

SONHP Program Evaluation Committee

Spring 2021 Annual Program Evaluation Report

Efforts and Results from Academic Year 2019-2020

SONHP Program: Doctor of Nursing Practice (DNP)

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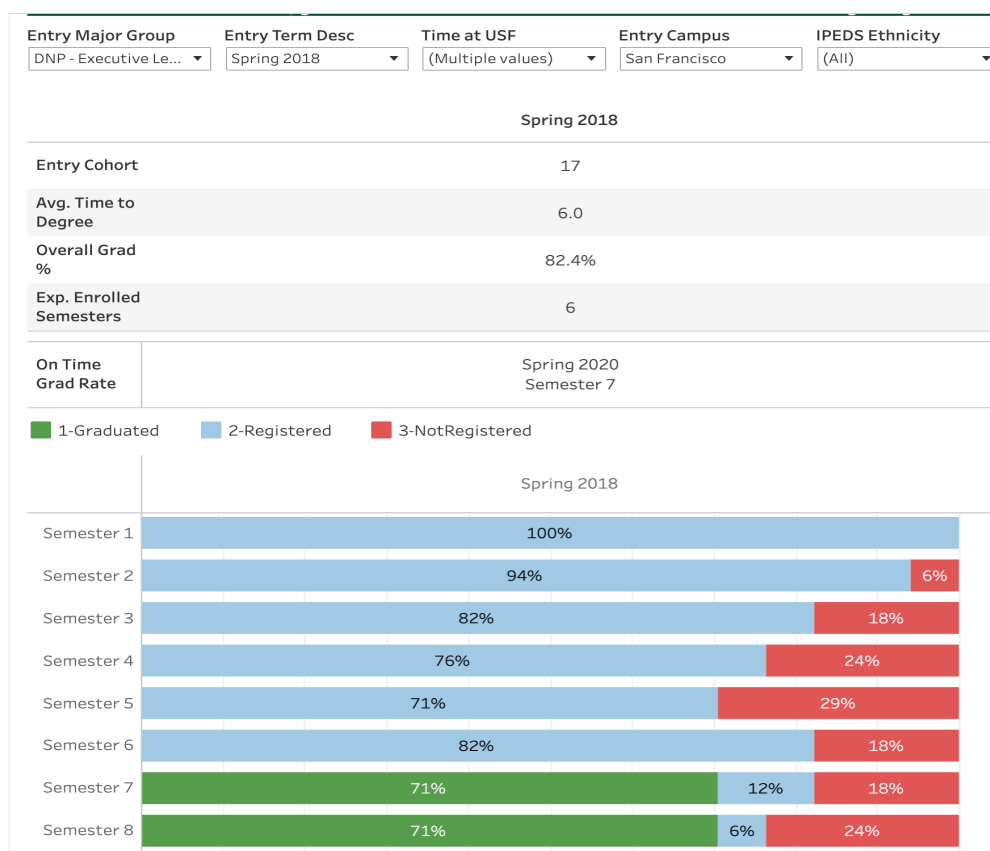
Date of Report: July 11, 2021

1. Aggregate Student Outcomes

a. Retention and Graduation rates

Executive Leadership Doctor Nursing Practice (EL-DNP)

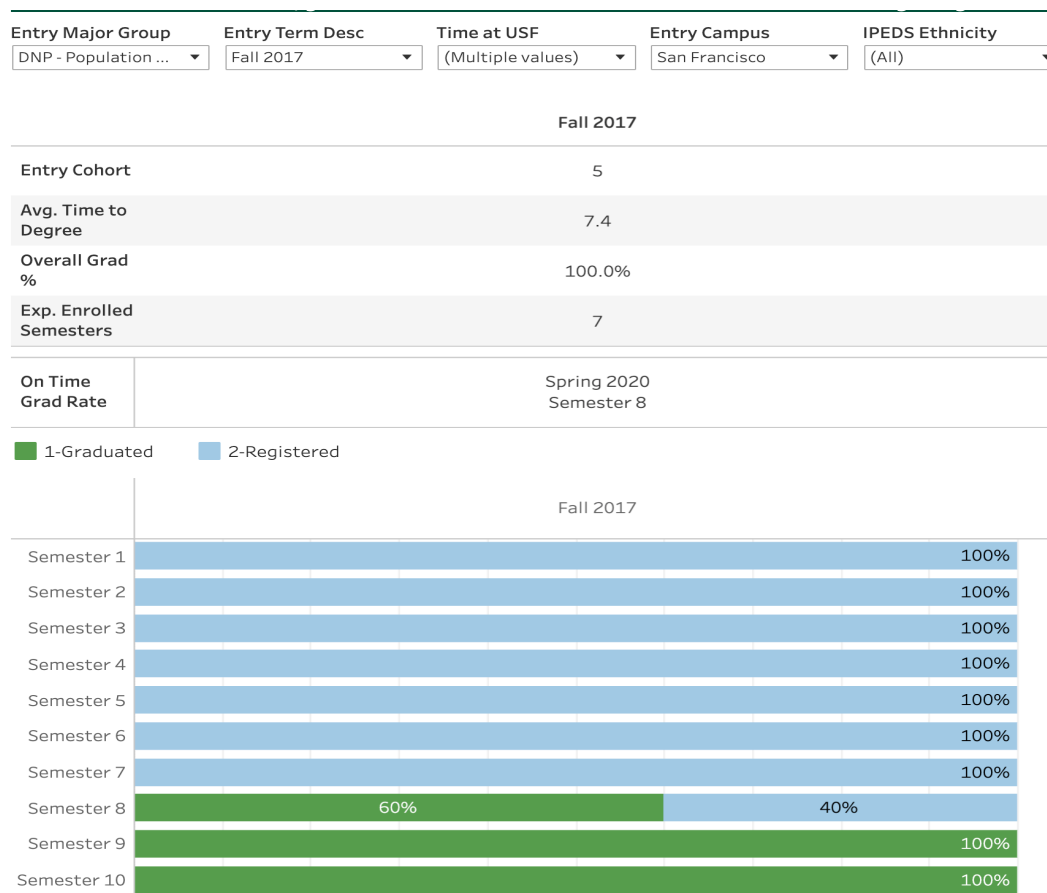
The ELDNP program is a cohort model, and the curriculum is 6 semesters long. Students who struggle in the program rarely make it past the third semester, which is where the qualifying project takes place. This accounts for the attrition seen in semester 4. If a student needs to opt out or take an LOA, they cannot re-enter the program until the next cohort begins which is the following year. As depicted in the below graph Student admitted in Spring 2018 should have graduated in Fall 2019 for a 6-semester program. As depicted below, 71% of the cohort had graduated by semester 8, with an overall grad rate of 82.4% which is above the 80% benchmark.



Population Health Doctor of Nursing Practice (PHL-DNP)

The five students who entered in Fall 2017 were Healthcare System Leadership program students. These students transferred into the PHL program which began in spring 2018. These students needed to add a semester or two to add newly required courses in the PHL program.

The below data shows an 100% graduation rate, albeit one semester later than the planned seven semester pattern.



Bachelor of Science Nursing Doctorate Nursing Practice Family Nursing Practitioner (BSN-DNP-FNP)

On-time completion rates for the BSN to DNP-FNP program fall below our benchmark of 80%; there are several reasons for some students' slow progress towards degree completion in the DNP-FNP program, including personal issues requiring part-time enrollment and/or withdrawal from courses, failing courses and needing to repeat, and/or receiving a grade of Incomplete in courses due to inability to complete requirements on time. Many students struggle to manage the fast pace of our curriculum while working full time and, for some, supporting a family. Some students also struggle with the rigorous writing demands of the curriculum, for which the School and the University have taken steps to provide additional support (e.g., early identification of gaps in writing ability, focused tutoring support through the [Learning Writing and Speaking Centers](#)). Additionally, for all our NP programs, except for pathophysiology, pharmacology, and physical assessment courses, the NP core coursework is offered only once each year. Thus, as in the DNP-EL track, if a student chooses to delay taking a core course because of life circumstances or because of a course failure, their graduation is delayed for one year (three semesters).

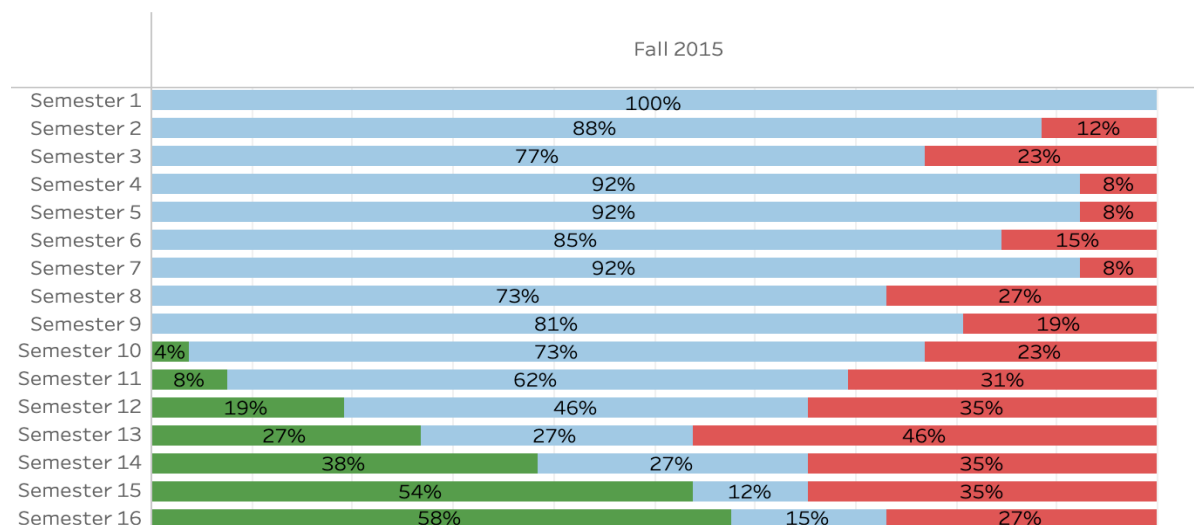
Completion rates for the BSN to DNP-FNP program within 16 semesters of matriculation (4 semesters longer than the designed 12 semester time to degree), depicted below, indicate that, with this longer time frame, more students are able to complete the degree program. Program completion rates for the Doctor of Nursing Practice Family Nurse Practitioner students who entered in Fall 2015 with a bachelor's degree (BSN to DNP-FNP) demonstrate that 65% of our students have graduated with a longer timeframe of 16 semesters. For the Fall 2015 Cohort, the

graph below indicates that with an entry cohort of 26 with a 12 semesters graduation plan, it is indicated that by 16 semesters 58% had graduated, with an overall graduation rate of 61.5%, 15% registered and 27% had dropped from the program or taken a Leave of Absence (LOA).

Entry Major Group	Entry Term Desc	Time at USF	Entry Campus	IPEDS Ethnicity
DNP - FNP BSN to ...	Fall 2015	(Multiple values)	San Francisco	(All)

Fall 2015	
Entry Cohort	26
Avg. Time to Degree	12.0
Overall Grad %	61.5%
Exp. Enrolled Semesters	12
On Time Grad Rate	Fall 2019 Semester 13

1-Graduated 2-Registered 3-NotRegistered



Master of Science Nursing Doctor of Nursing Practice Family Nurse Practitioner (MSN-DNP-FNP)

On-time completion rates for the MSN to DNP-FNP program fall below our benchmark of 80%; students in the MSN entry for our DNP-FNP program face challenges like those who enter with the BSN (described above).

Program completion rates within 12 semesters of matriculation (3 semesters beyond the designed degree completion time of 9 semesters) for the Doctor of Nursing Practice Family Nurse Practitioner students who enter with a master's degree (MSN to DNP-FNP), For the Fall 2016 Cohort, the graph below indicates that with an entry cohort of 9 with a 12 semesters graduation plan, it is indicated that by 12 semesters 44% had graduated, with an overall graduation rate of 44%, Zero registered and 56% had dropped from the program or taken an Leave of Absence (LOA).

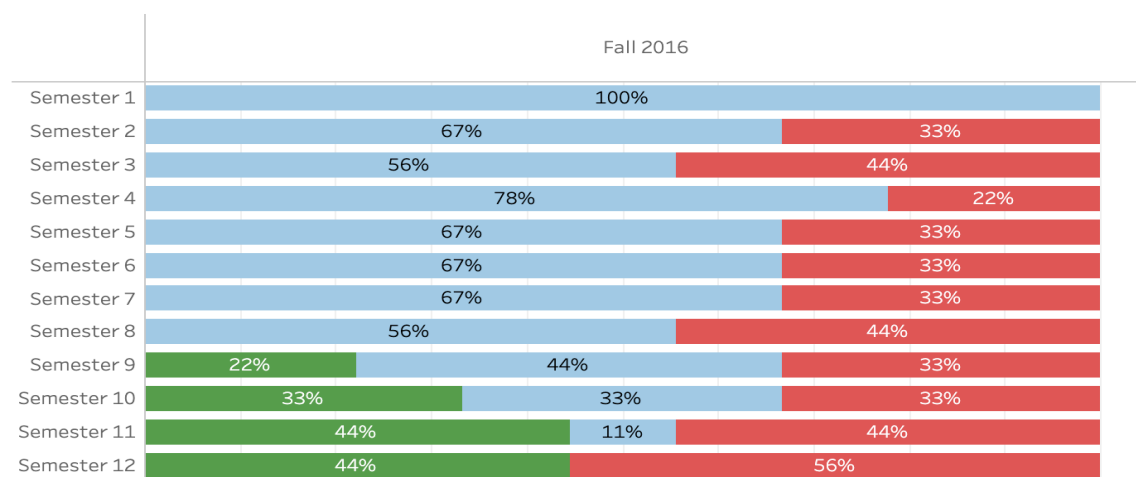
Entry Major Group	Entry Term Desc	Time at USF	Entry Campus	IPEDS Ethnicity
DNP - FNP MSN to ... ▼	Fall 2016 ▼	(Multiple values) ▼	San Francisco ▼	(All) ▼

Fall 2016

Entry Cohort	9
Avg. Time to Degree	8.3
Overall Grad %	44.4%
Exp. Enrolled Semesters	9

On Time Grad Rate	Fall 2019 Semester 10
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■ 1-Graduated
 ■ 2-Registered
 ■ 3-NotRegistered



Bachelor Science Nursing Doctor of Nursing Practice Psychiatric-Mental Health Nurse Practitioner (BSN-DNP-PMHNP)

Each cohort consisted of 1-4 students, so results will not be provided.

Master Science Nursing Doctor of Nursing Practice Psychiatric-Mental Health Nurse Practitioner (MSN-DNP-PMHNP)

Each cohort consisted of 1-4 students, so results will not be provided.

b. Time to Degree

Time to Degree by "Exit Cohort"

Average number of semsters from admission to graduation

BSN - Hilltop: Fall/Spring Semesters are included (e.g. 8 semesters = 4 year)

All other: Fall/Spring/Summer Semesters are included (e.g. 6 semesters = 2 years)

Each cell shows

Average Semesters

(average Years - Headcount)

Academic Year of Graduation (Fall-Summer)	Entry Major Group	Entry Campus	IPEDS Ethnicity
2019-20	(Multiple values)	(All)	(All)
Academic Year of Graduation (Fall-Summer)			
Entry Major Group	2019-20		
DNP - Executive Leadership	6.8 Sem. Yrs:2.3 - HC: 14		
DNP - FNP BSN to DNP	13.4 Sem. Yrs:4.5 - HC: 15		
DNP - FNP MSN to DNP	10.0 Sem. Yrs:3.3 - HC: 4		
DNP - HSL MSN to DNP	13.0 Sem. Yrs:4.3 - HC: 1		
DNP - Population Health Leadership	7.3 Sem. Yrs:2.4 - HC: 12		
PMHNP - MSN to DNP	12.0 Sem. Yrs:4.0 - HC: 1		
Grand Total	9.6 Sem. Yrs:3.2 - HC: 47		

EL-DNP

Program completion rates for the EL-DNP are within 9 semesters (3 semesters longer than the program designed time to completion), shown above indicate, except for the 2020 graduation year, that completion rates are all above 87%. Due to the extraordinary demands of the COVID-19 pandemic on nurse executives, our students in the EL-DNP program who were expected to graduate in 2020 were unavoidably delayed in completing their degree requirements. Program completion rates demonstrate that at least 71% of our students in the last six years have graduated within the expected timeframe of 6 semesters, as presented below. Indeed, as depicted in the table below, 89% of our EL-DNP students who were expected to graduate in 2020 completed their degree within 6 semesters. On-time completion rates for the EL-DNP program fell below our benchmark of 80%. If students are encountering challenges completing program requirements and need a pause, they must take a leave of absence and return one year later to join the next cohort. This happens with at least one student per cohort. Occasionally, students in the EL-DNP program withdraw and do not return; this happens when they have job change in which their workplace does not support their project, when they are unable to perform at the expected level, and/or when there are personal issues with balancing the rigorous program with work and family.

PHL-DNP

The average time to degree for PHL-DNP students who graduated during the 2019-2020 academic year (n = 12 students), as indicated in the chart above, is 7.3 semesters (or 2.4 years). These 12 students entered in the Healthcare Systems Leadership program in spring and fall 2017. 12 of the 14 HCSL students transferred into the PHL program that began in spring 2018 thus needed to add a semester or two to add newly required courses in the PHL program. The expected time to degree for students in the DNP PHL Program campus is seven semesters, this result strongly indicates on-time degree progression.

BSN-DNP-FNP

The average time to degree for BSN-DNP-FNP students who graduated during the 2019-2020 academic year (n = 15 students), as indicated in the chart above, is 13.4 semesters (4.5 years). The expected time to degree for students in the BSN-DNP-FNP Program is 12 semesters, this result strongly indicates that it takes an additional 1.4 semesters to degree progression.

MSN-DNP-FNP

The average time to degree for MSN-DNP-FNP students who graduated during the 2019-2020 academic year (n = 4 students), as indicated in the chart above, is 10 semesters (or 3.3 years). The expected time to degree for students in the MSN-DNP-FNP Program is 9 semesters, this result strongly indicates that it takes one additional semester to degree progression.

BSN-DNP-PMHNP

Not included on the graph, may be due to low enrollment in the program.

MSN-DNP-PMHNP

The average time to degree for MSN-DNP-PMHNP students who graduated during the 2019-2020 academic year (n = 1 students), as indicated in the chart above, is semesters (or 4.0 years). The expected time to degree for students in the MSN-DNP-FNP Program is 9 semesters, this result strongly indicates that it takes an additional 3 (1 year) semesters to degree progression.

c. Academic Progression Requirements

(e.g., qualifying exam pass rates, Fundamentals HESI and Exit HESI scores)

Program Completion Rates	Program	Benchmark
CCNE target: 70%	Executive Leader (EL)	6 semesters-80%
		7 semesters-95%
	Population Health Leadership (PHL)	10 semesters-80%
		12 semester-90%
	Bachelor of Science Nursing (BSN)- Family Nurse Practitioner (FNP)- Doctor of Nursing Practice (DNP) BSN-Psychiatric-Mental Health Nurse Practitioner (PMHNP)-DNP	12 semesters-80%
		14 semester-90%
	Master of Science Nursing (MSN)- FNP MSN-PMHNP	10 semesters – 80%
		12 semesters - 90%

Students need to pass Qualifying Projects (Quals), which written in mid program to continue on in the program to graduation. Graduation rates are indicative of students passing Quals.

d. Licensure and Certification Rates

(See Academic Progression Requirements [above] for FNP/PMHNP and EL acronyms)

Certification Pass Rates	Program	Benchmark	Actual
Certification pass rates: first time takers; # of completers that took exam and how many passed per calendar year.	FNP – 2018 ANCC (American Nurses Credentialing Center) = 3/3 AANP (American Association of Nurse Practitioners)= NR	80%	100% NR
	2019 ANCC = 4/4 AANP = 8/14 Total Pass: 12/18	80%	100% 62%
			66.6%

	PMHNP - ANCC 2018 = 1/3	80%	33%
	2019 = 3/3	80%	100%
	**EL	100%	100%

*FNP/PMHNP certifications are required for practice and licensing in the state of California.

**ELDNP curriculum requires national certification for professional development and is required for graduation.

2. Assessment of Student Learning

For 2019-2020, summarize the results of assessment of student learning (i.e., results of measurement of student achievement of competencies via student work products). Note that, for 2019-2020 and for 2020-2021, programs may opt to measure something other than student achievement of PLOs; please see the [Addendum to the Annual Assessment of Program Learning Outcomes and Student Achievement](#) policy from the Office of the Provost.

a. What aspect of student learning in your program did you assess?

(Guideline: 25 words)

DNP faculty voted in on what PLOs to measure and which sections of the final DNP paper correlated with the PLOs. The following two DNP [Program Learning Outcomes](#) (PLOs) were assessed:

PLO 6: Advocate for social justice, equity, and ethical policies in health care.

PLO 12: Advance the mission and core values of the University of San Francisco.

b. How did you measure it?

Measure: In NURS 789, which is completed in the final semester of the DNP Program, students submit a final paper. A rubric was developed by faculty members to assess the extent to which students demonstrated mastery of PLO 6 and PLO 12 in the final paper. Faculty assessed the below elements based on the following rating choices: exceeds (5 rating), meets (3), and does not meet (1). The below rubric relates to the above two PLOs, and was used to assess the below sections of the final paper:

- Problem Description Section:
 - Addresses gaps related to the organization's mission, vision or values.
 - SWOT and Gap analysis
- Context Section: Identifies issues related to social justice and ethical dilemmas relevant to problem.
 - Ethical Considerations Section:
 - Describes healthcare policy, compliance and/or regulatory issues and ethical implications of implementation and evaluation of the project.
 - Describes how these issues were addressed including, but not limited to, formal ethics review and potential conflict(s) of interest.
 - Describes clearly and concisely the issues (if any) surrounding privacy concerns and protection of participants' physical and psychological well-being to include discussion of Statement of Determination of Non-research.
 - Provide a clear and concise reflection of the project as it relates to the Jesuit values and the American Nurses Association Code of Ethics.

Interrater Reliability of Matched Rating:

Twenty-five final DNP papers, from December 2019 and Spring 2020 DNP graduates, were reviewed by two faculty members each to check for interrater reliability. Twenty-three of the papers were usable as they were identified as the

DNP final paper. Two papers did not meet the requirements of a DNP final paper, so they were eliminated in the final analysis.

Inter-rater reliability was calculated using the percentage of time the raters scores were the same. Scores indicate that faculty interpretation of the requirements needs to improve.

Final Paper Sections	Prob Desc	Context	Ethical
% Interrater reliability	0.39	0.61	0.48

c. What were the results?

Rating Scale used to assess the paper sections:

Exceeds Meets Does Not meet
5 3 1

Rating Results	Prob Desc	Context	Ethical
Rating Range (see above)	1, 3 or 5	1, 3 or 5	1, 3 or 5
Mean rating score	2.4	2.7	2.7
Meets/Exceeds	63%	76%	80%

d. What changes to the assessment methodology will you make if/when you evaluate this aspect of student learning again in the future?

Based on the lack of specific language for each rating scale, the DNP PLOs will be used again to assess summer and fall 2020 DNP final papers based on the below improvements.

e. What changes to curriculum or programming did you make (or are you planning to make) in light of these results?

Changes Made:

- Prospectus (N749) and final paper (N789) rubric was revised to be more comprehensive and provide greater clarity for the students. In addition, a grading matrix was created for N789 to include all required elements of the paper as the previous rubric just had a rating for each section. Additions to the rubric included the following language to each identified section:
 - Structured Abstract to include problem, context, interventions, outcome measures, results, conclusions, and dissemination.
 - Aim Statement: described in the IHI format: What? How much?; For whom?; Where?; By when? The Aim Statement needs to follow the SMART guidelines: specific, measurable, achievable, realistic, and timely.
 - Available Knowledge: a) PICO(T) question & key words; b) search methodology; c) theme subheadings with citations corresponding to the subheading; author/date citation, purpose of study/design, findings, conclusions, & worth to practice change project; d) each

citation associated with an entry in the Evaluation Table; e) Evaluation Table in appendices demonstrates a systematic search & critical appraisal score (level & quality of evidence) of the evidence using appraisal tool approved by Chair; f) If local data available, provided along with a comparison to national benchmarks; & g) summary of strongest evidence, & any gaps or lack of evidence as it relates/supports the practice change project.

- Context: Includes a description of the context in which the intervention took place to understand the generalizability of finding and to understand how context may affect the outcomes: location, patient population, size, staffing, practice type, system affiliation, and relevant issues including social justice.
- Interventions: financial feasibility, impact, and analysis (including ROI or CEA)
- Measures: perspectives of patients, staff, and payers considered in the measures, and their validity (processes were used to assure that the measures accurately represented the phenomenon under study)
- Analysis: Provides clear and concise tables/graphs in appendix showing displayed data.
- Results: costs had on professional outcomes and/or processes
- Ethical Considerations: Describes healthcare policy, social justice issues, and ethical aspects of implementing and studying the intervention(s) and how they were addressed.
- Interpretation: inferences from this work to sustain and spread the new levels of performance; and implications for future professional and staff development.
- Conclusions: potential for spread/dissemination to other contexts
- This revised rubric was not used for the 2020 final paper assessments as it had not been implemented yet. The revised rubric will be implemented in spring 2021.
- APA templates were developed to assist students in formatting papers.

Plans for Improvement:

- Due to the identified gap found in the Ethical Considerations section regarding Jesuit values in the DNP program, a meeting with Fr. Godfrey and Dr. Hurley occurred in March 2021 to develop a module of DNP Nursing in the Jesuit tradition. The module will be beta tested in the ELDNP program for summer 2021 in N790E course.
Conduct faculty sessions on each section of the evaluation criteria to improve understanding of the course assignment expectations, outcomes, and evaluation, include training on the scoring rubric.