Indiana University School of Nursing
Program Assessment and Review Report
AY 2015-2016

Note: During this past year the SON has completed preparation of a newly formatted evaluation plan; the plan includes assessment related to student learning outcomes and other important measures of success, organized broadly according to standards from our professional accreditors. The PRAC document has been newly formatted, as well, to follow this evaluation plan.

We continue to use the color schema for tables: Blue for BSN, Green for MSN, Violet for PhD, and Red for DNP.

Additionally, you will see some stoplight colors in the tables:
- red indicates a standard that is fully not met;
- green indicates a standard fully met;
- yellow indicates a standard that may be partially met or a standard in which performance is better than a prior cycle that was red/worsening from a prior cycle that was green.

Baccalaureate Program in Nursing (Blue Tones)

The BSN program has just completed implementation of a new curriculum, so during the past cycle senior students have been taking new courses in AY 2015-2016.   Faculty members are using their efforts for continuous quality improvement on development of the new courses, and initial refinement of the courses we started previously. Additionally, in the May BSN Curriculum Retreat, feedback was reviewed from the prior year and changes were put forward—both minor improvements within courses and also some ideas about structural reform (which will be reviewed by the BSN Curriculum/Student Affairs (C/SA) committee in the 2016-17 academic year).

The BSN program includes three tracks of students who all strive to achieve the same program outcomes: the Traditional BSN students (500 at IUPUI, 200 at IUB, and 76 at IUPUC), the Second Degree accelerated students (161 at IUPUI), and the RN to BSN students (103 at IUPUI, 43 at IUB, and 151 at IUPUC). This year's report reflects findings from all tracks and sites. Note that since IUPUC's nursing program has fully separated from the Core school of IUPUI and IUB, we will not consider any action items based on IUPUC data; that is fully in IUPUC's purview.

In the 2013-14 PRAC report, we identified that one major item that needed our attention was to set clear benchmarks for performance. This work was completed in AY 2014-15 and data are compared to these benchmarks. When reviewing the Dashboard format, this means that in the column "previous cycle" there may not have been a prior benchmark. We used the dashboard approach last year, however, and will have the column "previous cycle" reflect our judgement for what we submitted last year. The reason for this is to demonstrate how we are making progress over time. The numbering system used refers to our overall school evaluation plan. To be concise, this PRAC report only includes the criteria that relate to student learning outcomes and program objectives (so you will see that the numbering in the column on the left is not sequential—but is retained on this document for our use in the school). We look forward to hearing your feedback about our format. Overall, looking at the "stoplight" areas that are red/yellow mark our areas for growth or improvement.

Skyfactor Benchworks is an exit assessment that was developed in partnership with AACN, and is based on the CCNE standards for accreditation. There are three types of questions used in the assessment: categorical, scaled, and open-ended. Categorical questions are closed-ended questions that ask the student to choose an answer that best represents their situation (such as GPA or class standing). Scaled questions rely on a 1-to-7 Likert scale with "1" indicating strong disagreement and "7" indicating strong agreement. Questions are organized by "factors", or groups of related questions. The assessment package also includes a comparison of our results against those of external benchmarking institutions (also called Select 6, as we choose these six schools) as well as Carnegie class institutions, and then all participating institutions.

Course and faculty evaluation items are also scaled and rely on a 1-to-5 Likert scale with "1" indicating strong disagreement and "5" indicating strong agreement. Evaluation ratings provided in this report are aggregate and anonymous.

BSN Response to Standard II: Institutional Commitment & Resources					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
II-B. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.	Skyfactor scores ≥ 5/7 for satisfaction with academic advising	2015-16 satisfaction with: Career Placement : 4.71			In 2015 we formed a task force to improve career advisement and planning. In fall 2016 the first offerings were rolled out with good attendance and enthusiasm. We hope to see some improvement in satisfaction with career placement in the coming years (the satisfaction tool was administered prior to the rollout of the intervention).
		Advisor: 5.64			
	Academic programs have 70% or greater retention rate	Retention 2015-16: 94.5% for traditional and 93.4% for accelerated			
	Increase in student financial support by 3% every three years	Student financial support: up 17%			

BSN Response to Standard III: Curriculum and Teaching-Learning Practices					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes.	Courses outcome alignment with program outcome is reviewed each year	Course reviews were conducted May 2016, demonstrating alignment. Suggestions for future adjustments were sent to BSN C/SA.			
III-B. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards.	Courses outcomes are mapped to professional nursing standards for each program	Course outcomes/program outcomes are mapped to standards.			
III-C. The curriculum is logically structured to achieve expected student outcomes.	The BSN program includes foundational courses that align with Indiana University general education requirements	Foundational courses align with IU requirements and support the curriculum.			
	Program learning outcomes reflect professional standards, with progressive mastery of nursing knowledge evident at different degree levels	Learning outcomes reflect professional standards.			
	Measures to enhance seamless progression to MSN and DNP programs are in place	Second degree and RN to BSN have progression plans in place.			

BSN Response to Standard III: Curriculum and Teaching-Learning Practices					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
III-D. Teaching-learning practices and environments support the achievement of expected student outcomes.	Each required course is reviewed by faculty for quality improvement at least annually.	Faculty reviewed each course and suggested improvements May 2016.	🟩	🟩	
	85% of alumni are satisfied with achievement of program learning outcomes	Alumni satisfaction with achievement of learning outcomes: (Skyfactor Factor 13) 5.70/7	🟩	🟩	
III-E. The curriculum includes planned quality clinical practice experiences.	All clinical agencies have affiliation agreements	Affiliation agreements all up to date	🟩	🟩	
	Clinical sites support student learning.	Sites do support learning well	🟩	🟩	
	Aggregate students evaluation of clinical courses are rated ≥ 4/5	Student ratings of teaching in clinical courses (Skyfactor Factor 1) 5.48/7	🟩	🟩	
		Student evaluation of clinical courses: 4.22	🟥	🟥	We have just begun to address this work. We have identified that we need to work to ensure that students get timely and robust feedback, expectations are consistent.
III-F. The curriculum and teaching-learning practices consider the needs and	85% of employers are satisfied with graduates	Employer overall satisfaction: Insufficient data	🟥	🟨	Re employer data we have good qualitative results from our advisory board (CCAB) but need better quantitative findings.

BSN Response to Standard III: Curriculum and Teaching-Learning Practices					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
expectations of the identified community of interest.			RED	YELLOW	We have created a quantitative survey to address this issue and will roll out during the in person CCAB Fall 2016.
III-G. Individual student performance is fairly and consistently evaluated by the faculty and reflects achievement of expected student outcomes.	All courses use IUSON grading scales published in student handbooks	Grade scales are published and adhered to.	GREEN	GREEN	
	Student clinical performance includes program/course learning outcomes and role specific competencies	Learning outcomes are published in every course with a specific clinical performance evaluation tool.	GREEN	GREEN	
III-H. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.	Each required course is reviewed formally by faculty for quality improvement at least annually	Annual course review at May curriculum retreat.	GREEN	GREEN	
	Aggregate student evaluation rating of faculty > 4/5	4.37	GREEN	YELLOW	This is an area that is slightly low; the BSN curriculum committee is looking at how to improve.
	≥ mean score of 5/7 on Skyfactor satisfaction with quality of teaching	Aggregate student rating of overall faculty quality teaching (Skyfactor Factor 1): 4.85/7	YELLOW	YELLOW	This is an area that is slightly low; the BSN curriculum committee is looking at how to improve. We have

BSN Response to Standard III: Curriculum and Teaching-Learning Practices					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
					scheduled faculty development to improve instruction quality.

BSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
IV-B. Program completion rates demonstrate program effectiveness.	70% of students graduate within 150% of published program length.	IUPUI Traditional – 87% IUPUI Accelerated – 89% IUB – 92% IUPUC – 85%			
IV-C. Licensure and certification pass rates demonstrate program effectiveness.	First time pass rates ≥ national average and at least 80% for NCLEX for each campus and track *(Table of NCLEX pass rates for the last 4 calendar years appears at the end of this report.)*	IUPUI Traditional – 87% IUPUI Accelerated – 91% IUB – 94% IUPUC – 89% IUSON Total – 89% National – 86%			
IV-D. Employment rates demonstrate program effectiveness.	70% graduates will have a job at 1 year	All tracks, all campuses – 100% (all green)			

BSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
IV-E. Program outcomes demonstrate program effectiveness.[1]	Skyfactor scores ≥ 5/7 for overall program effectiveness and satisfaction	Overall program effectiveness: 5.32 Overall satisfaction 4.91			We found some isolated dissatisfaction that impacted one track/campus which has been addressed. We anticipate this will come back up fully.
	BSN: ≥ 90% aggregate NCLEX predictor exam pass rate	NCLEX predictor exam *(nationally normed exam to measure readiness for licensure exam; maps to all program outcomes)* Dec 2015 Traditional – 56.2 May 2016 Traditional – 58.2 May 2016 Accelerated – 58.5 August 2016 Accelerated – 57.4			This item does not reflect IUB data which are from a different company. Next year we need to be sure we are all represented.
	BSN: ≥ 95% of all students will score 4/5 on all 9 program outcomes by capstone preceptors. RN to BSN: 90% or more students pass critical assignment mapped to the program outcome.				
	Program Outcome 1 – Critical Thinker (PUL 2 Critical Thinking)	BSN: Skyfactor: Factor 8 Capstone Means for every program outcome at IUB and IUPUI fully met benchmark. Supporting data in file.			
		RN to BSN Online Assessment: 3 data periods (Su 15, F 15, SPR 16) EBP project, data analysis project,			

[1] This is our second year with data from every track and program represented in our program outcomes. We probably have some work to do to make sure we have our benchmarks where we want. We have some RN to BSN sections that did not meet the 90% benchmark in every case (yellow). We want to use the benchmarks a few times before we decide if they are set correctly/if there is need for improvement in instruction.

BSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	**Outcome/Benchmark**	**Results Achieved**	**Prior Cycle** (2014-15)	**Current Cycle** (2015-16)	**Decisions and Actions Taken**
		and critical appraisal critique assignments are used to judge competence. *All sites passed all critical assignments at a percent range between 91.3% and 100% Summary data document on file.*			
	Program Outcome 2 – Cultural Sensitivity (PUL 5 Understanding Society and Culture)	BSN: Skyfactor: Factor 7 (includes questions 79, 82, 84) Mean = 5.95/7 Capstone Means for every program outcome at IUB and IUPUI fully met benchmark. Supporting data in file.			
		RN to BSN Online Assessment: one data period (F 2015). Community health assessment, Health Promo. Education Plan were assignments demonstrating competency. All sites passed community health assessment (92.9% - 100%); IUB and IUPUC passed the Health Promo Education Plan (at 100%). IUPUI did not pass the health education promo assignment (71.4% of the students did not pass it).			While we had a problem with performance of a small number of IUPUI students (the N was not large), the other campus students did well. We will watch performance in this outcome competency assignment to see if the issue is a pattern or a result of something idiosyncratic (since it

BSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
					was not a large N that did not pass).
	Program Outcome 3 – Care Coordinator (PUL 4 Intellectual Depth, Breadth, Adaptiveness)	BSN: Skyfactor: Factor 7 (includes questions 82 and 83) Mean = 5.99/7 Capstone Means for every program outcome at IUB and IUPUI fully met benchmark. Supporting data in file.			
		RN to BSN Online Assessment: Data are from SPR 2016: Data are from several competency assignments: the community health assessment (range 81.8 – 100% passed competency), the health promotion education plan (90.9 – 100% campuses passed the competency), genetics paper (100% passed competency), and an emergency preparedness paper (83.3-100% passed competency). Not every student completed every assessment, as some were derived from electives. Supporting data in file			Note: on analysis of the percent of students passing each competency, the lower percentages related importantly to small N. Considering all core students together, all the competency assessments were met.
	Program Outcome 4 – Policy and Finance (PUL 3 Integration and Application)	BSN: Skyfactor: Factor 10 (includes questions 68, 73, and 75)			

BSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
		Mean = 5.21/7 Capstone Means for every program outcome at IUB and IUPUI fully met benchmark. Supporting data in file.			
		RN to BSN Online Assessment: Data are from Fall 2015: Policy issue paper (means range from 95.2% to 100% by campus) and the Health care reform Forum (100% met the competency).			
	Program Outcome 5 – Identity and Values (PUL 6 Values and Ethics)	BSN: Skyfactor: Factor 10 (includes questions 86 and 92) Mean = 5.61/7 Capstone Means for every program outcome at IUB and IUPUI fully met benchmark. Supporting data in file.			
		RN to BSN Online Assessment: Data are from Fall 2015: Ethical Political Paper (88.9 – 100% met competency) and Case Study Analysis (100% met competency)			
	Program Outcome 6 – Communication (PUL 1 Core Communication)	BSN: Skyfactor: Factors 7 and 10 (includes questions 76, 77, and 83) Mean = 5.82/7 Capstone Means for every program outcome at IUB and IUPUI			

BSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
		fully met benchmark. Supporting data in file.			
		RN to BSN Online Assessment: Data are from Spring 2016: Community Health Assessment (83.3-100%), Forum Discussion 100%), and Health Education Promotion Plan (90.9 – 100%) Note that where percent falls below 90, the N is very small). When taken as a whole, the competency was met by 90% of students.			
	Program Outcome 7 – Care Provider	BSN: Skyfactor: Factor 9 Mean = 5.53/7 Capstone Means for every program outcome at IUB and IUPUI fully met benchmark. Supporting data in file.			
		RN to BSN Online Assessment: Competent Care Provider Data are from F 2015 Spring 2016 and Summer 2015). They represent multiple courses, since these students select from a menu of nursing practice electives: see the associated file for full data. We did well with many competency assessments, but a few			We find that in the core, we are generally doing well with the competency area, but focus areas such as genetics, have some deficiency areas. This information will be sent forward and discussed in the related curriculum and

BSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
		demonstrated some deficiency. Examples follow: Community health assessment: (90.9 – 100% meet competency), Health Education Promotion Plan (81.6 – 100% meet competency), Adult and Pediatric Assessment (100% meet competency), family history (40 – 100% meet competency), clinical change projects (100% meet competency), elder interview (85.7 – 100% meet competency), medication education project (100% meet competency)			evaluation committee meetings, to see if there is action that needs to be taken.
	Program Outcome 8 – Leader	RN to BSN Online Assessment: Data are from Spring 2016: Leader Assignment (90-100% met competency) , Interview Project (95-100% meet competency) Career Goals (100% meet), Budget and Finance (100% meet)			
	Program Outcome 9 – Technology	BSN: Skyfactor: Factor 10 (question 72) Mean = 5.59 Capstone Means for every program outcome at IUB and IUPUI fully met benchmark. Supporting data in file.			

BSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
		RN to BSN Online Assessment: Data are from Fall 2015 Information and Data Base Project (100% meet competency)			

NCLEX Pass Rates by Track and Campus by Calendar Year

Year	IUPUI-Traditional	IUPUI-Accelerated	IUB	IUPUC	Total	National
2012	91.7%	96.0%	100.0%	N/A**	93.9%	91.7%
2013	84.0%	95.3%	94.7%	60.0%	88.1%	85.2%
2014	90.9%	92.4%	98.3%	95.0%	92.5%	84.9%
2015	90.1%	88.7%	98.3%	90.9%	91.0%	87.0%

**The Columbus BSN program had not yet graduated students from their inaugural cohort in 2012.

Master of Science in Nursing (MSN)

The primary methods of measurement of student achievement of program objectives is completed through clinical course evaluations, preceptor evaluations of student performance in the clinical practice sites, alumni surveys, and the Skyfactor Benchworks exit survey (see below). Staying current with policies, standards, and regulatory requirements is achieved through support of faculty for their own clinical practice, as well as support for professional conference attendance and update.

The MSN program includes nine (9) different tracks: five nurse practitioner tracks (Adult/Gero Acute, Adult/Gero Primary, Family, Pediatric, and Psychiatric Mental Health); two clinical nurse specialist tracks (Adult/Gero and Pediatric), one Nurse Educator track, and one Nurse Leadership in Health Systems track. The **MSN Program Outcomes** are informed by national and professional standards and guidelines for nurses prepared at the masters level and addressed across tracks through a set of core courses, and within individual tracks through specialty content.

Skyfactor Benchworks is an exit assessment that was developed in partnership with AACN, and is based on the CCNE standards for accreditation. There are three types of questions used in the assessment: categorical, scaled, and open-ended. Categorical questions are closed-ended questions that ask the student to choose an answer that best represents their situation (such as GPA or class standing). Scaled questions rely on a 1-to-7 Likert scale with "1" indicating strong disagreement and "7" indicating strong agreement. Questions are organized by "factors", or groups of related questions. The assessment package also includes a comparison of our results against those of external benchmarking institutions (also called Select 6, as we choose these six schools) as well as Carnegie class institutions, and then all participating institutions. For 2015-16, the MSN Program reflected very good ratings on most individual factors within the survey, and the Overall Program Effectiveness score indicated the program was equal in ratings to our select 6 institutions and nationally.

Course and faculty evaluation items are also scaled and rely on a 1-to-5 Likert scale with "1" indicating strong disagreement and "5" indicating strong agreement. Evaluation ratings provided in this report are aggregate and anonymous.

MSN Response to Standard II: Institutional Commitment & Resources					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
II-B. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.	Graduates report satisfaction with academic and staff advising. **Benchmark: 5**	Related Skyfactor Items #41 & 42: Satisfaction with academic advising: ▪ Faculty: 4.53 ▪ Staff: 4.32			
	Academic programs have ≥ 70% retention rate.	Retention rate: 81.25%			

MSN Response to Standard III: Curriculum and Teaching-Learning Practices					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes.	Course outcome alignment with program outcomes are reviewed each year.	Course competency mapping began – actively being developed now for each of the 9 MSN specialty tracks.			Consultant completed review of theory/research content block. Summer work included mapping track specialty courses.
III-B. Curricula are developed, implemented, and revised to reflect relevant	Course outcomes are mapped to professional nursing standards for each track.	Course and program outcomes are mapped to standards.			All course and specialty courses will be mapped by track coordinators.

MSN Response to Standard III: Curriculum and Teaching-Learning Practices					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
professional nursing standards.					
III-C. The curriculum is logically structured to achieve expected student outcomes.	Program outcomes reflect professional nursing standards with progressive mastery of nursing knowledge	Program and learning outcomes reflect professional nursing standards.			Plan to update in 2017.
III-D. Teaching-learning practices and environments support the achievement of expected student outcomes.	Each required course is reviewed by faculty for quality improvement at least annually. Student rating of courses on end-of-course evaluations. **Benchmark: 4**	The average rating for <u>course</u> evaluation items for each MSN program track are as follows: Core Courses* 3.96 Adult/Gero NP - Acute 4.00 Adult/Gero NP - Primary 3.86 Adult/Gero CNS 4.52 Pediatric CNS 4.04 Family NP 3.34 Pediatric NP 4.04 Psych NP 4.37 Leadership 4.62 Education 4.57 *N502, N504, R500, R505, R590, Y625 Physical Assessment, Y515 Pathophysiology, Y612 Pharmacology			Develop dashboard for course evaluation data.

MSN Response to Standard III: Curriculum and Teaching-Learning Practices					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
	Graduates are satisfied with their achievement of program and learning outcomes. **Benchmark: 5**	Related Skyfactor Items **#23:** Overall Learning: **4.41**			
III-E. The curriculum includes planned quality clinical practice experiences.	Aggregate scores from graduates rate clinical practice experiences as good to excellent. **Benchmark: 5**	Related Skyfactor Items **#27:** Faculty oversight of clinical experiences: **4.98**			Revising the course-related preceptor and site evaluation measures to provide for rapid cycle improvement when problems are identified.
		#34: Relate concepts to clinical situations: **5.00**			
		#44: Satisfaction with value of clinical site experience: **6.03**			
		Student evaluation of courses: See table for standard III-D (above).			
	All clinical agencies have affiliation agreements	All agreements are current.			
	Preceptors meet minimum qualifications and are reviewed annually.	All preceptors meet minimum qualifications.			Consolidating preceptor database policies.
III-F. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of	Employers are satisfied with graduates. **Benchmark: 85%**	Employer overall satisfaction: insufficient data			Implementing a new survey to be administered in conjunction with the Clinical Community Advisory Board meetings.

MSN Response to Standard III: Curriculum and Teaching-Learning Practices					
Evaluation Criteria	**Outcome/Benchmark**	**Results Achieved**	**Prior Cycle** (2014-15)	**Current Cycle** (2015-16)	**Decisions and Actions Taken**
interest.					
III-G. Individual student performance is fairly and consistently evaluated by the faculty and reflects achievement of expected student outcomes.	Student performance expectations are included includes course learning outcomes.	Learning outcomes are published in every course Clinical courses include a role-specific clinical performance evaluation tool.			
III-H. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.	Each required course is reviewed formally by faculty for quality improvement at least annually.	No systemic review process is in place to assure comprehensive, routine review of courses/tracks. At present, evaluation is limited to within track review.			MSN curriculum committee is revising the course/program review process; changes will be recommended to facilitate comprehensive annual review.
	Student rating of <u>faculty</u> on end-of-course evaluations. **Benchmark: 4**	Aggregate student ratings of <u>faculty</u>: 4.07			Due to faculty turnover (retirements and resignations), many new faculty are teaching in the MSN tracks. Faculty development initiatives both
	Graduates are satisfied with quality of teaching. **Benchmark: 5**	Related Skyfactor Items Satisfaction with the faculty's ability to: **#34:** Relate concepts to clinical situations: **5.00**			

MSN Response to Standard III: Curriculum and Teaching-Learning Practices					
Evaluation Criteria	**Outcome/Benchmark**	**Results Achieved**	**Prior Cycle** (2014-15)	**Current Cycle** (2015-16)	**Decisions and Actions Taken**
		#35: Draw on experience of students: **5.10**			individual and collective, are a school priority.
		#36: Engage students in discussions: **5.18**			
		#37: Lecture effectively: **4.45**			
		#39: Interact with students one-on-one: **4.89**			
		#40: Act as effective role models: **4.98**			

MSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	**Outcome/Benchmark**	**Results Achieved**	**Prior Cycle** (2014-15)	**Current Cycle** (2015-16)	**Decisions and Actions Taken**
IV-B. Program completion rates demonstrate program effectiveness.	Students graduate within 150% of published program length. **Benchmark: 70%**	Graduation rate: 84%			
IV-C. Licensure and certification pass rates demonstrate program effectiveness.	Certification pass rates are ≥ 80%.	**American Nurses Credentialing Center:** A/G Acute Care – 100% A/G Primary Care – 100% Family NP – 100% Psychiatric – 93% A/G CNS – 100% Peds CNS (not available)			

MSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
		American Academy of Nurse Practitioners: A/G Primary Care – 79% Family NP – 100% **Pediatric Nursing Certification Board:** Pediatric NP – 100%			
IV-D. Employment rates demonstrate program effectiveness.	Graduates will have a job at one year of graduation. **Benchmark: 70%**	Employment rate: 96.9%			
IV-E. Program outcomes demonstrate program effectiveness	Graduates are satisfied with overall program effectiveness **Benchmark: 5**	Related Skyfactor Items **#22:** Overall Satisfaction: **4.41** **#24:** Overall Program Effectiveness: **4.80**			
	MSN Program Outcome 1: Model excellence in nursing leadership to improve nursing practice within a complex health care system. **Related PGL**: Demonstrates the knowledge and skills needed to meet disciplinary standards of performance.	Related Skyfactor Items **#55:** High quality patient care: **5.66** **#56:** Safe patient care: **5.72** **#57:** Emphasize ethical decision making: **5.46** **#58:** Emphasize critical decision making: **5.70** **#59:** Promote effective working relationships: **5.42** **#60:** Promote a systems perspective: **5.32**			
	MSN Program Outcome 2:	Related Skyfactor Items			

MSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
	Conduct advanced nursing practice within ethical-legal guidelines, professional policies and regulations, and standards of practice associated with a specialty area of practice. **Related PGL**: Meet all ethical standards established for the discipline.	#56: Safe patient care: **5.72** #57: Emphasize ethical decision making: **5.46** #64: Apply standards related to quality improvement: **5.09** #65: Apply quality principles within an organization: **5.05** #75: Employ advocacy strategies to influence health and health care: **4.86**			

	MSN Program Outcome 3: Synthesize knowledge from nursing as well as biological, behavioral, social, administrative, educational, and communication science from application to a chosen domain of advanced practice nursing. **Related PGL**: Demonstrate the knowledge and skills needed to meet disciplinary standards of performance.	Related Skyfactor Items
		 Integrate scientific findings from:
		   #49: Nursing: **5.89**
		   #50: Biopsychosocial fields: **4.74**
		   #51: Genetics: **3.61**
		   #52: Public health: **4.87**
		   #53: Quality improvement: **5.04**
		   #54: Organizational sciences: **4.49**
		 #66: Apply research outcomes within the practice setting: **5.47**
		 #67: Resolve practice problems using research: **5.46**
		 #79: Planning of evidence-based clinical prevention and population care and services to patients: **5.21**
		 #80: Delivery of evidence-based clinical prevention and population care and services to patients: **5.43**			

MSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
		#81: Management of evidence-based clinical prevention and population care and services to patients: **5.26**			
	MSN Program Outcome 4: Demonstrate scholarly inquiry and reflection that exemplifies critical, creative, and systems thinking to advance the practice of nursing. **Related PGL**: Think critically and creatively to improve practice in the field of nursing.	Related Skyfactor Items **#53:** Quality improvement: **5.04** **#58:** Emphasize critical decision making: **5.70** **#61:** Use appropriate methods to measure quality: **5.16** **#64:** Apply standards related to quality improvement: **5.09** **#65:** Apply quality principles within an organization: **5.05** **#66:** Apply research outcomes within the practice setting: **5.47** **#67:** Resolve practice problems using research: **5.46** **#68:** Work as a change agent: **5.16** **#69:** Disseminate research results: **5.11**			
	MSN Program Outcome 5: Frame problems, design interventions, specify outcomes, and measure achievement of outcomes while balancing human, fiscal, and material resources to achieve quality health outcomes. Related PGL: Demonstrates the knowledge and skills needed to meet	Related Skyfactor Items **#53:** Quality improvement: **5.04** **#61:** Use appropriate methods to measure quality: **5.16** **#62:** Use appropriate tools to measure quality: **5.11** **#63:** Apply performance measures to quality improvement: **5.09** **#64:** Apply standards related to			

MSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
	disciplinary standards of performance.	quality improvement: **5.09** **#65:** Apply quality principles within an organization: **5.05** **#66:** Apply research outcomes within the practice setting: **5.47** **#67:** Resolve practice problems using research: **5.46** **#68:** Work as a change agent: **5.16** **#79:** Planning of evidence-based clinical prevention and population care and services to patients: **5.21** **#80:** Delivery of evidence-based clinical prevention and population care and services to patients: **5.43** **#81:** Management of evidence-based clinical prevention and population care and services to patients: **5.26** **#82:** Evaluation of evidence-based clinical prevention and population care and services to patients: **5.21**			
	MSN Program Outcome 6: Use information technology and knowledge-based resources to manage and transform data that inform clinical practice. **Related PGL**: Communicate effectively to improve practice in the field of nursing.	Related Skyfactor Items **#70:** Use patient-care technologies to deliver care: **5.11** **#71:** Use patient-care technologies to enhance care: **5.12** **#72:** Use communication technologies to integrate care: **4.82** **#73:** Use communication			

MSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
		technologies to coordinate care: **4.82**			
	MSN Program Outcome 7: Systematically apply evidence from research findings to answer clinical questions, solve clinical problems, and develop innovative nursing interventions and health policies for selected patient populations. **Related PGL**: Think critically and creatively to improve practice in the field of nursing.	Related Skyfactor Items **#58:** Emphasize critical decision making: **5.70** **#62:** Use appropriate tools to measure quality: **5.11** **#63:** Apply performance measures to quality improvement: **5.09** **#67:** Resolve practice problems using research: **5.46** **#68:** Work as a change agent: **5.16** **#69:** Disseminate research results: **5.11** **#74:** Intervene at the system level through the policy development process: **4.69** **#79:** Planning of evidence-based clinical prevention and population care and services to patients: **5.21** **#80:** Delivery of evidence-based clinical prevention and population care and services to patients: **5.43** **#81:** Management of evidence-based clinical prevention and population care and services to patients: **5.26** **#82:** Evaluation of evidence-based clinical prevention and population care and services to patients: **5.21**			

MSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
		#142: Application of research and scientific evidence into clinical practice: **5.44**			
	MSN Program Outcome 8: Demonstrate collaborative practice and interpret nursing science within an interdisciplinary context. **Related PGL**: Demonstrates the knowledge and skills needed to meet disciplinary standards of performance.	Related Skyfactor Items **#59:** Promote effective working relationships: **5.42** **#76:** Manage and coordinate care by communicating with team members: **5.45** **#77:** Manage and coordinate care by collaborating with team members: **5.43** **#78:** Manage and coordinate care by consulting other health professionals: **5.50**			
	MSN Program Outcome 9: Articulate the effects of culture, diversity, values, and globalization in the design, delivery, and evaluation of health services. **Related PGL**: Meet all ethical standards established for the discipline.	Related Skyfactor Items **#79:** Planning of evidence-based clinical prevention and population care and services to patients: **5.21** **#80:** Delivery of evidence-based clinical prevention and population care and services to patients: **5.43** **#81:** Management of evidence-based clinical prevention and population care and services to patients: **5.26** **#82:** Evaluation of evidence-based clinical prevention and population care and services to patients: **5.21**			
	MSN Program Outcome 10:	Certification Pass Rates			

MSN Response to Standard IV: Assessment and Achievement of Program Outcomes					
Evaluation Criteria	Outcome/Benchmark	Results Achieved	Prior Cycle (2014-15)	Current Cycle (2015-16)	Decisions and Actions Taken
	Engage in life-long learning activities that contribute to professional development as well as to the advancement of nursing. **Related PGL**: Think critically and creatively to improve practice in the field of nursing.	**American Nurses Credentialing Center:** A/G Acute Care – 100% A/G Primary Care – 100% Family NP – 100% Psychiatric – 93% A/G CNS – 100% Peds CNS (not available) **American Academy of Nurse Practitioners:** A/G Primary Care – 79% Family NP – 100% **Pediatric Nursing Certification Board:** Pediatric NP – 100%Alumni Survey:			
		Alumni Survey: Publications, presentations, involvement in professional organizations: **No data**			Response rates continue to be low. MSN C/SA will discuss options for increasing responses.

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		Standard I: Mission & Governance			
1A. The mission, goals, and expected program outcomes are: ▪ congruent between programs, IUSON, IUPUI, and IU; and ▪ consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	DNP Program mission/vision/goals are aligned with IUSON's and IUPUI's. Goal for DNP Program's contribution to IUPUI's mission is that… 85% of positions secured by respondent students are in Indiana & >/=50% of positions secured by respondent students are in underserved counties in Indiana as evidenced by EBI Exit Survey results.	**DNP Program mission/vision/goals have been revised given new program focus and also checked for alignment with IUSON and IUPUI's mission/vision/goals.** ***EBI (Dec '15; N=4/4-100% response rate): 100% replied they're working in Indiana; underserved county question not asked.** **EBI (May '16; 12/22 54.5% response rate):** ***ALL EBI results throughout this update on 7 point scale.** **11/12 92% will stay in IN.** **11/12 92% plan to work in underserved IN counties (Marion 6; Lake 1; Vigo 2; Tippecanoe 1, IN county unspecified).**	🟩	🟨	**Postpone further revisions until the IUSON strategy plan is done in order to align DNP mission/vision with IUSON mission/vision & approve any changes in academic year '16-'17.** **Continue to conduct December and May EBI exit survey with graduating students.**
1B. 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.	DNP Program and course objectives & outcomes are relevant to current and future practice and consistent with national standards in consultation with accrediting bodies and clinical partners.	**Major DNP program enhancement designed by faculty in response to series of 13 interviews conducted with practice partners Jan-Mar'14 as well as emerging changes in DNP standards + AONE/ACHE competencies.**	🟨	🟩	**Program redesign completed on May 7, '14; approved by campus Graduate Affairs Committee on May 27, '14.** **In addition, ASO project proposal guidelines were reviewed and minor changes made in September '15, to reflect the AACN DNP Task Force recommendations published in 8/15. Shared the new capstone model at the AACN Doctoral Forum in 1/16 with DNP Task Force. Received affirmation that the**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
					capstone model was acceptable and progressive. **Conduct annual EBI exit survey.**
	Graduating students' ratings on EBI Exit Survey indicate they've met program outcomes.	**EBI (Dec '15)): 100% (N=4) of students A/SA they met program outcomes; 100% A/SA they are employed in role consistent with DNP degree.** **EBI (May '16):** **100% (N=12) of students A/SA they met program outcomes (SD 0.78, mean 6.35 on 7-pt scale)** **92% (N=11) are employed in a role consistent with the DNP degree. One student has been promoted as a result of DNP studies. One student reported the organization where employed would not be supportive of her practicing in a manner consistent with the DNP degree.**			
	Interviews with community partners are conducted at least biannually to determine needs and expectations for the DNP program.	**Community partner interviews conducted again in fall '15**			**Community partner interviews confirmed current focus/content/experiences are congruent with partner expectations-no actions needed.**
	Course content is benchmarked against DNP Essentials/ AONE/ACHE competencies as standards are revised.	**Mapping to DNP Essentials/AONE/ACHE competencies completed in Spring'14.**			**Continue to monitor for any changes to DNP Essentials/AONE/ACHE competencies and benchmark against curriculum as needed.**
	DNP graduates' EBI and alumni survey results indicate advancement	**EBI (Dec 15):** **50% advanced into a new leadership role or position.**			**Continue EBI surveys in December and April each year.**

Indiana University School of Nursing DNP Benchmarks & Outcomes (Report Card)
(closing the loop document)

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
	and scholarship aligned with DNP program outcomes.	**75% agreed the program allowed them to achieve professional goals/25% neutral** **EBI (May '16):** **8% (N = 1) advanced into a new leadership role or position** **75% agreed the program allowed them to achieve professional goals/25% neutral** **Alumni Survey (June'15; 4/10 for 40% response rate):** **50% (N=2) advanced into a new leadership role or position** **50% (N=2) are in role commensurate with DNP education**	(yellow)	(green)	**Continue annual alumni survey. Alumni survey for '16 sent out 5/16.**
1C. Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.	Faculty, staff and students are meaningfully engaged in decisions related to setting and implementing goals and plans for the DNP as evidenced by DNP C/SA minutes and student focus groups/surveys.	**DNP C/SA Committee elected in Fall'15 & met monthly with minutes & monthly Coordinator updates/student progression reports sent to all DNP faculty/stakeholders.** **Redesign of curricular assessment completed in TaskStream by October, '16.** **Faculty met on October 26, '15 to conduct curricular assessment and again on May 4, '16.** **DNP Courses converted to Canvas using Quality Matters standards by Jan 12, '16.** **Faculty retreat held on May 4, '16 to share DNP updates, curricular assessment results, conduct joint**	(green)	(green)	**Continue distribution of DNP C/SA minutes; monthly Coordinator and student progression updates to all DNP faculty/stakeholders.** **Continue biannual curricular assessment.** **Continue progression of Quality Matters project by having all DNP courses reviewed by QM evaluators in '16-17.** **Continue annual faculty retreat focused on curricular and program enhancements.**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		discussion of online teaching strategies & prep for accreditation visit			**Continue to ask for faculty feedback via email & during DNP C/SA and retreat meetings.**
1D. Faculty and students participate in program governance.	Faculty, staff and students are meaningfully engaged in decisions related to setting and implementing goals and plans for the DNP as evidenced by DNP C/SA minutes and student focus groups/surveys	**Feb/March '16: Clinical tracking worksheet restructured using student feedback.** **May 4, '16: DNP faculty agreed to utilize same rubric for writing quality and to allocate same percentage of course grade deduction for poor writing across all courses. Faculty also discussed innovative online teaching strategies to incorporate as well as results of spring curricular assessment.**			**New practicum hours worksheet to be used for '16 cohort.** **Writing rubric distributed to all faculty; 2 hour writing workshop to be held each Boot Camp; writing coaches X 2-3 will be hired & assigned to '16 cohort.** **Continue to ask for faculty feedback via email & during DNP C/SA and retreat meetings. Continue to use on-campus IEs & mid-program survey to ask for student feedback.**
1E. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	Materials are appropriate, accurate, informative & consistent across all communication media and facilitate student APG.	**Intake/landing page that supports interested applicant tracking – completed in March '16. New DNP website released in May'16 with enhanced DNP program information.** **DNP orientation packets including DNP Handbook sent May '15 to incoming '15 cohort students; as well as sent May '16 to incoming '16 students**			**Continue to update website reflecting new nationwide marketing focus.** **Continue to review DNP orientation packet materials/DNP Handbook for consistency on annual basis.** **Update and include new writing guidelines and support in '16 DNP Orientation packet. Interview/hire writing coaches and make student assignments.**
1F. Academic policies of the parent institution and the nursing program are congruent and support	All policies are: ▪ fair and equitable;	**March '16: Updated policy regarding when students can "walk" at commencement vs. actual graduation**			**Continue to monitor and revise DNP policies as needed.**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
achievement of the mission, goals, and expected student outcomes. These policies are: ▪ fair and equitable; ▪ published and accessible; and ▪ reviewed and revised as necessary to foster program improvement.	▪ published and accessible; and ▪ reviewed and revised as necessary to foster program improvement.	**date and new policy added to DNP Handbook.**	🟩	🟩	
		Standard II: Institutional Commitment & Resources			
2A. 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.	DNP Program is cost neutral.	**June'14: Meek developed strategy & 3-year pro forma to get program to cost neutral; approved by Dean Broome. Prior inquiry project faculty advising model accounted for 23% of budget loss.** **June'14: Meek developed joint budget tracking worksheet and process with finance office.** **June'14: DNP HRSA grant no-cost extension proposal submitted and approved for use of approximately $155K of remaining funds. Will use to fund start-up of enhanced curriculum. HRSA performance report submitted 1/20/15 for period 7/1-12/31/14.** **Oct'14: Meek developed/submitted proposal for fee increase to $1,000/cr hr after completing market study of executive DNP programs; fee increase approved June 3, '15 by IU Board of Trustees; incoming 2015 cohort students notified July 2, '15.**	🟩	🟨	**Continue to monitor budget monthly with reporting to administrators via DNP Coordinators monthly update.** **Jointly reconcile budget vs. actual each year in June; prepare new budget.** **HRSA grant ended June 30'15. HRSA final report was written by Meek/Fowler and submitted at the end of September'15. Remaining monies ($17,456) returned to HRSA.** **Continue to monitor student tuition rates against program costs.**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		Operational process developed with finance office to remit fees for 2014 cohort & prior students.			**Continue to operationalize fee remissions for pre-'15 cohort students.**
		An agreement signed with Linda Q Everett, CNE emeritus from IU Health who chose IUSON and our DNP program as her academic affiliation. LQE recruited with us at AONE in April '16. Guest lectured for D744 in March'16.			**SOW to be restructured w-Everett for '16-'17 academic year.**
	IUNLP fellowship is available to 1 DNP student per year.	**IUNLP Fellowship for 1 DNP student to partner on IUH project approved 9/9/14; put on hold to wait for Newhouse/Janney to arrive.**			**Fellowship still on hold due to new arrivals of Newhouse/Janney.**
	D749 capstone portfolio model is implemented. Interprofessional IE's are developed & process/structural sustainability factors are secured by 5/16.	**Nursing led 3 rounds of D749: IE course completed Spring'16 across Schools of Nursing, Informatics/Computing, Liberal Arts, Engineering, & Herron. IPE course was budget neutral supported with contribution of Center for Interprofessional Health Education and Practice. Secured event coordinator from Center for IPE; continued efforts to ensure resource sustainability of D749: IE course at campus level.**			**Secure meetings with campus-level administration to brainstorm system-level issues that interfere with faculty/student IE involvement. Put strategies into place for '16-'17 year.**
	Student recruitment efforts attract sufficient numbers and quality of students to sustain & grow program enrollment to 20/year by 2018-19.	**'16 cohort admissions process with 17 applicants resulted in 15 admits; 2 denied admission. Admission & denial letters sent out in May'16.**			**Continue marketing efforts nationwide.**
		May'15-May'16: Meek/Krause worked with Collabo and IU Communications to: create an intake/landing page on the website that will permit us to capture those interested in the program for			**Landing page and new website launched May '16.**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		follow-up plus track metrics on which ads work best. DNP landing page and website launched May'16. **Elevate IU's DNP's position on search lists & buy search ads.** **Meek/Ebright/Grew invited to a student recruiting event at IUSB in Feb '16 per Dean Mario Ortiz.** **Embree/Crowder traveled to Louisville to hold recruiting event at Norton Healthcare on Feb 23rd. Embree/Ebright/Crowder have drafted discussion document for a formalized partnership with Norton.** **Held major recruiting event at AONE May 30-April 2, '16 that resulted in 2 admissions for '16 cohort.**			**Secure search analytics/ads for '16-17.** **Build online and in-person info session schedule once website is launched.** **Dean Newhouse connected with CNE Tracy Williams and VP Kim Tharp-Barrie for high level discussions; discussions to continue when new Assoc Dean for Graduate Programs and DNP Coordinator named.** **Develop AONE 2017 marketing strategy.**
	100% of students with financial needs have access to financial aid information.	**Student financial aid options available on SON website and academic advising support in place.** **5/15: D. Grew confirmed that all '14 cohort students receiving NFLP funding include the education component within programs of study required by the funding.** **Finance office: (May'16): 3/18 who graduated in Dec'15 to May'16 received financial aid (17%)** **100% (N = 3): loan at 1 – 10K**			**Continue to keep updated financial information on website.** **Review '16 cohort who use NFLP funding to ensure education component is included in their programs of study.** **Continue to monitor financial aid availability and use.**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
	Classroom space is sufficient according to EBI Survey	**EBI (May'16): 83% rated classroom facilities as satisfactory to very satisfied (Mean 5.67, SD 1.31). 2 responses were neutral.**	green	yellow	**Continue to monitor EBI results..**
To 2B. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.	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).	**'15-'16: All full-time and part-time programs of study coursework offered on time.**	green	green	**Work w/chairs to anticipate course needs & best faculty to fill.**
	Students are satisfied with student advising and support services (as reflected by items on the EBI DNP Exit Survey).	**EBI (May'16): 100% satisfied - Administration and Academic Advising- (Mean 6.17, SD 0.96)** **Satisfaction: Quality of Support Services (Mean 5.79. SD 1.34)** **Access to technology: (Mean 6.17, SD 1.62)** **Training to use technology (1 very dissatisfied): (Mean 5.55, SD 1.72)** **Program administration responsiveness to a student concerns (1 reported neutral). (Mean 6.27, SD 0.96)**			**Continue to monitor EBI results.**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		Satisfaction: Quality and Availability of Curriculum. **(Mean 6.15. SD 0.77)** **Joint tracking system structure and process that was developed Oct'13 continues & has greatly aided progression of students, spotting issues early; monthly reporting to DNP C/SA** **79% reduction in student attrition: 2010-2013 cohorts averaged 39% attrition** **'14 cohort-8% (N=1) left program** **'15 cohort-0% attrition, all progressing well** **19 students graduated in Dec 15 & May '16 leaving 4 students completing prior curriculum.**	🟩	🟩	**Cindy Dillard & Jeni Embree oriented to DNP operational processes i.e. student tracking worksheet, budget, practicum tracking worksheet review.** **Continue to deliver monthly student progression reports to DNP C/SA and initiate any needed student discussions plus take any needed APG actions**
2C. The chief nurse administrator is a registered nurse (RN); - holds a graduate degree in nursing; - holds a doctoral degree if the nursing unit offers a graduate program in nursing; - is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes; - is vested with the administrative	Faculty & administrative consensus that the DNP coordinator's leadership, qualifications, and performance are consistent with the DNP, SON, and IUPUI mission, goals and strategic plans.	**Jan'14: Meek named new DNP Coordinator; program and operations underwent significant change by June'14.** **May 16: Meek stayed in the DNP coordinator role until May '16 when she retires.** **April '16: Dr. Jeni Embree agreed to be interim DNP Coordinator.**	🟨	🟨	**National search for DNP Coordinator to replace Meek prior to her retirement is underway; Dr. Jeni Embree agrees to serve as Interim DNP Coordinator staring June'16.** **National search for Dean of Graduate Programs is underway.** **Assure new leadership has the energy, experience, and qualifications to sustain the positive momentum for the newly focused DNP program.**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
authority to accomplish the mission, goals, and expected program outcomes; and ▪ provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.					
2D. Faculty are: ▪ sufficient in number to accomplish the mission, goals, and expected program outcomes; ▪ academically prepared for the areas in which they teach; and ▪ experientially prepared for the areas in which they teach.	Sufficient qualified faculty are available for carrying out administrative and faculty roles. Faculty are successful in meeting promotion and tenure benchmarks.	**Academic year '15-16: All course faculty positions filled.** **'15-'16: Stanley recruited to teach D744; McLaughlin to teach D735** **For '16-'17: Poore to teach D749 IE courses; Knopf to teach D735; Buelow to teach D615; Crowder to teach D749: ASO courses** **Faculty successful as evidenced by ongoing appointment. Aug'15: Meek promoted to full Clinical Professor. Aug'16: Dreifuerst promoted to Associate Professor with tenure**			**Assist and support new faculty (Poore, Crowder, Knopf, Buelow) to fully integrate with DNP program vision, mission, and goals. Continue to monitor** **Embree, Poore, Fulton, & Young going up for promotion in '16-'17 year**
2E. Preceptors, when used by the program 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.	Sufficient qualified AMs are available for student experiences.	**Single Inquiry Project discontinued as of 2013 cohort.** **May '16: All 4 2012-13 cohort DNP students continuing their Inquiry Projects have identified AMs that are sufficiently qualified**			**Continue to monitor until all 2011-13 cohort students graduate** **Enhanced curriculum: IUSON faculty are now primary advisors for all At-Student-Option projects as part of new capstone model**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
2F. IU and the program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.	Course & faculty evaluations will average above a 4.0 on a 5.0 scale. Annual faculty reports reflect products that reflect teaching excellence & innovation. Faculty recognized for excellence in teaching.	**'15-'16 *faculty* rating average:** **14 of 15 DNP faculty teaching during '15 – '16 scored at 4.0 or higher with overall faculty mean at 4.52 on 5 pt scale** **'15-'16 *course* rating average:** **14 of 15 DNP courses taught during '15-16 scored at 4.0 or higher with an overall course mean at 4.44 on 5 pt scale** **'15-16 Faculty Teaching, & Scholarship results across the 9 DNP faculty:** • **Peer-reviewed Articles: 42** • **Book Chapters: 2** • **Presentations: 76** • **Faculty Awards: 23** • **Grant Awards: 20 totaling $6,697,218**	🟩	🟩	**Continue to encourage and support award, grant, and scholarship submissions**
		Standard III: Curriculum and Teaching-Learning Practices			
3A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates.	Curriculum is current and responsive to the changes taking place in communities of practice.	**Curriculum was completely revised using Lean RIE on April 10-11, '14; approved by faculty on May 7, '14; then approved by GAC on May 27,'14 to be congruent with the roles for which the program is preparing graduates. DNP Curriculum now also prepares students to sit for AONE/ACHE/LEAN yellow and green belt certifications.** **CNO Interviews conducted Fall 15 to gather input from communities of practice.** **'15-'16 Curricular Improvements:**	🟩	🟩	**Continue practice partner interviews and curricular revisions as needed.** **Continue to gather curricular improvements list from DNP faculty**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		D749: At-Student-Option course: **a) Minor revisions to proposal guidelines per AACN's Aug '15 guidance** **b) Revision of student evaluation criteria**			**New ASO guidelines approved by DNP/CSA in Sept, '15.** **Meek completes course revisions in '15-16** **Fall '15: Meek met with Drs Riner and Crowder to discuss policy/global ASO opportunities which are now in progress.** **Crowder now course leader for '16-'17 with 15 student projects slated for Summer '16**
		D749: Interprofessional Integrative Experiences course: **a) Restructuring of student evaluation criteria based on cross-faculty feedback,** **b) Transition to Canvas &** **c) Stakeholder video conferences for students**			**Fall IE was held Oct 7$^{-9,}$ '15. The case study was in partnership with the VA regarding mandatory lung screening guidelines. VA sent 4 staff/5 veterans to final competition; held 3 case video conferences to inform students' case study solutions** **First "combined IE" with 25 DNP students & 9 students from other schools for total of 36 students with 10 faculty coaches. Asiya Odugleh-Kolev was the WHO speaker and the IE case study with WHO was to develop a plan for pilot in Egypt for their new safety injection policy and guidelines** **Meek completes course revisions in '16-'16** **Poore now course leader for '16-'17**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		D736: **a) Restructuring of literature search module for deeper immersion into search strategies** **D744:** **a) Restructuring of financial model; guest CNE lecture & new case study** **D615:** Revision of D615 with Dr. Pat Ebright & Evelyn Catt – Co instructor. August '15: Zoom technology was added for each of the student teams to facilitate & support on-line team communication & meeting. Received great feedback on that technology **D 749 Leadership I & II:** Revised in collaboration with Dr. Kris Dreifuerst for Fall '15. Peer Review Revisions from Dr. Marcia Dixon, Chair & Associate Professor (Communications) IPFW FACET Reviewer: a) pedagogy to increase student substantive discussion in forums – Change- transitioned to Canvas & use of Quality Matters with consultant Jeani Young from IU Online; b) Include my teaching philosophy Change - a new introduction video. Student comments about class cohesion occurred early in the course & emails/communication from students flow readily for discourse as well as questions or need for additional information. July '15			**Stanley continues as faculty** **Stanley continues as faculty** **Course now being transitioned to Dr. Jan Beulow for Fall'16** **Embree continues as faculty**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		D751 RCL: Change from written forums to a combination of synchronous classes & written assignments D743 Health Policy: <u>New Assignments:</u> a) Two new case study assignments: White Paper: Advanced Practice Nurse Reimbursement and Scope of Practice in Indiana and II. Senate Finance Chronic Care Working Group Document. b) Revision of Mock Testimonies Assignment-Collaboration with John Grew, IU Government Relations and Blayne Miley,J.D., Director of Policy and Advocacy, Indiana State Nurses Association I630: Due to varied students in course, so have added a DNP assignment to evaluate a healthcare information site **Decision made curricular assessment on hold during '14-15 to permit new curricular roll-out plus migration to TaskStream & Canvas. Build of curricular assessment in TaskStream completed Oct'15. First assessment session was held on Oct 26, '15.**			**Dreifuerst continues as faculty** **Crowder continues as faculty** **Fulton continues as faculty** **Continue curricular evaluation of second year of curriculum in Fall'16 and Spring'17.** **Host faculty discussion re: potential build of student webfolio template by December '16; integrate use of webfolio into curriculum (D749 coursework) per results of faculty discussion.**
3B. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and	Curriculum mapped to DNP Essentials and AONE/ACHE/LEAN competencies.	**Curricular mapping completed for all DNP courses May '14 to DNP Essentials and AONE/ACHE/LEAN competencies. DNP faculty all mapped their courses; at**			**Continue to monitor changes in DNP per AACN and other professional organizations**.

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).		**May 7, '14 retreat, gap analysis was completed and faculty agreed on where to fit content to close gaps.** **Graduate Affairs Committee approved new course sequence on May 27, '14. All course syllabi changes submitted for GAC approval Aug '14 with approval granted Nov 13, '14.** **See 3A for all course revisions**			**Curricular assessment restarted Oct 26, '15 and again on May 4 '16. Faculty feedback available to course leaders for their use in making course revisions** **Continue course revisions to stay current w-best online practices & changes in healthcare trends**
3C. The curriculum is logically structured to achieve expected student outcomes. ▪ Baccalaureate curricula build 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. ▪ Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.	MSN Leadership students will be able to take up to 8 DNP advanced placement credits from DNP program to allow more seamless progression to DNP degree	**Jan 5, '14: Initial discussions held with MSN-Admin Coordinator; but on hold due to large revision of MSN core curriculum** **Oct 25, '14: DNP Coordinator & CNS Coordinator will meet to discuss advanced placement when MSN core curriculum is decided upon** **'15-'16: Student progression from MSN to DNP discussions are on hold due to arrival of new Dean, arrival of new Associate Dean of Graduate Programs, and new DNP Coordinator.**			**When new leadership is on board, resume faculty discussion of MSN to DNP and potential for new DNP APRN track for BSN to DNP students**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
3D. Teaching-learning practices and environments support the achievement of expected student outcomes.	Student evaluation of achievement of program outcomes will be satisfactory per the EBI exit survey. Course & faculty evaluations will average above a 4.0 on a 5.0 scale.	**EBI (Dec '15) results on 7 pt scale:** **Quality of Faculty and Instruction** **(Mean-6.15; SD 0.51)** **Satisfaction: Quality and Availability of Curriculum** **(Mean-6.17; SD 0.60)** **Satisfaction: Administration and Academic Advising** **(Mean-6.25; SD 0.53)** **Satisfaction: Quality of Support Services** **(Mean-6.25; SD 0.43)** **Learning; Nursing Science** **(Mean-6.05, SD 0.74)** **Science-Based Theory** **(Mean-6.48; SD 0.58)** **Health Care Diversity** **(Mean-6.38; SD 0.65)** **Communication Skills** **(Mean 7.00; SD 0.00)** **Employ Business Principles** **(Mean- 6.75; SD 0.25)** **Ethical Dilemmas** **(Mean- 6.33; SD 0.41)** **Best Practices** **(Mean-6.62; SD 0.22)** **Evidence-Based Practice** **(Mean-6.55; SD 0.46)** **Analyze Data** **(Mean-6.50; SD 0.50)** **Research Methods** **(Mean-6.50; SD 0.50)** **Communicate Findings** **(Mean-6.50, SD 0.50)** **Patient Care Technology** **(Mean-5.90; SD 0.85)** **Health Information Technology** **(Mean-6.30; SD 0.46)** **Health Care Policy** **(Mean-6.75; SD 0.43)**			**Continue to monitor EBI results**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		Health Policy Leadership (Mean-6.60; SD 0.42) **Health Policy Education (Mean 6.50; SD 0.50)** **Inter-professional Collaboration (Mean-6.75; SD 0.43)** **Population Health Care (Mean-6.62; SD 0.41)** **APN Role Development (Mean-5.71; SD 0.96)** **APN Core Knowledge (Mean-5.75; SD 1.09)** **Overall Satisfaction (Mean- 6.75; SD 0.43)** **Overall Learning (Mean-6.75; SD 0.43)** **Overall Program Effectiveness (Mean-6.56; SD 0.41)** **EBI May '16 results on 7 pt scale:** **Learning; Nursing Science (Mean-6.27; SD 0.49)** **Science-Based Theory (Mean-6.75; SD 0.37)** **Health Care Diversity (Mean-6.45; SD 0.56)** **Communication Skills (Mean 6,50; SD 0.50)** **Employ Business Principles (Mean- 6.48; SD 0.41)** **Ethical Dilemmas (Mean- 6.22; SD 0.67)** **Best Practices (Mean-6.61; SD 0.37)** **Evidence-Based Practice (Mean-6.42; SD 0.66)** **Analyze Data (Mean-6.33; SD 0.60)** **Research Methods (Mean-6.48; SD 0.57)**			

Indiana University School of Nursing DNP Benchmarks & Outcomes (Report Card)
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Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		Communicate Findings (Mean-6.09; SD 1.96) Patient Care Technology (Mean-6.07; SD 0.66) Health Information Technology (Mean-6.45; SD 0.65) Health Care Policy Mean (6.81; SD 0.37) Health Policy Leadership (Mean-6.58; SD 0.57) Health Policy Education (M. 6.79; SD 0.38) Inter-professional Collaboration (Mean-6.29; SD 0.85) Population Health Care (Mean-6.17; SD 0.85) APN Role Development (Mean-6.44; SD 0.57) APN Core Knowledge (Mean-6.53; SD 0.55) Satisfaction: Quality of Faculty and Instruction (Mean-6.32; SD 0.73)			
		'15-'16 *faculty* rating average: 14 of 15 DNP faculty teaching during '15 – '16 scored at 4.0 or higher with overall faculty Mean- at 4.52 on 5 pt scale			**Continue to monitor faculty and course rating results**
		'15-'16 *course* rating average: 14 of 15 DNP courses taught during '15-16 scored at 4.0 or higher with an overall course Mean- at 4.44 on 5 pt scale			
		DNP Student Emily Sego awarded IONE scholarship in '15-'16.			**Continue to assist student to apply for scholarships and awards by notifying them and writing letters of support**
		DNP Student Julie LaMothe chosen to represent Alpha chapter of STTi with a poster in South Africa in summer '16.			

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
3E. The curriculum includes planned clinical practice experiences that: ▪ enable students to integrate new knowledge and demonstrate attainment of program outcomes; and ▪ are evaluated by faculty.	In as many courses as possible, faculty utilize authentic case studies in coursework that provide students with opportunities to solve system-level problems & that are evaluated by faculty and case stakeholders.	**75% increase in case studies worked from old to newly enhanced curriculum. Students now complete at a minimum, 14 system-level case studies.** **In IE's alone, students completed case studies with Veteran's Administration and the World Health Organization in '15-'16.** **DNP case study work with IUH hailed as one of the most important outcomes of IUNLP per M. Janney, at IUNLP retreat on Jan 20. '16.**			**Continue and expand clinical partnerships for identification of authentic case studies.** **Monitor IE student feedback about chosen case studies and agency mentor evaluations of students completing ASO projects.**
3F. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.	Curriculum is responsive to changes in communities of practice in response to the ACA.	**Jan '14: 13 interviews of area CNO's were held; results were analyzed & benchmarked against curriculum.** **April 10-11, '14: LEAN task force revised DNP curriculum to reflect needs and expectations of communities of practice in addition to DNP Essentials/AONE/ACHE/Lean compentencies. New refocused curriculum approved by GAC on May 17, '14.** **Fall '15: Meek had dinners with Trish Mathis (VA) and Susan McRoberts (St Francis) to both recruit and do information gathering.** **Jan'16: Newhouse/Ebright/Rawl/Meek/ Embree attended AACN's Doctoral Forum in Naples FL. Learned that the IUSON DNP program is the first in US with regard to the capstone model and favorable viewed by DNP task force as innovative & responsive to what the market wants in DNP graduates.**			**Continue to engage communities of practice for their guidance & feedback on at least a biannual basis.** **Continue to attend AACN Doctoral Forum and AONE annual conferences**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
	DNP graduates hold systems-level leadership roles & have evidence of scholarship commensurate with degree.	**Alumni Survey (June'15; 4/10 for 40% response rate):** **50% (N=2) advanced into a new leadership role or position** **50% (N=2) are in role commensurate with DNP education**	*(green)*	*(green)*	**Continue to monitor accomplishments of graduates via alumni surveys**
3G. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.	Faculty curricular assessment of individual student performance reflects achievement of expected program outcomes.	**May 5, '15: DNP faculty hold consensus discussion on design of new curricular assessment structure.** **Summer '15: Young/Meek work with Center for Teaching & Learning to build new structure in TaskStream.** **Curricular assessment conducted online asynchronously by DNP faculty within Taskstream on October 26, '15 and again between April 12-26, '16 with scoring & commenting on assigned artifacts & subsequent faculty discussion of results on May 4, '16**	*(yellow)*	*(green)*	**Initial build of newly redesigned curricular assessment structure in TaskStream completed in Fall, '15 & restarted curricular assessment process on Oct 26, '15.** **DNP Admin Support person is being trained to carry out administrative work related to Taskstream and the evaluation process.** **Continue build of second year of curricular evaluation in TaskStream and add new faculty as needed.** **Time dedicated to a full discussion during May 4th DNP faculty retreat. Result was agreement that students' writing would be evaluated using the same rubric in every DNP course and writing excellence would comprise 5% of grade in first semester courses and 10% of grade in every course thereafter.** **Continue curricular assessment in Fall '16 and Spring '17**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
3H. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.	DNP C/SA & Faculty Council & Assembly minutes reflect that evaluation data is accessible and useable for faculty and administrative decisions. DNP C/SA & Faculty Council & Assembly minutes reflect ongoing use of evaluation data to improve program outcomes.	**Restarted curricular assessment process on Oct 26, '15 and April '16** **Time dedicated to a full discussion during May 4, '16 DNP faculty retreat. Result was agreement that students' writing would be evaluated using the same rubric in every DNP course and writing excellence would comprise 5% of grade in first semester courses and 10% of grade in every course thereafter.** **Initial build of newly redesigned curricular assessment structure in TaskStream completed in Fall, '15**			**Continue to report evaluation data as available.** **Store all DNP C/SA minutes & approval documents on shared Faculty Governance site so all have access.** **Continue build of second year of curricular evaluation in TaskStream and add new faculty as needed.**
Standard IV: Assessment & Achievement of Program Outcomes					
4A. A systematic process is used to determine program effectiveness.	Faculty curricular assessment is conducted in fall and spring semesters annually. Course and faculty evaluations are completed every semester. Students are interviewed at the end of each D749 IE for feedback and suggestions for improvement. Students complete progressive ICAR surveys across D749 IE-	**Curricular assessment structure built in TaskStream and initial assessment was completed by faculty on October 26, '15 with second round in April, '16** **Course/faculty evaluations completed per schedule** **Students interviewed after D749: IE-II in October, '15 and resulting changes incorporated into IE-I/IE-III planned for spring, '16. Students interviewed Spring, '16 and some minor revisions made to IE for Fall '16.** **Students completed pre/post-I ICAR survey during D749: IE-I, II, and III. Results showed statistically significant improvements in total score as well as**			**Continue to build out and implement curricular assessment via TaskStream** **Continue course/faculty evaluations** **Continue to interview students at the conclusion of each IE** **Continue to monitor ICAR data**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
	I, II, and III to measure in interprofessional skills.	**all 6 dimensions of interprofessional competencies.**			
	All graduating students complete the EBI exit survey annually in May.	**EBI exit survey conducted May '15, December '15, and May '16.**			**Continue to embed EBI announcement in final DNP course (D744) to garner higher response rate**
	All students complete a mid-program satisfaction survey during their third semester (summer I).	**Students responded to mid-program satisfaction survey July '15 and scheduled again for July '16.**			**Continue to deploy mid-program survey for each cohort during third semester**
	An alumni survey is sent annually to all program graduates.	**June '15 alumni survey completed and will be sent again June '16.**			**Continue to deploy alumni survey each June and monitor results**
4B. Program completion rates demonstrate program effectiveness.	80% of students who are admitted remain in good academic standing and graduate from the program in a timely manner.	**DNP C/SA decided to only accept FT students as of '14 cohort to improve retention.** **Meek executed monthly student tracking to spot student progression issues more quickly; assure appropriate APG follow-up.** **79% reduction in rate of attrition due primarily to fulltime cohort model decision (begun in Fall, '14) and vigorous monthly student tracking & spotting/resolving issues early with high degree of faculty cooperation** **2010 & 2012 cohorts are completed; 2 in the 2013 cohort graduated May '16 leaving 4 remaining in the old curriculum (all 4 on schedule to graduate Dec '16)**			**Coordinator continue monthly student progression reports and tracking systems.** **DNP C/SA continue to monitor student progression reports and take appropriate APG actions via monthly meetings.**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		10 of 11 students in cohort '14 also graduated May '16; 15 of the '15 cohort in the program on target to graduate May '17			
4C. Licensure and certification pass rates demonstrate program effectiveness.	Alumni surveys reveal that students are completing AONE, ACHE, and/or Lean certifications.	**E. Catt developed a pre/post Lean test. Take pretest during D736 and post –test at the end of D615 to help student prepare for certification** **Yellow caution to indicate program focus is too new yet to determine alumni results**			**June '16 alumni survey questions cover degree to which graduates are pursuing additional certifications**
4D. Employment rates demonstrate program effectiveness.	Goal for DNP Program's contribution to IUPUI's mission is that… 85% of positions secured by respondent students are in Indiana & >/=50% of positions secured by respondent students are in underserved counties in Indiana. 50% of respondent DNP graduates will have secured advanced practice employment consistent with a DNP degree at time of graduation.	***EBI (Dec '15; N=4/4-100% response rate): 100% replied they're working in Indiana; underserved county question not asked.** **EBI (May '16; 12/22 54.5% response rate):** ***ALL EBI results throughout this update on 7 point scale.** **11/12 92% will stay in IN.** **11/12 92% plan to work in underserved IN counties (Marion 6; Lake 1; Vigo 2; Tippecanoe 1, IN county unspecified)**			**Continue to monitor EBI results**
	Alumni results demonstrate career advancement.	**Alumni Survey (June'15; 4/10 for 40% response rate):** **50% (N=2) advanced into a new leadership role or position** **50% (N=2) are in role commensurate with DNP education**			**Continue to monitor alumni results**

Indiana University School of Nursing DNP Benchmarks & Outcomes (Report Card)
(closing the loop document)

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
4E. Program outcomes demonstrate program effectiveness.	85% of curricular assessment artifacts scored as meeting program standards; suggested improvements are also collected and acted upon by designated DNP faculty, or administrative/faculty bodies.	**67% of the 3 courses in semester-1 artifacts scored at competent (3.0) or above. The remaining course was 2.93.** **50% of the 4 courses in semester 2 artifacts scored at competent (3.0) or above. The remaining 2 courses average was 2.67.** **All course faculty were given evaluation scores and given new ideas/assistance from peer faculty and help from Center and Teaching and Learning.**			**Continue to support faculty whose scores are below 3.0 with peer discussions and assistance from CTL.**
	85% of DNP graduates are moderately to very satisfied with the attainment of program outcomes consistent with their advanced practice role.	**EBI (May '16) on 7 pt scale** **Overall program Effectiveness** **(Mean-6.35; SD 0.78)** **Overall Satisfaction** **(Mean-6.25; SD 0.95)** **Overall Learning** **(Mean-6.61; SD 0.68)** **EBI (Dec '15):** **100% rated the following outcomes of the DNP program as extremely satisfied.** 1. **Scientific Underpinnings for Practice - To what degree did your DNP program enhance your ability to integrate nursing science with knowledge from the following areas as the basis for the highest level of nursing practice:** a) **Describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate (Mean 7.0; SD 0).** b) **Evaluate outcomes (Mean 7.0; SD 0)**			**Continue to monitor EBI results.** **Continue to support faculty advisement of 2012-13 students for successful completion of their Inquiry Projects.**

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		2. Organizational and Systems Leadership for Quality Improvement and Systems Thinking - To what degree did your DNP program enhance your ability to: a) **Quality improvement initiatives in health care systems (Mean 7.00; SD 0).** b) **Patient safety initiatives in health care systems (Mean 7.00; SD 0).** c) **Develop effective plans for practice initiatives (Mean 7.00; SD 0).** d) **Implement effective plans for practice initiatives (Mean 7.00; SD 0).** **100% (n = `4) rated the remaining outcomes of the DNP program as Moderate to extremely satisfied except the following:** 1. **Organizational and Systems Leadership for Quality Improvement and Systems Thinking - To what degree did your DNP program enhance your ability to:** a) **Monitor budgets for practice initiatives. (Mean 4.50; SD 2.18). N=1 rated "not at all".** **EBI (May '16):** **100% rated the following outcomes of the DNP program as extremely satisfied** 1. **Scientific Underpinnings for Practice - To what degree did your DNP program enhance your ability to integrate nursing science with knowledge from the following areas as the basis for the highest level of nursing practice:**			

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		a) Organizational Science (Mean 6.92; SD 0.28) **b) Determine the nature and significance of health and health care delivery phenomena (Mean 6.92; SD 0.28)** **c) Describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate (Mean 6.83; SD 0.37)** **d) Evaluate outcomes (Mean 6.75; SD 0.430)** **e) Evaluate these approaches (Mean 6.67; SD 0.47)** **2. Organizational and Systems Leadership for Quality Improvement and Systems Thinking - To what degree did your DNP program enhance your ability to:** **a) Evaluate care delivery approaches that meet the needs of patient populations based on scientific findings in nursing and other clinical sciences (Mean 6.58; SD 0.49)** **b) Quality improvement initiatives in health care systems (Mean 6.50; SD 0.50)** **c) Patient safety initiatives in health care systems (Mean 6.50; SD 0.50)** **d) Develop effective plans for practice initiatives (Mean 6.58; SD 0.49)** **e) Implement effective plans for practice initiatives (Mean 6.58; SD 0.49)** **f) Improvement of health care outcomes (Mean 6.50; SD 0.50)**			

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		g) "Evaluate effective strategies for managing the ethical dilemmas inherent in the following: h) Patient care (Mean 6.25; SD 0.60) i) Healthcare organizations (Mean 6.33; SD 0.62) 3. Clinical Scholarship and Analytical Methods"Enhance your ability to use analytic methods to critically appraise existing evidence to: a) Determine best practice (Mean 6.73; SD 0.45) b) Implement best practice (Mean 6.64; SD. 0.48) c) Improve practice and the practice environment (Mean 6.64; SD 0.48 d) Design evidence-based interventions (Mean 6.58; SD 0.49) e) Identify gaps in evidence for practice (Mean 6.58; SD 0.49) 4. Health Care Policy for Advocacy in Health Care - To what degree did your DNP program enhance your ability to: a) Critically analyze health policy proposals (Mean 6.75; SD 0.43) b) Influence institutional policy makers to improve health care delivery and outcomes (Mean 6.83; SD 0.37) c) Advocate for the nursing profession within the policy and healthcare communities (Mean 6.83; SD 0.37) d) Advocate for ethical policies within all healthcare arenas (Mean 6.83; SD 0.37) e) Implementation of health policy (Mean 6.73; SD 0.45)			

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		f) Educate others, including policy makers at all levels, regarding: Health policy (Mean 6.75; SD 0.43) **g) Patient care outcomes (Mean 6.83; SD 0.37)** **5. Advanced Nursing Practice - To what degree did your DNP program enhance your ability to:** **a) Support other nurses to achieve excellence in nursing practice (Mean 6.58; SD 0.49)** **b) Educate individuals and groups through complex health and situational transitions (Mean 6.58; SD 0.49)** **c) Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues (Mean 6.58; SD 0.49)** **5. Advanced Nursing Practice - Regarding evidence-based care to improve patient outcomes, to what degree did your DNP program enhance your ability to:** **a) Design evidence-based care to improve patient outcomes (Mean 6.58; SD 0.49)** **b) Deliver evidence-based care to improve patient outcomes (Mean 6.58; SD 0.49)** **c) Evaluate evidence-based care to improve patient outcomes (Mean 6.58; SD 0.49)** **100% rated the remaining outcomes of the DNP program as moderate to extremely satisfied except the following:**			

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
		Clinical Scholarship and Analytical Methods for Evidence-Based Practice - To what degree did your DNP program enhance your ability to use information technology and research methods appropriately to: a) **Function as a practice specialist/consultant in collaborative knowledge-generating research (Mean 6.27; SD 1.14) N=1 rated less than moderate.** b) **Disseminate findings from evidence-based practice and research to improve healthcare outcomes (Mean 5.91; SD 1.44) 2 rated less than moderate.** **Advanced Nursing Practice - To what degree did your DNP program enhance your ability to:** a) **Develop ongoing therapeutic partnerships with patients (individual, family or group) to facilitate optimal care (Mean 6.17; SD 1.34). 1 rated less than moderate.** b) **Develop relationships with other professionals to facilitate optimal care (Mean 6.25; SD 1.09). 1 rated less than moderate.** **100% rated the value of the investment of the degree as good to exceptional (Mean 5.75; SD 0.92)**			
	100% of remaining 14 2010-13 DNP students' Program Committee's agree that graduates have attained the 7 DNP	**10 of remaining 14 students have graduated.** **4 students approved by committee's to graduate in Dec '15 and 5 students in May '16; leaving 4 students completing**			

Evaluation Criteria:	Expected Outcomes (Benchmarks)	Results Achieved	Prior Cycle	Current Cycle	Decisions & Actions Taken
	program outcomes as evidenced by course completion & Committee approval of Inquiry Projects.	**inquiry projects/coursework in prior curriculum.** **'15-16: 6 of 9 student Program Committees approved students' final Inquiry Project papers as evidence of attainment of program outcomes (the 4th remaining student has approval of Inquiry Project & is just completing education certificate electives)**			
4F. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.	85% of students rate >/= 80% of faculty as excellent to exceptional (as indicated by item on EBI DNP Exit Survey).	**EBI (Dec '15):** **Satisfaction: Quality of Faculty and Instruction** **(Mean-6.15; SD 0.51)** **EBI (May '16):** **Satisfaction: Quality of Faculty and Instruction** **Mean-6.32; SD 0.73)**			**Continue to monitor**
	Faculty continue appointment in rank.	**Meek promoted to full Clinical Professor. Kris Dreifuerst promoted to Associate Professor with tenure. All other faculty maintained appointment.**			**Embree, Poore, Fulton, & Young going up for promotion in '16-'17 year**
4G. The program defines and reviews formal complaints according to established policies.	Grievances are fairly and timely handled.	**08/10: Grievance policy published in DNP Student Handbook.** **05/16: No grievances have been filed since beginning of program in 08/11.**			**Continue to monitor**
4H. Data analysis is used to foster ongoing program improvement.	DNP C/SA & Faculty Assembly minutes reflect ongoing use of evaluation data to improve program outcomes.	**All evaluation data was analyzed and made available to DNP C/SA, DNP faculty and Faculty Council & Assembly as required for decision making support.**			**Continue to support evaluation activities and ongoing data analysis reporting for decision making support.**