SONHP Program Evaluation Committee 2020-2021 DNP Annual Program Evaluation Report

SONHP Program: Doctor of Nursing Practice (DNP)

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Terms Included: Fall 2020, Spring 2021 and Summer 2021

Date of Report: March 3, 2022

1. Aggregate Student Outcomes

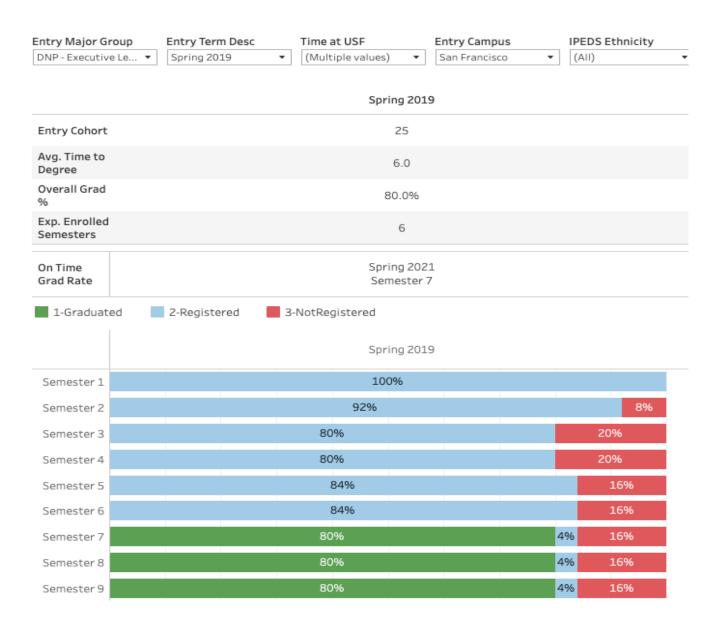
a. Retention and Graduation rates

Executive Leadership Doctor Nursing Practice (EL-DNP)

The EL-DNP program uses a cohort model, and the curriculum is six semesters long. As seen in the table below, twenty-five (25) students were admitted for Cohort 10 in Spring 2019; these students were expected to graduate in Fall 2020. In the first three semesters, five students (20%) left the Program due to academic, financial, family, and unknown reasons, with one taking a Leave of Absence (LOA) and not returning.

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. The third semester is when the qualifying project, manuscript, and [usually] national certification occurs. One student from the previous cohort was unable to pass the national certification exam and took an incomplete when the testing centers closed for an extended period because of the pandemic. Her degree was conferred in September 2020, representing the uptick in students in the 5th semester. The overall graduation rate at the end of Semester 6 in Fall 2020 was 80%, exceeding the CCNE benchmark of 70% for program completion.

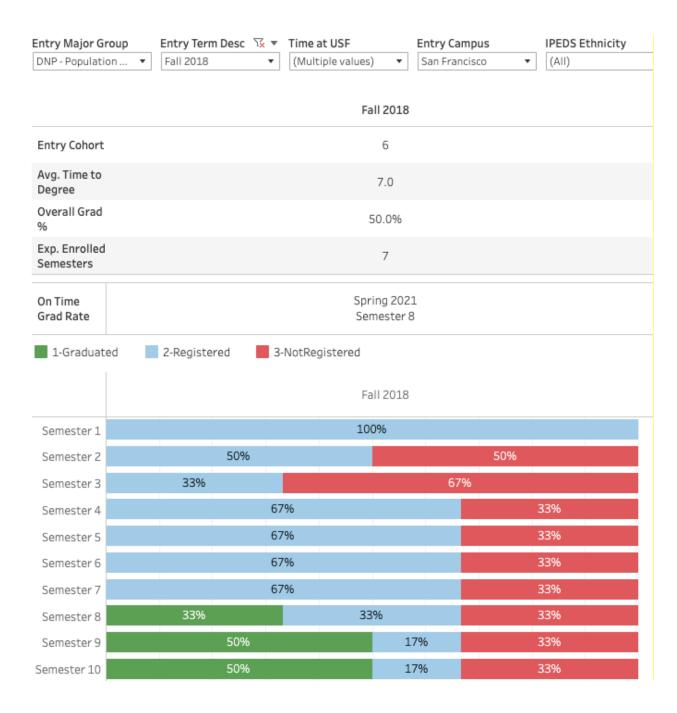
At least 84% of our EL-DNP students in the last nine years have graduated within the expected timeframe of 6 semesters.





Population Health Doctor of Nursing Practice (PHL-DNP)

Students who matriculated into the DNP PHL program in Fall 2018 were expected to graduate in Fall 2020 (after 7 semesters in the program). Two of the six admitted students for Fall 2018 withdrew the first semester of the program thus showing a 33% graduation rate. Two of the remaining four Fall 2018 entry cohort students graduated within seven semesters (50% as indicated below). One of the four students graduated in eight semesters per choice due to financial issues. One of the four students chose to do the program over 12 semesters and is expected to graduate in summer 2022. One student matriculated into the DNP PHL program in Spring 2019 and graduated in Fall 2021; the student chose to extend the program over 12 semesters.

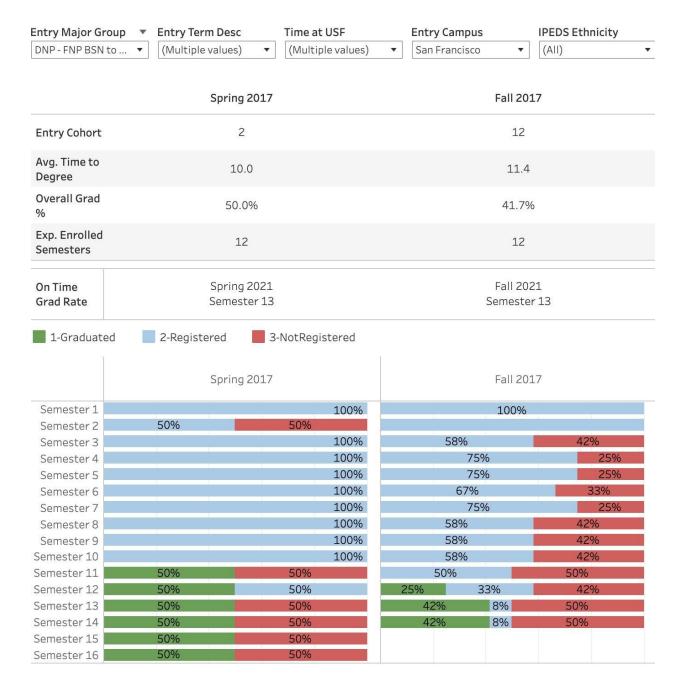


Bachelor of Science Nursing Doctorate Nursing Practice Family Nursing Practitioner (BSN-DNP-FNP)

Students who matriculated into the BSN-DNP-FNP program in Fall 2017 were expected to graduate in Fall 2020, as the Program curriculum is 13 semesters in length.

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 Spring and Fall 2017 (who were expected to graduate in Fall 2020 and Summer 2021, respectively) with a bachelor's degree (BSN to DNP-FNP) demonstrate that 50% of our students have graduated with a longer time frame of 16 semesters. For the Spring and Fall 2017 Cohorts, the graph below indicates that with an entry cohort of 2 (Spring 2017 and Fall 2017) with a 12 semesters graduation plan, it is indicated that by 16 semesters 50% (Spring 2017) and 42% (Fall 2017) had graduated, with an overall graduation rate of 50% (Spring 2017) and 42% (Fall 2017). The graph below indicates that 50% (Spring 2017) and 42% (Fall 2017) had graduated, 8% were registered and 50% had dropped from the program or taken a LOA.

On-time completion rates for the BSN to DNP-FNP program falls below our benchmark of 80%; there are several reasons for some students' slow progress toward 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).

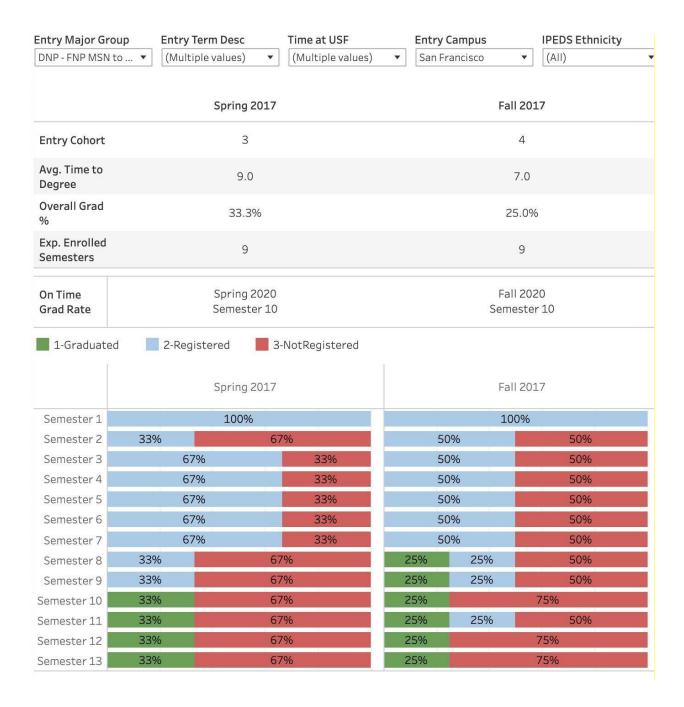


Master of Science Nursing Doctor of Nursing Practice Family Nurse Practitioner (MSN to DNP-FNP)

Graduation rates within 10 semesters for the Doctor of Nursing Practice Family Nurse Practitioner students who entered in Spring 2017 was 33% and for Fall 2017 was 25%. It should be noted that 67% (Spring 2017) and 75% had dropped from the program or taken a LOA.

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).

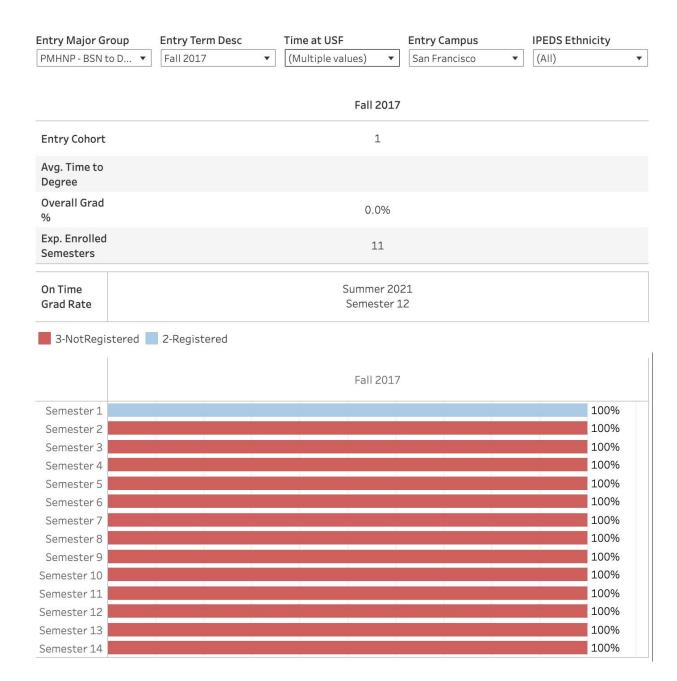
Completion rates for the MSN to DNP-FNP program within 13 semesters of matriculation (3 semesters longer than the designed 10 semester time to degree), depicted below, indicate that, with this longer time frame, many students are still not able to complete the degree program.



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

Program completion rates for the Doctor of Nursing Practice Psychiatric Mental Health Nurse Practitioner students (1student) who entered in Fall 2017 with expected graduation in Summer 2021, demonstrates that 0% of the Fall 2017 cohort graduated within a 12-semester time frame. The graph below depicts that 100% (1 student) either dropped from the program or took a LOA.

On-time completion rates for the BSN to DNP-PMHNPNP program fall below our benchmark of 80%; students in the BSN entry for our DNP-PMHNP program face challenges like those who enter with the BSN (described above). Program completion rates within 14 semesters of matriculation (3 semesters beyond the expected) for the Doctor of Nursing Practice depicted below, indicate that, with this longer time frame, students are still not able to complete the degree program. However, this data is based on one student so should not be generalized to reflect degree progress for all students in this Program.

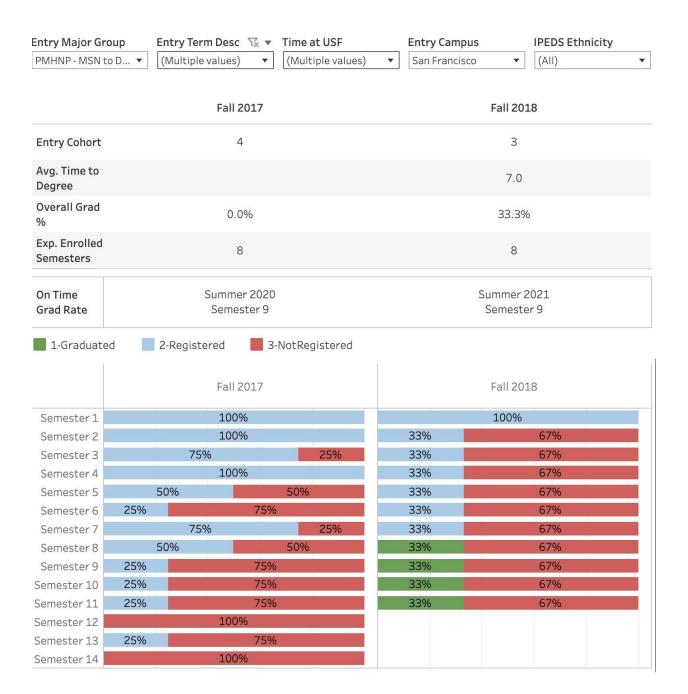


Master of Science Nursing Doctor of Nursing Practice Psychiatric-Mental Health Nurse Practitioner (MSN-DNP-PMHNP)

Program completion rates for the Doctor of Nursing Practice Psychiatric Mental Health Nurse Practitioner students (4 students) who entered in Fall 2017 with expected graduation in Summer 2020, demonstrates that 0% of the Fall 2017 cohort graduated within an 8-semester time frame. 100% of these students (n=4) either dropped from the program or took a LOA. The graph below depicts that after 8 semesters, 50% of the students had either dropped from the program or took a LOA.

Program completion rates for the Doctor of Nursing Practice Psychiatric Mental Health Nurse Practitioner students (3) students) who entered in Fall 2018 with expected graduation in Summer 2021, demonstrates that 33% (1 student) of the Fall 2018 cohort graduated within an 8-semester time frame. The remaining 2 students either dropped from the program or took a LOA. The graph below depicts that after 8 semesters, 67% of the students had either dropped from the program or took a LOA.

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-PMHNP program face challenges like those who enter with the BSN (described above). Program completion rates within 10 semesters of matriculation (2 semesters beyond the designed degree completion time of 8 semesters) for the Doctor of Nursing Practice depicted below, indicate that, with this longer time frame, most students are still not able to complete the degree program. However, this data is based on a very small sample of students so should not be generalized to reflect degree progress for all students in this Program.



b. Time to Degree

EL-DNP

The chart below depicts a 6.3 semester time to degree rate for all students who graduated from the EL-DNP Program in AY 2020-2021. The EL-DNP is a rigorous program designed for executive and emerging executive leaders to complete in six semesters; most of these nurse leaders work full time while completing the program. The completion rate for Cohort 10 (starting Spring 2019 and ending Fall 2020) was shaped by the extraordinary demands of the pandemic and reflects two students who took LOAs and returned, extending their time to degree to 3.2 years, while the remaining 20 students' time to degree was the expected two years.



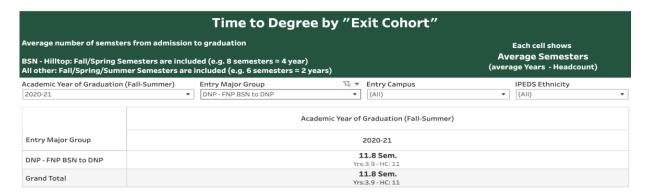
PHL-DNP

The expected time to degree for students in the DNP PHL Program campus is seven semesters. The time to degree for two DNP PHL students who graduated during the 2020-2021 academic year (n = 2 students), as indicated in the above retention and graduation rate charts, was 7 semesters. The average time to degree for the four students admitted and stayed in the program for AY 2018 was 9.3 semesters which exceeded the 7-semester expected graduation time per the program's curriculum pattern. This time was extended per the students' choice.



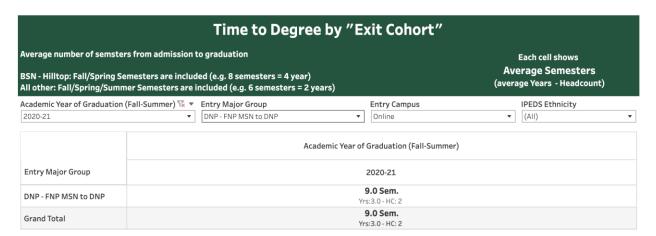
BSN-DNP-FNP

The average time to degree for BSN-DNP-FNP students who graduated during the 2020-2021 academic year (n = 11 students), as indicated in the chart below, is 11.8 semesters (3.9 years). The expected time to degree for students in the BSN-DNP-FNP Program is 12 semesters, or 3.9 years, which is slightly less than 4 years.



MSN-DNP-FNP

The average time to degree for MSN-DNP-FNP students who graduated during the 2020-2021 academic year (n = 2 students), as indicated in the chart below, is 9 semesters (or 3.0 years). The expected time to degree for students in the MSN-DNP-FNP Program is 9 semesters.



MSN-DNP-PMHNP

The average time to degree for MSN-DNP-PMHNP students who graduated during the 2020-2021 academic year (n = 5 students), as indicated in the chart below, is was 10.4 semesters (or 3.5 years). The expected time to degree for students in the MSN-DNP-FNP Program is 9 semesters, thus results indicate that it takes an additional 3 (1 year) semesters for most students to complete the 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 2020-21	, ,	Entry Campus (All)	IPEDS Ethnicity ▼ (All) ▼		
	Ac	ademic Year of Graduation (Fall-Summer))		
Entry Major Group		2020-21			
PMHNP - MSN to DNP		10.4 Sem. Yrs:3.5 - HC: 5			
Grand Total		10.4 Sem. Yrs:3.5 - HC: 5			

c. Academic Progression Requirements

The DNP has progression requirements in the qualifying and final semesters. During the qualifying semester, DNP students will write a manuscript and quality improvement project prospectus. Only the EL-DNP students are required to submit the manuscript to a peer-reviewed journal for potential publication. The DNP PHL and NP students only need to submit the manuscript to the USF Repository. During the final semester, all DNP students write a final project paper and present a PowerPoint presentation to a public audience, including faculty.

d. Licensure and Certification Rates

EL and NP DNP Students are required to achieve national certification before graduation. Natural certification is a measure of competency in their specialty. EL-DNP students achieve certification in leadership (e.g., Nurse Executive -Advance, Board Certification [NEA-BC]). Nurse Practitioners take certification exams in their respective specialties (e.g., Psychiatric Mental Health NP [PMHNP]; Family Nurse Practitioner Board certification [FNP-BC]). Below are the certification rates for the EL and NP DNP programs.

Certification Pass Rates	Program	Certification Pass Rate
	**EL-DNP	100%
Certification pass rates: first-time takers; # of passed the exam divided by the # of students who took the exam per calendar year.	FNP 2020-2021 ANCC (American Nurses Credentialing Center) (no report provided by ANCC if less than 3 students took the exam) 2020-2021 AANP (American Association of Nurse Practitioners) 12/14 students passed on the first attempt=86%: One student passed on the second attempt.	N/A 86%
	PMHNP 2020-2021 ANCC (American Nurses Credentialing Center) (no report provided by ANCC if less than 3 students took the exam)	N/A
	2020-2021 ANCC- 2/2 students took and passed the exam	100%

^{**}ELDNP curriculum requires national certification examination for professional development and is required for graduation, and is generally taken the third out of the sixth semesters.

^{*}FNP/PMHNP national certifications examinations are required for practice and licensing in the state of California, and generally NP students take the exam once they complete the DNP program.

2. Assessment of Student Learning

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

Three Program Learning Outcomes (PLOs) were assessed:

PLO 4: Effectively develop, implement, and evaluate evidence-based approaches to advance the field and systems of population health care delivery. (known as: Develop, implement, & evaluate EB approaches.)

PLO 6: Advocate for social justice, equity, and ethical policies in health care. (known as: Social justice, equity, & ethical policies.)

PLO 8: Effectively lead quality improvement and patient/client safety initiatives. (known as: QI & safety initiatives.)

b. How did you measure it?

The final DNP student paper was assessed from the spring, summer, and fall semesters of 2020. Forty-one papers were reviewed: 18 Executive Leadership (ELDNP), 9 Population Health Leadership (PHL), and 14 Nurse Practitioner (NP) student papers.

Faculty raters scored three sections of the papers on a 3-pt. scale ($1 = Does \ not \ meet$; 2 = Meets; 3 = Exceeds). The three dimensions - Available Knowledge, Intervention, and Ethical Considerations - relate directly to each PLO.

Available Knowledge was composed of four criteria labeled as follows: *Evaluation Table*; *PICOT*; *Local and National Data*; and *Summary of Evidence*. Intervention was composed of eight criteria labeled as follows: *Chosen Intervention, Why and by Whom; Purpose and Processes Related to Intervention; Gap Analysis*; *Gantt*; *SWOT*; *Budget and ROI*; *Responsibility/Communication Plan*; and *CBA or Cost Avoidance*. Ethical Considerations was composed of three criteria labeled as follows: *Ethical Aspects Addressed and Conflict of Interest*; *Privacy/Participant* Protection; and *Jesuit Values and ANA* (see Attachment: DNP PLO Assessment Report and Analysis, page 3 for details of all criteria and rubric used to assess the final papers).

c. What were the results?

For purposes of determining the percentage of each competency level, the competency levels were defined as follows:

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Does not Meet = average score of 1.0 to 1.5;
Meets = average score was 2.0 to 2.5; and,
Exceeds = average score of 3.0
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Overall DNP Average Performance by Criteria:

Across all DNP programs, students, on average, were scored highest on the Ethical Aspects Addressed and Conflict of Interest criterion (2.06/3) and lowest on the Chosen Intervention Why and by Whom criterion (1.71/3).

Overall DNP Competence by Criteria:

The highest percentage of students (95%) met or exceeded standards on the *Evaluation Table* criterion and the lowest percentage of students (49%) met or exceeded standards on the *Chosen Intervention*, *Why and by Whom* criterion.

DNP Average Performance by Paper Section:

The data below indicate the highest and lowest average scores across all paper sections by all of DNP and disaggregated by program.

- Across all DNP programs, students, on average, scored highest on the Available Knowledge section (2.02) and lowest on the Intervention section (1.86).
- Students in the PHL program, on average, scored highest on the Available Knowledge section (2.19) and lowest on the Intervention section (1.81).
- Students in the ELDNP program, on average, were scored highest on the Ethical section (1.90) and lowest on Available Knowledge (1.78).
- Students in the NP programs, on average, were scored highest in the Available Knowledge section (2.24) and lowest in the Intervention section (1.99).

DNP Competency by Paper Section:

The data below indicate the percentage of students who met or exceeded standards for each paper section:

- Across all DNP programs, 79% of students met or exceeded standards for the Available Knowledge section, 59% met or exceeded standards for the Interventions Section, and 68% met or exceeded standards for the Ethical section.
- In the PHL program, 89% of students met or exceeded standards for the Available Knowledge section, 53% met or exceeded standards for the Interventions section, and 56% met or exceeded standards for the Ethical section.
- In the ELDNP program, 57% of students met or exceeded standards for the Available Knowledge section, 53% met or exceeded standards for the Interventions section, and 59% met or exceeded standards for the Ethical section.
- In the NP program, 79% of students met or exceeded standards for the Available Knowledge section, 71% met or exceeded standards for the Interventions section, and 88% met or exceeded standards for the Ethical section.

DNP Competence by PLO:

The data below indicate the percentage of students who met or exceeded standards for PLO 4 (Develop, implement, & evaluate EB approaches.), PLO 6 (Social justice, equity, & ethical policies.), and PLO 8 (QI & safety initiatives.).

- Across all DNP programs, 59% of students met or exceeded standards for PLO 4, 68% met or exceeded standards for PLO 6, and 65% met or exceeded standards for PLO 8.
- In the PHL program, 53% of students met or exceeded standards for PLO 4, 56% met or exceeded standards for PLO 6, and 63% met or exceeded standards for PLO 8.
- In the ELDNP program, 53% of students met or exceeded standards for PLO 4, 59% met or exceeded standards for PLO 6, and 54% met or exceeded standards for PLO 8.
- 71% of students in the NP programs met or exceeded standards for PLO 4, 88% met or exceeded standards for PLO 6, and 73% met or exceeded standards for PLO 8.

The above differences in outcomes were identified between DNP tracks. For all DNP tracks, PLO 4 (Effectively develop, implement, and evaluate evidence-based approaches to advance the field and systems of population health care delivery) remains the most significant area for improvement based on assessment findings: PHL (1.81 average score), ELDNP (1.79 average score), and NP Programs (1.99 average score). However, the average score for PLO 8 (Effectively lead quality improvement and patient/client safety initiatives) in the ELDNP track was also 1.79, 1.91 in the PHL track, and 2.06 in the NP track. It is important to note in this analysis that the PHL and the NP Programs tracks share the same DNP core courses where the content addressing the evaluated criteria is taught. The ELDNP program has a separate course

delivery model and does not participate in the same DNP core courses as the PHL and NP Programs. The discrepancy in program outcomes needs to be further studied. See recommended Curriculum changes below.

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

- Faculty will refine the PLO assessment process including measurement instruments and scoring reliability and conduct faculty educational sessions to enforce the same consistent use of the assessment tool.
- Faculty will explore the revision of assessment methodology, rubrics, and criteria
 to assess achievement of student outcomes for PLO 4 (Develop, implement, &
 evaluate EB approaches). We used the rubrics from the final paper course, which
 did not adequately instruct the student or accurately measure the student learning
 outcomes.
- Conduct DNP faculty development sessions to promote consistency across all tracks and improve student learning and understanding of DNP final project deliverables.

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

PLO 4: Effectively develop, implement, and evaluate evidence-based approaches to advance the field and systems of population health care delivery.

- Added a narrative assignment about the quality improvement appendix in the N7005 Project Planning course in the Population Health Leadership curriculum.
- Revised the outline, rubric, and syllabi for the Qualifying and Final paper courses and updated to support all PLOs. Started Fall 2021.
- Revised the Evaluation of Evidence Table and made it APA 7th edition compliant (started in Fall 2020) The outline, rubric, and syllabi for the Qualifying Project and final DNP Project paper will be refined and updated to support all PLOs. Started fall 2021.
- Re-configured the 705A Scholarly Communication I and 705B Scholarly Communication II (PHL) and 734E Scholarly Inquiry and Evidence-based Practice for the Executive Leader (ELDNP) courses, key assignments, and skills: writing effective PICOT question, literature search and review, evaluation and

- appraisal of evidence, and synthesis to meet current course objectives. Started Spring 2020 (PHL) and Spring 2021 (ELDNP).
- Created an APA-compliant Qualifying Project and final DNP Project paper template. Started Fall 2020.
- Introduced gamification in 734E, using a Kahoot! game to reinforce research designs and methods to improve accurate identification of research and non-research evidence. Started Spring 2021.
- Provided a refresher on research design and evidence appraisal to ELDNP students during their Qualifying semester based on faculty feedback on Qualifying Project papers. Started Spring 2022.

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

• Created new narrative reflection assignment in the Practicum courses (790-794) related to Jesuit values across all DNP tracks. The focus is on how the Jesuit values relate to the change of practice project. Piloted in Summer 2021 and started in Spring 2022.

PLO 8: Effectively lead quality improvement and patient/client safety initiatives.

Updated 721 Legal and Risk Management in Administrative Practice course, to include a subject matter expert guest speaker presentation on Enterprise Risk Management, content on Failure Mode Effect Analysis in which students apply this technique in their written assignments. Based on a literature review, students evaluate three alternatives to mitigate the risk and provide their rationale for selecting the best course of action to mitigate risk or patient harm. Started Fall 2020.