
- 80% of DNP graduates will have a grant funded within 3 years

**Certification Examination Pass Rates:**
- 100% of all DNP graduates will hold national certification

**Employment:**
- 100% of DNP graduates will secure employment that graduates are employed in positions in which they are using their advanced clinical, organizational, economic and leadership knowledge

**Graduation**
- 75% of all MSN-DNP admits will graduate in six semesters; 90% in eight semesters
- 75% of all BSN-DNP admits will graduate
<table>
<thead>
<tr>
<th>Percentage</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>12 semesters</td>
</tr>
<tr>
<td>90%</td>
<td>14 semesters</td>
</tr>
</tbody>
</table>

in twelve semesters; 90% in 14 semesters
**APPENDIX 12**  
**CROSSWALK**  

<table>
<thead>
<tr>
<th>AACN DNP Essential</th>
<th>AONE Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Essential I: Scientific Underpinnings for Practice</strong></td>
<td><strong>II. Knowledge of the Healthcare Environment</strong></td>
</tr>
</tbody>
</table>
| 1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.  
2. Use science-based theories and concepts to:  
   • determine the nature and significance of health and health care delivery phenomena;  
   • describe the actions and advance strategies to enhance, alleviate and ameliorate health and health care delivery phenomena as appropriate; and  
   • evaluate outcomes  
3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines. | a. Clinical Practice Knowledge  
b. Delivery Models/Work Design  
c. Healthcare Economics  
d. Healthcare Policy  
e. Governance  
f. Evidence-Based Practice/Outcome Measurement  
g. Patient Safety  
h. Utilization/Case Management  
i. Quality Improvement/Metrics  
j. Risk Management |
| **Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking** | **I. Communication and Relationship-Building** |
| 1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.  
2. Ensure accountability for quality of health care and patient safety for populations with whom they work.  
   a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.  
   b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.  
   c. Develop and/or monitor budgets for practice initiatives.  
   d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.  
   e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.  
3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research. | a. Effective Communication  
b. Relationship Management  
c. Influencing Behaviors  
d. Diversity  
e. Shared Decision-Making  
f. Community Involvement  
g. Medical Staff Relationships  
h. Academic Relationships |
| **IV. Professionalism** | **II. Knowledge of the Healthcare Environment** |
| a. Personal and Professional Accountability  
c. Ethics  
d. Evidence-Based Clinical and Management Practice  
e. Advocacy | c. Healthcare Economics  
d. Healthcare Policy  
e. Governance  
f. Evidence-Based Practice/Outcome Measurement  
g. Patient Safety  
h. Utilization/Case Management  
i. Quality Improvement/Metrics  
j. Risk Management |
| **V. Business Skills** | **V. Business Skills** |
b. Human Resource Management  
c. Strategic Management  
d. Marketing  
e. Information Management and Technology |
### Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.
3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.
5. Use information technology and research methods appropriately to:
   - collect appropriate and accurate data to generate evidence for nursing practice
   - inform and guide the design of databases that generate meaningful evidence for nursing practice
   - analyze data from practice
   - design evidence-based interventions
   - predict and analyze outcomes
   - examine patterns of behavior and outcomes
   - identify gaps in evidence for practice
6. Function as a practice specialist/consultant in collaborative knowledge-generating research.
7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes.

### Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.
2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.
3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.
5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.

### II. Knowledge of the Healthcare Environment

- a. Clinical Practice Knowledge
- b. Delivery Models/Work Design
- c. Healthcare Economics
- d. Healthcare Policy
- e. Governance
- f. Evidence-Based Practice/Outcome Measurement
- g. Patient Safety
- h. Utilization/Case Management
- i. Quality Improvement/Metrics
- j. Risk Management

### IV. Professionalism

- a. Personal and Professional Accountability
- b. Career Planning
- c. Ethics
- d. Evidence-Based Clinical and Management Practice
- e. Advocacy
- f. Active Membership in Professional Organizations

### Essential V: Health Care Policy for Advocacy in Health Care

1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.
2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.
3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.
5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.
1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.
2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.
3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.
4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.
5. Advocate for the nursing profession within the policy and healthcare communities.
6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.
7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.

### Communication and Relationship-Building
- a. Effective Communication
- b. Relationship Management
- c. Influencing Behaviors
- d. Diversity
- e. Shared Decision-Making
- f. Community Involvement
- g. Medical Staff Relationships
- h. Academic Relationships

### II. Knowledge of the Healthcare Environment
- a. Clinical Practice Knowledge
- b. Delivery Models/Work Design
- c. Healthcare Economics
- d. Healthcare Policy
- e. Governance
- f. Evidence-Based Practice/Outcome Measurement
- g. Patient Safety
- h. Utilization/Case Management
- i. Quality Improvement/Metrics
- j. Risk Management

### III. Leadership
- a. Foundational Thinking Skills
- b. Personal Journey Disciplines
- c. Systems Thinking
- d. Succession Planning
- e. Change Management

### IV. Professionalism
- a. Personal and Professional Accountability
- b. Career Planning
- c. Ethics
- d. Evidence-Based Clinical and Management Practice
- e. Advocacy
- f. Active Membership in Professional Organizations

## Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes
1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.
2. Lead interprofessional teams in the analysis of complex practice and organizational issues.
3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.
### Essential VII: Clinical Prevention and Population Health for Improving the Nation’s Health

1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.
2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.
3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

<table>
<thead>
<tr>
<th>II. Knowledge of the Healthcare Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Clinical Practice Knowledge</td>
</tr>
<tr>
<td>b. Delivery Models/Work Design</td>
</tr>
<tr>
<td>c. Healthcare Economics</td>
</tr>
<tr>
<td>d. Healthcare Policy</td>
</tr>
<tr>
<td>f. Evidence-Based Practice/Outcome Measurement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Foundational Thinking Skills</td>
</tr>
<tr>
<td>b. Personal Journey Disciplines</td>
</tr>
<tr>
<td>c. Systems Thinking</td>
</tr>
<tr>
<td>d. Succession Planning</td>
</tr>
<tr>
<td>e. Change Management</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. Professionalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Personal and Professional Accountability</td>
</tr>
<tr>
<td>c. Ethics</td>
</tr>
<tr>
<td>d. Evidence-Based Clinical and Management Practice</td>
</tr>
<tr>
<td>e. Advocacy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V. Business Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Financial Management</td>
</tr>
<tr>
<td>b. Human Resource Management</td>
</tr>
</tbody>
</table>

### Essential VIII: Advanced Nursing Practice

<table>
<thead>
<tr>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.</td>
</tr>
<tr>
<td>2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.</td>
</tr>
<tr>
<td>3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.</td>
</tr>
<tr>
<td>4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.</td>
</tr>
<tr>
<td>5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.</td>
</tr>
<tr>
<td>6. Educate and guide individuals and groups through complex health and situational transitions.</td>
</tr>
<tr>
<td>7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.</td>
</tr>
</tbody>
</table>
### APPENDIX 13
### CROSSWALK


<table>
<thead>
<tr>
<th>AACN DNP Essential</th>
<th>AONE Competencies</th>
<th>NONPF Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Essential I: Scientific Underpinnings for Practice</strong></td>
<td><strong>II. Knowledge of the Healthcare Environment</strong></td>
<td><strong>Scientific Competencies</strong></td>
</tr>
<tr>
<td>I. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.</td>
<td>a. Clinical Practice Knowledge</td>
<td>1. Critically analyzes data and evidence for improving advanced nursing practice.</td>
</tr>
<tr>
<td>2. Use science-based theories and concepts to:</td>
<td>b. Delivery Models/Work Design</td>
<td>2. Integrates knowledge from the humanities and sciences within the context of nursing science.</td>
</tr>
<tr>
<td>• determine the nature and significance of health and health care delivery phenomena;</td>
<td>c. Healthcare Economics</td>
<td>3. Translates research and other forms of knowledge to improve practice processes and outcomes.</td>
</tr>
<tr>
<td>• describe the actions and advance strategies to enhance, alleviate and ameliorate health and health care delivery phenomena as appropriate; and</td>
<td>d. Healthcare Policy</td>
<td>4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.</td>
</tr>
<tr>
<td>• evaluate outcomes</td>
<td>e. Governance</td>
<td><strong>Ethics Competencies</strong></td>
</tr>
<tr>
<td>3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.</td>
<td>f. Evidence-Based Practice/Outcome Measurement</td>
<td>1. Integrates ethical principles in decision making.</td>
</tr>
<tr>
<td></td>
<td>g. Patient Safety</td>
<td>2. Evaluates the ethical consequences of decisions.</td>
</tr>
<tr>
<td></td>
<td>h. Utilization/Case Management</td>
<td>3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.</td>
</tr>
<tr>
<td></td>
<td>i. Quality Improvement/Metrics</td>
<td><strong>Quality Competencies</strong></td>
</tr>
<tr>
<td></td>
<td><strong>V. Business Skills</strong></td>
<td>2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</td>
</tr>
<tr>
<td></td>
<td>a. Financial Management</td>
<td>3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact</td>
</tr>
<tr>
<td></td>
<td>b. Human Resource Management</td>
<td><strong>Ethics Competencies</strong></td>
</tr>
<tr>
<td></td>
<td>c. Strategic Management</td>
<td><strong>Quality Competencies</strong></td>
</tr>
<tr>
<td></td>
<td>e. Information Management and Technology</td>
<td>2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</td>
</tr>
<tr>
<td></td>
<td><strong>Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking</strong></td>
<td>3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact</td>
</tr>
<tr>
<td><strong>I. Communication and Relationship-Building</strong></td>
<td><strong>Quality Competencies</strong></td>
<td></td>
</tr>
<tr>
<td>1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.</td>
<td>a. Effective Communication</td>
<td>1. Uses best available evidence to continuously improve quality of clinical practice.</td>
</tr>
<tr>
<td>2. Ensure accountability for quality of health care and patient safety for populations with whom they work.</td>
<td>b. Relationship Management</td>
<td>2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</td>
</tr>
<tr>
<td>a. Use advanced communication</td>
<td>c. Influencing Behaviors</td>
<td>3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact</td>
</tr>
<tr>
<td></td>
<td>d. Diversity</td>
<td><strong>Ethics Competencies</strong></td>
</tr>
<tr>
<td></td>
<td>e. Shared Decision-Making</td>
<td><strong>Quality Competencies</strong></td>
</tr>
<tr>
<td></td>
<td>g. Medical Staff Relationships</td>
<td>2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</td>
</tr>
<tr>
<td></td>
<td>h. Academic Relationships</td>
<td>3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact</td>
</tr>
</tbody>
</table>
skills/processes to lead quality improvement and patient safety initiatives in health care systems.

b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.

c. Develop and/or monitor budgets for practice initiatives.

d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.

e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.

3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

<table>
<thead>
<tr>
<th>II. Knowledge of the Healthcare Environment</th>
<th>IV. Professionalism</th>
<th>the quality of health care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Healthcare Economics</td>
<td>a. Personal and Professional Accountability</td>
<td></td>
</tr>
<tr>
<td>b. Healthcare Policy</td>
<td>c. Ethics</td>
<td></td>
</tr>
<tr>
<td>c. Governance</td>
<td>d. Evidence-Based Clinical and Management Practice</td>
<td></td>
</tr>
<tr>
<td>d. Evidence-Based Practice/Outcome Measurement</td>
<td>e. Advocacy</td>
<td></td>
</tr>
<tr>
<td>e. Patient Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Utilization/Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Quality Improvement/Metrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Risk Management</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. Business Skills</th>
<th>V. Business Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. Strategic Management</td>
<td>c. Strategic Management</td>
</tr>
<tr>
<td>d. Marketing</td>
<td>d. Marketing</td>
</tr>
</tbody>
</table>

4. Applies skills in peer review to promote a culture of excellence.

5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

**Leadership Competencies**

1. Assumes complex and advanced leadership roles to initiate and guide change.

2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.

3. Demonstrates leadership that uses critical and reflective thinking.

4. Advocates for improved access, quality and cost effective health care.

5. Advances practice through the development and implementation of innovations incorporating principles of change.

6. Communicates practice knowledge effectively both orally and in writing.

7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

**Practice Inquiry Competencies**

1. Provides leadership in the translation of new knowledge into practice.

2. Generates knowledge from clinical practice to improve practice and patient outcomes.

3. Applies clinical investigative skills to improve health outcomes.

4. Leads practice inquiry, individually or in partnership with others.
### Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.

2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.

3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.

4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.

5. Use information technology and research methods appropriately to:
   - collect appropriate and accurate data to generate evidence for nursing practice
   - inform and guide the design of databases that generate meaningful evidence for nursing practice
   - analyze data from practice
   - design evidence-based interventions
   - predict and analyze outcomes
   - examine patterns of behavior and outcomes
   - identify gaps in evidence for practice

6. Function as a practice specialist/consultant in collaborative knowledge-generating research.

### II. Knowledge of the Healthcare Environment

- a. Clinical Practice Knowledge
- b. Delivery Models/Work Design
- c. Healthcare Economics
- d. Healthcare Policy
- e. Governance
- f. Evidence-Based Practice/Outcome Measurement
- g. Patient Safety
- h. Utilization/Case Management
- i. Quality Improvement/Metrics
- j. Risk Management

### IV. Professionalism

- a. Personal and Professional Accountability
- b. Career Planning
- c. Ethics
- d. Evidence-Based Clinical and Management Practice
- e. Advocacy
- f. Active Membership in Professional Organizations

### Scientific Competencies

1. Critically analyzes data and evidence for improving advanced nursing practice.

2. Translates research and other forms of knowledge to improve practice processes and outcomes.

3. Develops new practice approaches based on the integration of research, theory, and practice knowledge.

### Practice Inquiry Competencies

1. Provides leadership in the translation of new knowledge into practice.

2. Generates knowledge from clinical practice to improve practice and patient outcomes.

3. Applies clinical investigative skills to improve health outcomes.

4. Leads practice inquiry, individually or in partnership with others.

5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.

6. Analyzes clinical guidelines for individualized application into practice.
7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes

**Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care**

1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.

2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.

3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.

4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.

5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.

**Technology and Information Literacy Competencies**

1. Integrates appropriate technologies for knowledge management to improve health care.

2. Translates technical and scientific health information appropriate for various users’ needs.

2a). Assesses the patient’s and caregiver’s educational needs to provide effective, personalized health care.

2b). Coaches the patient and caregiver for positive behavioral change.

3. Demonstrates information literacy skills in complex decision making.

4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.

5. Uses technology systems that capture data on variables for the evaluation of nursing care.

**Essential V: Health Care Policy for Advocacy in Health Care**

1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.

2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.

3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.

**Communication and Relationship-Building**

**Policy Competencies**

a. Effective Communication

1. Demonstrates an understanding of the interdependence of policy and practice.

b. Relationship Management

2. Advocates for ethical policies that promote access, equity, quality, and cost.

c. Influencing Behaviors

3. Analyzes ethical, legal, and social factors influencing policy development.

d. Diversity

4. Contributes in the development of health policy.

e. Shared Decision-Making

5. Analyzes the implications of health care policy and practice.
4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.
5. Advocate for the nursing profession within the policy and healthcare communities.
6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.
7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.

---

### Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

<table>
<thead>
<tr>
<th><strong>Practice/Outcome Measurement</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>g. Patient Safety</td>
</tr>
<tr>
<td>h. Utilization/Case Management</td>
</tr>
<tr>
<td>i. Quality Improvement/Metrics</td>
</tr>
<tr>
<td>j. Risk Management</td>
</tr>
</tbody>
</table>

6. Evaluates the impact of globalization on health care policy development.

---

### III. Leadership

| a. Foundational Thinking Skills |
| b. Personal Journey Disciplines |
| c. Systems Thinking |
| d. Succession Planning |
| e. Change Management |

---

### IV. Professionalism

| a. Personal and Professional Accountability |
| b. Career Planning |
| c. Ethics |
| d. Evidence-Based Clinical and Management Practice |
| e. Advocacy |
| f. Active Membership in Professional Organizations |

---

### Communication and Relationship-Building

| a. Effective Communication |
| b. Relationship Management |
| c. Influencing Behaviors |
| d. Diversity |
| e. Shared Decision-Making |
| f. Community Involvement |
| g. Medical Staff Relationships |
| h. Academic Relationships |

---

### III. Leadership

| a. Foundational Thinking Skills |
| b. Personal Journey Disciplines |
| c. Systems Thinking |
| d. Succession Planning |
| e. Change Management |

---

### IV. Professionalism

| a. Personal and Professional Accountability |
| b. Career Planning |
| c. Ethics |
| d. Evidence-Based Clinical and Management Practice |
| e. Advocacy |
| f. Active Membership in Professional Organizations |

---

### Health Delivery System Competencies

1. Applies knowledge of organizational practices and complex systems to improve health care delivery.
2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.
3. Minimizes risk to patients and providers at the individual and systems level.
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care. 7. Collaborates in planning for transitions across the
### Leadership Competencies

1. Assumes complex and advanced leadership roles to initiate and guide change.

2. Provides leadership to foster collaboration with multiple stakeholders (e.g., patients, community, integrated health care teams, and policy makers) to improve health care.

7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

### Essential VII: Clinical Prevention and Population Health for Improving the Nation’s Health

1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.

2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.

3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

### II. Knowledge of the Healthcare Environment

- Clinical Practice Knowledge
- Delivery Models/Work Design
- Healthcare Economics
- Healthcare Policy
- Evidence-Based Practice/Outcome Measurement

### III. Leadership

- Foundational Thinking Skills
- Personal Journey Disciplines
- Systems Thinking
- Succession Planning
- Change Management

### IV. Professionalism

- Personal and Professional Accountability
- Ethics
- Evidence-Based Clinical and Management Practice
- Advocacy

### V. Business Skills

- Financial Management
- Human Resource Management

### Independent Practice Competencies

3a). Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care.

3c). Employs screening and diagnostic strategies in the development of diagnoses.

4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.

4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.

4b). Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.

4c). Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care.
<table>
<thead>
<tr>
<th>Essential VIII: Advanced Nursing Practice</th>
<th>NA</th>
<th>Independent Practice Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.</td>
<td></td>
<td>1. Functions as a licensed independent practitioner.</td>
</tr>
<tr>
<td>2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.</td>
<td></td>
<td>2. Demonstrates the highest level of accountability for professional practice.</td>
</tr>
<tr>
<td>3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.</td>
<td></td>
<td>3. Practices independently managing previously diagnosed and undiagnosed patients.</td>
</tr>
<tr>
<td>4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.</td>
<td></td>
<td>3a). Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care.</td>
</tr>
<tr>
<td>5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.</td>
<td></td>
<td>3b). Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.</td>
</tr>
<tr>
<td>6. Educate and guide individuals and groups through complex health and situational transitions.</td>
<td></td>
<td>3c). Employs screening and diagnostic strategies in the development of diagnoses. 3d). Prescribes medications within scope of practice. 3e). Manages the health/illness status of patients and families over time.</td>
</tr>
<tr>
<td>7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.</td>
<td></td>
<td>4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4b). Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4c). Incorporates the patient’s cultural</td>
</tr>
</tbody>
</table>
and spiritual preferences, values, and beliefs into health care.

4d). Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care.
Appendix 14 Faculty Publications 2009-2013


Gerlock, A., Buccheri, R., Buffum, M., Trygstad, L & Dowling, G. (2010). Responding to command hallucinations to harm self and others: The Unpleasant Voices Scale and


Maxworthy, J. Quality Improvement: What does it mean at the Point of Care?


Nosek, M., Gifford, L., & Kober, B. Does Nonviolent Communication Training Increase Empathy & Emotional Intelligence in Baccalaureate Nursing Students? (To be submitted) to International Journal of Nursing Education.


Nosek, M., Kennedy, H.P., Gudmundsdottir, M. Silence, stigma and shame: A postmodernanalysis of distress during menopause (2010). Advances in Nursing Science, (33) 3,


Seed, M.S. & Torkelson, D.J. Recovery journey in acute psychiatric care: Using concepts from Orem’s Self-Care Deficit nursing theory. Submission to *Issues in Mental Health Nursing.*


Waxman, KT. (2010). The Doctor of Nursing Practice Degree. ACNL DirectLink Fall 2010.
Waxman, KT. (2010). Guest editor, Nurse Leader, 8(2).
Waxman, KT. (2010). Leader to Watch: Pam Rudisill, MSN, MEd, RN, NEA-BC. Nurse Leader, 8(2).