

Indiana University School of Nursing
2011-12 Annual Assessment of Program Outcomes
BSN Program Report
Submitted to PRAC August 2012

| PUL | BSN Program Outcomes ¹ | Assessment Methods | Assessment Findings | Evidence of Use Based on Assessment Findings |
|--|---|--|---|--|
| The ability of students to engage in a process of disciplined thinking that informs beliefs and actions. | A critical thinker who demonstrates intellectual engagement and uses evidence as a basis for clinical reasoning and decision making. | <ul style="list-style-type: none"> ▪ Clinical Course Evaluations ▪ Capstone Evaluation² ▪ Kaplan: Critical Thinking Exam ▪ EBI Exit Survey³ ▪ BSN Alumni Survey ▪ Annual Employer Focus Groups ▪ NCLEX (Licensure) Exam | <p>NCLEX pass rate was 91.46% for 2011-above the national average, and increased from last year. Although the NCLEX pass rates continue to be above national averages they do not meet the program's benchmark.</p> <p>Capstone evaluation of student performance indicate that students meet program outcomes by the completion of their capstone practice intensive. Preceptor evaluations indicate that students are well prepared and are very much satisfied with their performance (mean satisfaction score on a 5-point scale: 4.76 and 4.68 for fall and spring, respectively). Evidence of preceptor satisfaction with the capstone experience is also noted by the majority of preceptors returning to this role each year.</p> | <p>Nursing has implemented a mandatory NCLEX review which began May 2012; it is too soon to note if there are positive outcomes in regards to this. Remediation plans have been established for students consistently not meeting benchmarks.</p> <p>The Capstone Research Utilization Project is evidence-based and requires research and inquiry related to the known practice evidence. Students are expected to disseminate results to the practice setting for incorporation into practice.</p> |
| The ability of students to recognize their own cultural traditions and to understand and appreciate the diversity of the human experience. | A culturally sensitive individual who provides holistic, individual, family, community, and population-centered nursing care. | <ul style="list-style-type: none"> ▪ Clinical Course Evaluations ▪ Capstone Evaluation ▪ EBI Exit Survey ▪ BSN Alumni Survey ▪ Annual Employer Focus Groups | | |
| The ability of students to | A knowledgeable care coordinator who | <ul style="list-style-type: none"> ▪ Clinical Course Evaluations | | |

¹ Faculty comprehensively reviewed and revised all Program Outcomes based on changes in the field in 2011-12-these are bolded in this report, as they represent new/revised wording.

² Students, faculty and preceptors evaluate students' ability to meet this outcome

³ Survey items dealing with critical thinking

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| <p>examine and organize disciplinary ways of knowing and to apply them to specific issues and problems.</p> | <p>facilitates access to resources across the continuum of health care environments in order to meet the evolving health care needs of individuals, families, communities, and populations.</p> | <ul style="list-style-type: none"> ▪ Capstone Evaluation ▪ Kaplan: Community Health and Diagnostic Exams ▪ BSN Alumni Survey ▪ Annual Employer Focus Groups ▪ NCLEX Exam ▪ Assessment of PUL | <p>EBI exit survey results indicated that 85% of respondents had been offered employment.</p> <p>Students rated the overall program effectiveness, as well as most other specific categorical questions very similar to the comparison group on the EBI exit survey.</p> <p>Student self-ratings on PULs are all at or above IUPUI mean in all categories for this reporting period.</p> | <p>Graduate placement rates are currently being affected by the job market so will need to continue to monitor the workforce market. Graduates however find employment within 3-6 months of graduation.</p> <p>Evidence gathered from PUL assessments suggests both students and faculty rate skills highly in all areas. Given this, no intervention in this area is warranted.</p> |
| <p>The ability of students to use information and concepts from studies in multiple disciplines in their intellectual, professional, and community lives</p> | <p>An individual who understands and considers the impact of health care policy, finance, and regulatory environments on care delivery.</p> | <ul style="list-style-type: none"> ▪ Capstone Evaluation ▪ EBI Exit Survey ▪ BSN Alumni Survey ▪ Annual Employer Focus Groups ▪ Assessment of PUL | <p>Faculty PUL ratings for the most recent reporting period indicate:</p> <ul style="list-style-type: none"> ▪ At the 200 level in courses with major emphasis, 95% of students fell in effective or very effective in every category. ▪ At the 300 level in courses with major emphasis, 93% of students fell into the effective or very effective categories. ▪ At the 400 level in courses with major emphasis, 96% of students fell into the effective or very effective categories. | <p>Faculty are immersed in significant curriculum revision based on assessment findings, results of focus groups, trends in health care delivery, and faculty input.</p> |
| <p>The ability of students to make sound decisions with respect to individual conduct, citizenship, and aesthetics.</p> | <p>An individual who embodies the professional identity of the nurse and who translates the inherent values of the nursing profession into the ethical and legal</p> | <ul style="list-style-type: none"> ▪ Clinical Course Evaluations ▪ Capstone Evaluation ▪ EBI Exit Survey ▪ BSN Alumni Survey ▪ Assessment of PUL | <p>As of August, 2012, we have 33 honors</p> | <p>Senior nursing students are</p> |

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| | practice of nursing. | | students, not including 3rd semester students who have not yet been identified; we had 4 graduates in the 2011-12 AY – each student completes a research project with a faculty mentor. | consistently among the top 100 IUPUI students (5 this year, with one top 10 student). |
| The ability of students to express and interpret information, perform quantitative analysis, and use information resources and technology. | An effective communicator who collaborates with interprofessional team members, patients, and their support systems for improved health outcomes. | <ul style="list-style-type: none"> ▪ Clinical Course Evaluations ▪ Capstone Evaluation ▪ EBI Exit Survey ▪ BSN Alumni Survey ▪ Annual Employer Focus Groups ▪ Assessment of PUL | <p>BSN graduates indicate the degree to which they meet program outcomes (PO). The following indicates <i>the percentage of respondents who rate their competence in each of the following areas as very strong or strong</i>. Survey results are for 2011-12 graduates:</p> <ul style="list-style-type: none"> ▪ PO 1 Critical thinker: 84% ▪ PO 2 Cultural competence: 76% ▪ PO 3 Care coordinator: 70% ▪ PO 4 Political process: 55% ▪ PO 5 Ethical legal: 93% ▪ PO 6 Communicator: 86% ▪ PO 7 Competent provider: 82% ▪ PO 8 Professional role model: 91% ▪ PO 9 Responsible manager: 62% <p>We are less strong in management and political processes. We are in the midst of significant curriculum revision and will address these perceived weaknesses.</p> <p>Nursing uses standardized testing (Kaplan)</p> | |
| The ability of students to examine and organize disciplinary ways of knowing and to apply them to specific issues and problems. | A competent care provider who is prepared to practice to the full capacity of the professional nurse role in diverse health care environments. | <ul style="list-style-type: none"> ▪ Clinical Course Evaluations ▪ Capstone Evaluation ▪ Kaplan: Physical Assessment, Fundamentals, Medical-surgical, Pediatrics, Community, Pharmacology, Management and Diagnostic Exams ▪ BSN Alumni Survey ▪ Annual Employer Focus Groups ▪ NCLEX Exam | | |

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| The ability of students to examine and organize disciplinary ways of knowing to apply them to specific issues and problems. | An accountable leader and manager who applies principles of systems and organizational processes and balances resources to promote quality care and patient safety. | <ul style="list-style-type: none"> ▪ Assessment of PUL ▪ Clinical Course Evaluations ▪ Capstone Evaluations ▪ BSN Alumni Survey ▪ Annual Employer Focus Groups ▪ Assessment of PUL | <p>following each major topical/content area. In the following areas, recent testers consistently exceeded our benchmark means: OB/Peds, Psychosocial, Critical Thinking, and Management. In the areas of Fundamentals, Medical-surgical, and Physical Assessment, recent test means did not always meet the benchmark; and in the area of Pharmacology, a benchmark needs to be set.</p> | |
| The ability of students to express and interpret information, perform quantitative analysis, and use information resources and technology. | An individual who embraces and employs innovations in information management and technology in the delivery of quality patient care. | <ul style="list-style-type: none"> ▪ Clinical Course Evaluations ▪ Capstone Evaluation ▪ EBI Exit Survey ▪ BSN Alumni Survey ▪ Annual Employer Focus Groups ▪ Assessment of PUL | Employers continue to indicate that graduates are prepared with the knowledge and skills consistent with expectations for entry into practice. | |

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| PGL | MSN Program Outcomes | Assessment Methods | Assessment Findings | Evidence of Use Based on Assessment Findings |
|--|--|--|---|---|
| Demonstrates the knowledge and skills needed to meet disciplinary standards of performance | Model excellence in nursing leadership to improve nursing practice within a complex health care system | <ul style="list-style-type: none"> ▪ Clinical Course Evaluations ▪ Preceptor Evaluations ▪ EBI Exit Survey ▪ MSN Alumni Survey ▪ Annual Employer Focus Groups | The EBI exit survey and preceptor evaluations indicate that at the time of graduation, students have met the program outcomes. Graduate data is consistent in comparison to institutional data from other schools within same | <p>Review of all professional advanced practice national standards to continue to ensure that students will have the knowledge and skills to meet current advanced practice expectations.</p> <p>Faculty continue to review the MSN curriculum to determine if core courses provide a strong foundation for advanced nursing practice tracks.</p> |
| Meet all ethical standards established for the discipline | Conduct advanced nursing practice within ethical-legal guidelines, professional policies and regulations, and standards of practice associated with a specialty area of practice | <ul style="list-style-type: none"> ▪ Clinical Course Evaluations ▪ Preceptor Evaluations ▪ EBI Exit Survey ▪ MSN Alumni Survey ▪ Annual Employer Focus Groups | Carnegie class. Measured outcomes include communication, application of advanced knowledge, research to support evidence-based practice, technology, sociocultural diversity, and ethics. | <p>Work closely with national accrediting bodies to meet new requirements as well as incorporate more distance options and standardization where appropriate across program tracks.</p> <p>Continue to encourage graduates who are prepared in an advanced practice role that offers certification to become certified as soon after graduation as possible to close the gap between the formal education experience and the assessment of the knowledge gained from the educational program.</p> |
| Demonstrates the knowledge and skills needed to meet disciplinary standards of performance | Synthesize knowledge from nursing as well as biological, behavioral, social, administrative, educational, and communication science form application to a chosen domain of advanced practice | <ul style="list-style-type: none"> ▪ Clinical Course Evaluations ▪ Preceptor Evaluations ▪ Thesis/Project ▪ MSN Alumni Survey ▪ Annual Employer Focus Groups | Students ranked themselves as highest in their development of critical thinking and use of scholarly inquiry to advance the practice of nursing, as well as understanding of their professional roles. | <p>National trends suggest the need for a well-educated workforce so faculty are committed to encouraging graduates to return for either the PhD or the DNP (Doctorate of Nursing</p> |

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| | nursing | <ul style="list-style-type: none"> ▪ Certification | | |
| Think critically and creatively to improve practice in the field of nursing | Demonstrate scholarly inquiry and reflection that exemplifies critical, creative, and systems thinking to advance the practice of nursing | <ul style="list-style-type: none"> ▪ Preceptor Evaluations ▪ Thesis/project ▪ EBI Exit Survey ▪ MSN Alumni Survey ▪ Annual Employer Focus Groups | <p>Certification rates for graduates of MSN tracks range between 100-80%</p> <p>82.6% of graduates are employed in Advanced Practice Roles.</p> | <p>Practice). This is consistent with the Institute of Medicine’s recommendation to increase the number of doctorally prepared nurses for the future. Faculty and administration have worked to seek funding opportunities for MSN graduates to return for doctoral education. This will be an ongoing process and contingent on competing for federal allocations over the next 5 years.</p> |
| Demonstrates the knowledge and skills needed to meet disciplinary standards of performance | Frame problems, design interventions, specify outcomes, and measure achievement of outcomes while balancing human, fiscal, and material resources to achieve quality health outcomes | <ul style="list-style-type: none"> ▪ Clinical Course Evaluations ▪ Preceptor Evaluations ▪ Thesis/Project ▪ EBI Exit Survey ▪ MSN Alumni Survey | <p>EBI rating on preparation in team concepts indicated room for improvement when compared with Carnegie class.</p> | <p>Three HRSA and 1 CMS grant applications were submitted Spring 2012 to fund graduate education.</p> <p>Genetics was rated as lowest in level of knowledge preparation and this will be discussed by the Graduate Curriculum committee in the fall of 2012.</p> |
| Communicate effectively to improve practice in the field of nursing | Use information technology and knowledge-based resources to manage and transform data that inform clinical practice | <ul style="list-style-type: none"> ▪ Clinical Course Evaluations ▪ Thesis/Project ▪ EBI Exit Survey ▪ MSN Alumni Survey ▪ Annual Employer Focus Groups | | |
| Think critically and | Systematically apply | <ul style="list-style-type: none"> ▪ Clinical Course | | |

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| creatively to improve practice in the field of nursing | evidence from research findings to answer clinical questions, solve clinical problems, and develop innovative nursing interventions and health policies for selected patient populations | <ul style="list-style-type: none"> Evaluations ▪ Preceptor Evaluations ▪ Thesis/Project ▪ MSN Alumni Survey ▪ Annual Employer Focus Groups | | |
| Demonstrates the knowledge and skills needed to meet disciplinary standards of performance | Demonstrate collaborative practice and interpret nursing science within an interdisciplinary context | <ul style="list-style-type: none"> ▪ Clinical Course Evaluations ▪ Preceptor Evaluations ▪ MSN Alumni Survey | | |
| Meet all ethical standards established for the discipline | Articulate the effects of culture, diversity, values, and globalization in the design, delivery, and evaluation of health services | <ul style="list-style-type: none"> ▪ Clinical Course Evaluations ▪ Preceptor Evaluations ▪ MSN Alumni Survey ▪ Annual Employer Focus Groups | | |

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| PPL | PhD Program Outcomes | Assessment Methods | Assessment Findings | Evidence of Use Based on Assessment Findings |
|---|---|---|---|---|
| Demonstrate the knowledge and skills needed to participate in disciplinary standards of performance, as stated for the degree | Synthesize knowledge from nursing as well as biological and behavioral sciences to investigate health phenomena | <ul style="list-style-type: none"> ▪ Qualifying examination ▪ Self-assessment of program outcomes in relation to curriculum | First year students are challenged in their critical thinking and appreciative inquiry skills. | <p>The 2012 Summer Intensive was redesigned to increase socialization and engagement of all PhD students in each cohort. Redesign included increased student sharing of research ideas and progress with newer students, participation of more faculty during the intensive, face-to-face contact with students, and increased options for sessions on professional development.</p> <p>The appointment of a Coordinator of PhD Program has facilitated improvement in many of the suggestions from the PhD Alumni Survey and Summer Intensive feedback. An Oncourse site was developed for PhD student resources and coordination. Doctoral program coordinators (PhD and DNP) are working</p> |
| Think critically and creatively to improve practice in their field | Utilize analytical and empirical methods to extend nursing knowledge and scholarship | <ul style="list-style-type: none"> ▪ Summer Intensive evaluations | 2011 PhD alumni survey demonstrated graduate satisfaction with the program in relation to program and preparation for employment. | |
| Think critically and creatively to improve practice in their field | Conduct and communicate research that advances the body of scientific knowledge independently | <ul style="list-style-type: none"> ▪ Proposal defense | Summer intensive student evaluations after 2011 intensive indicated several areas needing improvement related to scheduling and engagement of PhD students. | |
| | Defend the social significance of the expanded knowledge base of nursing | <ul style="list-style-type: none"> ▪ Dissertation defense | | |
| Meet all ethical standards established for the discipline | Interpret nursing science within an interdisciplinary context | <ul style="list-style-type: none"> ▪ Alumni survey | | |
| Think critically and creatively to improve practice in their field | Translate research findings for use in improving health care Represent the science of nursing perspective in interdisciplinary discussions | | Results from the PhD Alumni survey demonstrated participation of graduates in education and clinical research as primary and co-investigators; on average, 4 memberships per graduate | |
| Communicate effectively with peers, clientele, and the | Seek critical review and feedback in effectively | | | |

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| PPL | PhD Program Outcomes | Assessment Methods | Assessment Findings | Evidence of Use Based on Assessment Findings |
|---|---|--------------------|---|--|
| general public | communicating research findings to various interested publics | | in professional organizations; 40-50% are actively involved in funded research and scholarship. | together to facilitate collaborative learning, evidence-based projects and research opportunities between and among both programs. |
| Demonstrate the knowledge and skills needed to participate in disciplinary standards of performance, as stated for the degree | Fit a program of research into employer's role expectations | | Suggested areas for improvement include: more preparation in manuscript development and preparation; better balance between quantitative and qualitative research method skills; and increased cohort activities planned for post candidacy/pre-defense period of time. | |
| Demonstrate the knowledge and skills needed to participate in disciplinary standards of performance, as stated for the degree | Develop as a nurse scholar who demonstrates a commitment to life-long learning of self and others | | | |
| Demonstrate the knowledge and skills needed to participate in disciplinary standards of performance, as stated for the degree | Participate in scholarly activities at the state and national levels | | | |

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DNP PROGRAM – PRAC REPORT – This evaluation plan document was formally approved in October, 2011. Some evaluation has been ongoing every semester of the program, with some components still needing to be implemented as the program continues. Data and findings available to-date are in red throughout the document. See attachment for example of program objectives by program outcomes/assignments.

Key to Acronyms:

| | |
|---------|---|
| AA | Academic Advisor for the DNP Program |
| ADGP | Associate Dean of Graduate Programs |
| AM | Agency Mentor aka Clinical Preceptor |
| DAC | DNP Advisory Committee |
| DNP APG | DNP Admission, Progression & Graduation |
| GCC | Graduate Curriculum Committee |
| OoE | Office of Evaluation at IUSON |
| PC | Program Coordinator for the DNP Program |

The following plan uses the same heading & column structure as the IUSON evaluation plan. The components of the plan reflect both internal and external benchmarks. Internally, the plan was vetted against:

- 1) The original DNP evaluation plan approved by GCC
- 2) The IUSON evaluation plan—DONE
- 3) IUPUI's Principles of Graduate and Professional Learning—DONE

Additionally, the plan has been vetted against the following external guidelines:

- 1) CCNE accreditation standards—DONE
- 2) NLNAC standards—DONE
- 3) NTF, 2008 standards—DONE

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| Mission/Vision | | | | | |
|--|--|--|------------------------|--|---|
| Key Goals | Evidence | Time/ Frequency Cycle | Responsible Parties | Expected Outcomes | Examples of how to use data to make decisions |
| A) The DNP program mission/vision/goals/outcomes are consistent with the mission/vision/goals missions of the IUSON and IUPUI. | Compare DNP Program to IUSON mission/vision/goals DNP Program recognition # of DNP graduates practicing in IN and in underserved IN counties per EBI DNP Exit Survey. | Annually | PC | Consistency between DNP and IUSON's mission/vision/goals. Evidence of DNP Program's contribution to IUPUI's mission in that... 85% of positions secured by respondent students are in Indiana. 50% of positions secured by respondent students are in underserved counties in Indiana. | The DNP vision/mission/goals are consistent with those of IUSON and IUPUI. Most DNP graduates are practicing in Indiana upon graduation. Eight graduates in May 2012. 7/8 practicing in Indiana (1/8 international student returning home). A number of DNP graduates are practicing in underserved counties in Indiana upon graduation. |
| B) The DNP Program outcomes and course objectives are consistent with national standards (e.g., NLNAC, AACN DNP Essentials, NTF, etc.) and are grounded in relevant practice expectations. | Cross-walk documents as evidence of incorporation of standards into program outcomes & course objectives. EBI DNP Exit Survey Alumni surveys at 1,3, and 5 years post-graduation for each cohort | 1 year after start of DNP program Review and update every 3 years and as needed | PC, OoE, ADGP | Academic standards are visible in DNP outcomes and course objectives to students, faculty, clinical partners and accrediting organizations DNP Program outcomes are relevant to current and future practice and consistent with professional standards chosen by faculty in consultation with | The DNP Program is recognized for its quality and utility by state, regional and national accrediting bodies. Program received accreditation in November 2011 through AACN. Curricula are revised according to national standards and practice expectations as appropriate in consultation with accrediting bodies and clinical partners. DNP graduates are recruited into health care settings in roles consistent with DNP program outcomes. |

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| Mission/Vision | | | | | |
|--|--|-----------------------------|------------------------|---|--|
| Key Goals | Evidence | Time/ Frequency Cycle | Responsible Parties | Expected Outcomes | Examples of how to use data to make decisions |
| | Meeting standards and practice expectations will be evidenced by course grades, e-Portfolio artifacts, student reflective activities, AMs evaluation of students' progress toward program outcomes with supplementary phone interviews as needed | | | accrediting bodies and clinical partners. | |
| C) DNP faculty, staff and students contribute to decisions affecting the goals and strategic planning for the DNP program. | DAC minutes Student input from focus groups and surveys | Annually | PC, AA | Faculty, staff and students are meaningfully engaged in decisions related to setting and implementing goals and plans for the DNP as evidenced by DAC minutes and student focus groups/surveys. | Processes are in place to assure that we are capturing the talents and suggestions of faculty, staff, and students as we develop and grow the DNP Program. Multiple focus groups of faculty and staff conducted for feedback on program processes. |

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| Institutional Commitment and Resources | | | | | |
|---|---|-----------------------------|------------------------|--|--|
| Key Goals | Evidence | Time/ Frequency Cycle | Responsible Parties | Expected Outcomes | Examples of how to use data to make decisions |
| A) Faculty members are sufficient in number, academically and experientially prepared for the areas in which they teach to accomplish expected program/student outcomes. | Course assignments Course evaluations Annual reports Faculty CV's/Credentials | Annually | PC, ADGP | Sufficient qualified faculty are available for carrying out administrative and faculty roles. Faculty are successful in meeting promotion and tenure benchmarks. | Gaps in faculty numbers or preparation are identified and recruitment plans developed. Additional faculty recruited and oriented to advisor roles for student inquiry projects. Faculty are supported to reach their promotion and tenure benchmarks while providing high quality DNP teaching excellence. |
| B) Qualified AMs are academically and experientially qualified for their role in assisting in the achievement of expected student and program outcomes, and are trained and engaged as active partners in each student's Program Committee. | Clinical partnership contracts Student needs vs. availability of AMs (Inquiry Project review) | Annually and as needed | PC | Sufficient qualified AMs are available for student experiences. | Gaps are identified and recruitment and AM orientation plans are refined as needed. |
| C) All coursework is distance accessible and technology enabled and support is in place. | Schedule of distance-accessible DNP coursework Adequate FTEs for distance/technology support staff Student satisfaction | Annually | PC, AA | Distance-accessible technology and technology support personnel meet student and faculty expectations as evidenced by 85% of respondent students moderately to very satisfied with access to | Gaps are identified and strategies developed as to how best to use technology support personnel to assist students to use available technology. |

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| Institutional Commitment and Resources | | | | | |
|--|--|-----------------------------|------------------------|--|---|
| Key Goals | Evidence | Time/ Frequency Cycle | Responsible Parties | Expected Outcomes | Examples of how to use data to make decisions |
| | w/information technology support on EBI DNP Exit Survey | | | and training to use information technology (as reflected by items on the EBI DNP Exit Survey). | |
| D) Required courses are available to promote timely student progression through the DNP Program. | Course listings vetted against cohort program of study Evidence of on-time student progression & graduation rates EBI DNP Exit Survey | Annually | PC, AA, ADGP | Courses are offered timely in relationship to each student's program of study as evidenced by 85% of respondent students moderately to very satisfied with availability of courses (as reflected by items on the EBI DNP Exit Survey). | Gaps in course timing are identified and planning takes place to assure that courses are offered in ways that support timely program progression. |
| E) The DNP Program is cost efficient (neutral) and fiscal resources support program needs. | Modeling of program revenues vs. expenses | Annually | PC, ADGP | DNP Program is cost efficient. | Revenues balance against program expenses. |
| F) Evidence of effective DNP leadership & direction in carrying out DNP program. | Regular reports from PC of DNP APG reports of accomplishments to CCNF-GCC and DAC as recorded in minutes | Annually | PC, Dean | Agreement that the DNP administrative direction and leadership are consistent with the DNP, SON, and IUPUI mission, goals and strategic plans. | Recognition that the DNP program is effectively serving the needs of students, faculty, administration, clinical partners and employers. Student satisfaction surveys were overwhelmingly positive as to program support for students. Students were very supportive and influential in credentialing process. |
| G) DNP documents/publications | DNP Web pages DNP-related | Annually | PC, AA, ADGP | Materials are appropriate, accurate, informative, | Prospective and current students, clinical partners and alumni are able to access the information they need and |

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| 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. | publications DNP recruitment materials DNP Student Handbook | | SON Director of Marketing | consistent across all communication media and facilitate student APG. | there are no inconsistencies across DNP-related materials. Oncourse site and portfolio process were rated very highly by students. Example of on-line documents to highlight program objectives and outcomes and the link to student assignments attached. |
| H) Student financial aid is available and accessible. | # and amount of aid packages available # and dollar amount for student's with aid packages | Annually | PC, AA | 100% of students with financial needs have access to financial aid information. | Gaps are identified in terms of students needing aid, but not finding aid. |
| I) Facilities and physical resources are sufficient to enable the program to fulfill its mission, goals and expected program outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed. | Review of facility/physical resources compared to DNP program needs. | Annually | ADGP | Facilities and physical resources support program needs. | Gaps are identified in terms of facility or physical resource needs. |

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| Educational Quality and Effectiveness | | | | | |
|--|--|-----------------------------------|------------------------|--|--|
| Key Goals | Evidence | Time/ Frequency Cycle | Responsible Parties | Expected Outcomes | Examples of how to use data to make decisions |
| A) The DNP curriculum is designed and delivered to achieve DNP program outcomes and to prepare graduates to assume advanced practice roles consistent with a DNP degree. | EBI DNP Exit Survey | Prior to each cohort's graduation | PC, OoE | 85% of DNP graduates are moderately to very satisfied with the attainment of program outcomes consistent with their advanced practice role. | Students and employers report that graduates are prepared to assume advanced practice roles consistent with a DNP degree. Gaps in achievement of any program outcome are identified and plans are developed to close such gaps. |
| | Program Committee decisions to graduate students | Prior to each cohort's graduation | PC | 100% of DNP graduates' Program Committee's agree that graduates have attained the 7 DNP program outcomes as evidenced by course completion & Committee approval of Inquiry Projects. | AMs report that graduates are prepared to assume advanced practice roles in their organizations. Very positive feedback by AMs. regarding preparation of students in program. |
| | AA assessment of student clinical hours | Prior to each cohort's graduation | AA, Faculty Advisors | 100% of DNP graduates have attained the required number of clinical hours. | |
| | EBI DNP Exit Survey | Prior to each cohort's graduation | PC, OoE | 50% of respondent DNP graduates will have secured advanced practice employment consistent with DNP-level knowledge, skills and | |

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| Educational Quality and Effectiveness | | | | | |
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| Key Goals | Evidence | Time/ Frequency Cycle | Responsible Parties | Expected Outcomes | Examples of how to use data to make decisions |
| | | graduation | | outcomes. | |
| CONTINUED FROM PRIOR PAGE A) The DNP curriculum is designed and delivered to achieve DNP program outcomes and to prepare graduates to assume advanced practice roles consistent with a DNP degree. | AM Typhon survey e-Portfolio program-level assessment | Annually Annually | PC, ADGP PC, DNP Faculty | 85% of AMs report that DNP grads are adequately prepared to assume advanced practice roles consistent with DNP-level knowledge, skills and outcomes. Faculty's scheduled evaluation of cells of e-Portfolio matrix demonstrates attainment of program outcome/ DNP Essential associated with each cell. | |
| B) The DNP Program outcomes are consistent with IUPUI's Principles of Graduate & Professional Learning and IU Graduate program requirements. | EBI DNP Exit Survey Cross-walk measurement of PGPL's across DNP curriculum | Annually As needed | ADGP GCC, OoE PC, GCC | 85% of graduates judge their ability to meet PGPL's as good to excellent on EBI DNP Exit Survey. | Students judge their abilities to meet PGPL's as satisfactory to very satisfactory upon graduation; any gaps are identified and plans developed to close such gaps. |

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| Educational Quality and Effectiveness | | | | | |
|--|--|-----------------------------|------------------------|--|---|
| Key Goals | Evidence | Time/ Frequency Cycle | Responsible Parties | Expected Outcomes | Examples of how to use data to make decisions |
| C) Faculty employ teaching and learning strategies that reflect teaching excellence and innovation and facilitate the students' ability to meet course and program outcomes. | Course evaluations | Annually | OoE | 85% of course evaluations will be at or above a 4.0 on a 5.0 scale. | Continued recognition as NLN Center for Excellence. DNP Program description and current performance described in NLN Center of Excellence applications. IUSON re-designated as Center of Excellence in pedagogy and newly designated Center of Excellence in teaching research and scholarship in summer 2012. Teaching practices promote the attainment of program outcomes for all students enrolled. Developmental supports are available to promote students and faculty in the use of evolving technologies that promote students attainment of program outcomes Teaching and learning practices are consistent with the diverse population of learners admitted to the DNP program. |
| | Annual faculty reports reflect innovative teaching products | Annually | ADGP | Annual faculty reports reflect products that reflect teaching excellence & innovation. | |
| | # of teaching-related awards given to faculty | Annually | ADGP | Faculty recognized for excellence in teaching. | |
| | # of partnerships in place to support development & implementation of teaching innovations | Annually | PC | Evidence of partnerships that support teaching innovation. | |
| | Listing of cohort's Inquiry Projects | Annually | PC, AA | 100% of student Inquiry Projects reflect | Example of partnership in course on resources management using real case studies presented by 3 different local Chief Nursing Officers who participate in student learning about management of cases. |

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| Educational Quality and Effectiveness | | | | | |
|--|---|--|----------------------------|--|---|
| Key Goals | Evidence | Time/ Frequency Cycle | Responsible Parties | Expected Outcomes | Examples of how to use data to make decisions |
| | | | | application of translational science principles to real-world practice problems. | |
| D) Admission requirements are correlated with student and program success. | Student admission, progression and graduation reports | Garner initial cohort information; then at least every 2 years | PC, AA | 80% students who are admitted remain in good academic standing and graduate from the program in a timely manner. | Rethink/revise admission requirements as needed. |
| E) The DNP Program's academic policies & procedures are fairly and systematically implemented to facilitate student success. | APG minutes and annual report Student progression compared to program plan Actual vs. expected graduation rates | Annually | DNP APG Committee; ADGP | DNP policies are systematically and fairly implemented as evidenced by 80% of post-master's full-time students graduating in 3 years; 80% of part-time students graduating in 6 years. All exceptions to policy are documented with accompanying legally defensible rationale | DNP P&Ps facilitate the admission, progression and graduation of students in the most efficient manner. Overwhelming positive feedback from students regarding support through these processes. |
| F) The DNP Program follows the established IUPUI and SON process/policy for | Grievance tracking document for the SON w-outcome/rationale | Annually | PC, AA | Grievances are fairly and timely handled. | Grievances are viewed as opportunities to consider any needed changes to program policies and procedures. |

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| Educational Quality and Effectiveness | | | | | |
|---------------------------------------|-----------------------|-----------------------------|------------------------|-------------------|---|
| Key Goals | Evidence | Time/ Frequency Cycle | Responsible Parties | Expected Outcomes | Examples of how to use data to make decisions |
| handling formal grievances. | for handling of each. | | | | |

| Program Effectiveness | | | | | |
|---|---|-----------------------------|------------------------|--|--|
| Key Goals | Evidence | Time/ Frequency Cycle | Responsible Parties | Expected Outcomes | Examples of how to use data to make decisions |
| A) DNP program evaluation data is aggregated, analyzed, trended and distributed to faculty, staff and administration | Minutes of GCC and Administrative meetings Including admit/graduation rates, employment rates, EBI data, alumni/employer survey data | Annually | PC, OoE | DAC and GCC minutes reflect that evaluation data is accessible and useable for faculty and administrative decisions. | Decision support information is available and useful to inform ongoing and future decisions. |
| B) Aggregated evaluation findings inform program decision making and are used to maintain or improve student learning outcomes. | Minutes of GCC and DAC showing program decisions/changes based on evaluation findings reported on annual report. | Annually | PC, GCC | DAC and GCC minutes reflect ongoing use of evaluation data to improve program outcomes. | Minutes reflect the use of evaluation findings to inform program improvements. |
| C) The e-Port design is consistent with | Program assessment via evaluation of | Annually | DAC, PC, AA | 85% of annual program-level assessment of | The ePort design and curricula is revised as needed. |

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| Program Effectiveness | | | | | |
|--|--|---|------------------------|---|--|
| Key Goals | Evidence | Time/ Frequency Cycle | Responsible Parties | Expected Outcomes | Examples of how to use data to make decisions |
| demonstrating DNP program outcomes, national standards and PGPL's. | artifacts by program outcome & DNP Essential Scoring of Reflective Writing Assignment | At mid- and end of program for each cohort | PC, Faculty Advisors | assigned cells in matrix score as meeting program standards; suggested improvements are also collected and acted upon by designated DNP faculty, or administrative/faculty bodies. 85% of Reflective Writing Assignment papers demonstrate progression of transformative learning as evidenced by higher scoring from mid-to-end of program. | The Reflective Writing Assignment process and rubric are revised as needed. Ongoing evaluation of Reflective Writing Assignment in multiple Advisory meetings. Manuscript submitted for review. |
| D) Aggregate faculty evaluation outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes. | EBI DNP Exit Survey Annual faculty reports | Prior to each cohort's graduation Annually | OoE PC, ADGP | 85% of students rate >= 80% of faculty as excellent to exceptional (as indicated by item on EBI DNP Exit Survey). Faculty continue appointment in rank. | Aggregate faculty evaluation data is used to effect any changes needed to further the program's mission, goals, and expected student outcomes. Continue to monitor. |

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Course Artifacts of Student Learning in Relation to Essentials and Program Outcomes

| | E1 Scientific Underpinnings for Practice | E2 Organizational and Systems leadership for Quality improvement and Systems Thinking | E3 Clinical Scholarship and Analytical methods for Evidence-Based Practice | E4 Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care | E5 Health Care Policy for Advocacy in Health Care | E6 Interprofessional Collaboration for Improving Patient and Population Health Outcomes | E7 Clinical Prevention & Population Health for Improving the Nation's Health | E8 Advancing Nursing Practice |
|--|---|---|--|---|--|--|---|---|
| PO1 - Use relationship-centered nursing leadership to improve health care and the health status and outcomes of people | D751 RCL: Leadership Paper | D744: Class Preparation Paper 1 D751 RCL: Reflective Analysis of Leadership Skills | | | | | | |
| PO2 - Engage with communities of practice to frame problems, design, and implement evidence-based interventions, and evaluate outcomes | | D751 KC: Reflection Paper on the Value of the Fifth Discipline Field Book | D736: Complete IRB modules that apply to clinical project (Social and Behavioral Focus, Health Information Privacy and Security) D736: (1)Write Introduction section; (2)Critique and reflect on your project | | D743: Legislative testimony | D744: Group Case Study PowerPoint and Reference/Resource Sheet for Nurse Leader | | D749: Paper describing nursing problem and the scope of the problem at the agency |
| PO3 - Integrate the needs of diverse societies in the design, delivery, and evaluation of health services in complex systems | D737: Develop comprehensive description of program logic model and generate graphic depictions for Inquiry Project | D744: Class Preparation Paper 2 | | | D743: Policy paper | | D735: Population Health Analysis Paper | |

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| PO4 - Transform clinical practice through reflection, action inquiry, strategic resource management, information technology and/or knowledge-based resources | | | | | | | D737: Reflective narrative related to Inquiry Project | D749: Inquiry Project reflective journal |
| PO5 - Translate knowledge for application to the delivery of advanced practice nursing | | D737: Critique of translational science theory for use in Inquiry project D737: Article critique using SQUIRE Guidelines | D735: Research Critique on Three Types of Research (exp. cohort, case control) D737: Submit IRB proposal | I631: Executive Summary | | | | D749: Search strategy for Inquiry Project |
| PO6 - Implement changes based on evaluation of health systems, health policy, and nursing science in response to social, political, economic, and ethical issues | | | | | D744: Class Preparation Paper 3 | | D737: Design and Implement Plan for Inquiry Project | |
| PO7 - Evaluate the impact of change on complex health systems including individuals and populations | D751 KC Artifact: Case Study – Greater Than Sum | | D735: Biostatistical problems | I631 Evaluation Paper | | | D737: Measurement and Evaluation Plan | D749: Submit final paper and provide public presentations |
| Course Numbers with Course Title | | | | | | | | |
| I631 Clinical Information Systems | D751 RCL Relationship-Centered Leadership in Complex Systems | D751 KC Knowledge Complexity | D743 Trans-disciplinary Approaches to Influencing Public Health Policy | D744 Strategic Resource Management in Nursing and Health Systems | D735 Clinical Epidemiology and Statistics in Nursing | D736 Inquiry I: Evidence-based Research and Translation Science | D737 Inquiry II: Evidence-based Research and Translation Science | D749 DNP Practicum H615 Health Care Outcomes and Decision Making |