



Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing, Master's Degree Program in Nursing, Doctor of Nursing Practice Program, and Post-Graduate APRN Certificate Program at the University of Kentucky

Commission on Collegiate Nursing Education
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Introduction

This report presents the findings of the evaluation team from the Commission on Collegiate Nursing Education (CCNE), the accrediting body responsible for the evaluation of baccalaureate and graduate nursing programs, regarding the Bachelor of Science in Nursing (BSN), the Master of Science in Nursing (MSN), the Doctor of Nursing Practice (DNP), and the post-graduate Advanced Practice Registered Nurse (APRN) certificate programs at the University of Kentucky (UK) and their compliance with CCNE's standards for accreditation. The BSN and DNP programs were granted continuing accreditation by CCNE in 2012 and are being reviewed for continuing accreditation. The MSN and post-graduate APRN certificate programs are being reviewed for initial accreditation.

UK was founded in 1865 as the Kentucky State Agricultural and Mechanical College, a part of Kentucky University. In 1878, the college was separated from Kentucky University and established on a 50-acre site donated by the city of Lexington. In 1916, the college became the University of Kentucky. The Albert B. Chandler Medical Center and the colleges of medicine, dentistry, and nursing were established in 1956. UK Healthcare (UKHC) is the umbrella organization for the UK Medical Center, which also includes the colleges of nursing, medicine, dentistry, health sciences, pharmacy, public health, and social work.

According to the 2019-2020 university catalog, "From its early beginnings, with only 190 students and 10 professors, UK's campus now covers more than 918 acres and is home to more than 30,000 students and approximately 13,900 employees, including more than 2,400 full-time faculty, and operates an annual budget of more than \$4 billion." The university offers 88 baccalaureate, 93 master's, and more than 60 doctoral, specialist, and professional degree programs. The university is accredited by the Southern Association of Colleges and Schools Commission on Colleges, with the latest reaffirmation in 2013. The institution's Carnegie classification is Doctoral Universities: Very High Research Activity.

In 1957 Dr. William R. Willard, founding dean of the Albert B. Chandler Medical Center and dean of the UK College of Medicine, proposed the idea of a College of Nursing (CON). The first class of BSN students was admitted in 1960. An MSN program was opened in 1970, the PhD program in 1987, the DNP program in 2001, and the interprofessional health education programming for UK in 2010. In 2020, the CON was designated a National League of Nursing (NLN) Center for Nursing Education Excellence.

The CON has a current enrollment of 813 BSN students, 483 pre-nursing students, 15 MSN students, 28 PhD students, 157 DNP students, and 16 post-graduate APRN certificate students. The BSN program offers traditional, accelerated BSN (ABSBN), and RN-BSN tracks. The focus of the MSN program is healthcare systems leadership. The nurse practitioner (NP) tracks within the DNP program are adult-gerontology acute care (AGACNP), family (FNP), psychiatric/mental health (PMHNP), pediatric primary care (PNP-PC), and pediatric acute care (PNP-AC). The DNP also has an executive leadership in healthcare and an MSN-DNP option. An adult-

gerontology clinical nurse specialist option is being phased out due to low enrollment. The post-graduate APRN certificate program includes tracks in AGACNP, FNP, PMHNP, PNP-PC, and PNP-AC.

Currently, there are 67 full-time faculty in the CON, 75 part-time faculty, 21 adjunct faculty, and four faculty with joint appointments. The pre-licensure tracks and DNP program are approved by the Kentucky Board of Nursing (BON), and the next review will occur concurrently with the CCNE review.

The team was afforded full cooperation in its efforts to assess the programs and to confirm the self-study document. The team would like to take this opportunity to thank the program for its hospitality and consideration during the virtual evaluation.

In accordance with CCNE procedures, the team confirmed that the programs afforded the opportunity for constituents to submit third-party comments directly to CCNE. No letters were received by CCNE.

Meeting of CCNE Standards

While virtually visiting the campus in Lexington, Kentucky, the team had an opportunity to interview school and university officials; program faculty, students, and alumni; and community representatives. The team reviewed information in the self-study document and in the virtual resource room as well as other materials provided at its request. In addition, the team observed classroom and clinical activities. The following assessments were made regarding compliance with the *CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* by the baccalaureate and master's degree programs in nursing, the DNP program, and the post-graduate APRN certificate program at the institution.

Standard I Program Quality: Mission and Governance

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

This standard is met for the baccalaureate degree nursing program.

This standard is met for the master's degree nursing program.

This standard is met for the Doctor of Nursing Practice program.

This standard is met for the post-graduate APRN certificate program.

I-A. The mission, goals, and expected program outcomes are:

- congruent with those of the parent institution; and
- reviewed periodically and revised as appropriate.

Elaboration: The program's mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

A review of documents found online and in the virtual resource room demonstrated congruence between UK and the CON relative to the mission, goals, and expected program outcomes. The program's mission and goals are published in the nursing student handbooks and are easily accessible online to current and prospective students, faculty, and other constituents.

The CON systematic process for program effectiveness (SPPE) guides the assessment process, with the mission, goals, and expected program and faculty outcomes being reviewed every five years. The SPPE indicates the responsible party, CCNE key element, review date (frequency), verification of evidence, and the use of data for reporting. According to the self-study document and confirmed by faculty, the mission and goals were approved in 2015 and reaffirmed in 2018 prior to development of the CON strategic plan.

I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:

- The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];
- The Essentials of Master’s Education in Nursing (AACN, 2011);
- The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and
- Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2016].

A program may select additional standards and guidelines that are current and relevant to program offerings.

A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.

An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

Compliance Concern?	Baccalaureate:	No
	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The CON identifies the American Association of Colleges of Nursing’s (AACN) *The Essentials of Baccalaureate Education for Professional Nursing Practice (Baccalaureate Essentials)* (2008) as the foundation for its BSN curriculum and *The Essentials of Master’s Education in Nursing (Master’s Essentials)* (2011) for the MSN program. AACN’s *The Essentials of Doctoral Education for Advanced Nursing Practice (Doctoral Essentials)* (2006) are also identified. The foundational professional nursing standards and guidelines identified for all degree and certificate programs are the American Nurses Association’s (ANA) *Nursing: Scope and Standards of Practice* (2015), the ANA’s *Code of Ethics for Nurses with Interpretive Statements* (2015), and the Interprofessional Education Collaborative (IPEC) *Core Competencies for Interprofessional Collaborative Practice* (2011, 2016). The DNP and post-graduate APRN certificate programs incorporate role-specific standards for the NP and leadership tracks, the National Task Force on Quality Nurse Practitioner Education (NTF) *Criteria for Evaluation of Nurse Practitioner Programs (NTF Criteria)* (2016), the National Organization of Nurse Practitioner Faculties (NONPF) *Nurse Practitioner Core Competencies* (2012), and the American Organization for Nursing Leadership (AONL) *Nurse Executive Competencies*.

I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The CON defines the community of interest (COI) as internal and external entities that directly or indirectly interface with the CON. Input is gathered from external entities during twice-yearly Dean's Advisory Board meetings, which include representatives from healthcare institutions, community college partners, alumni, and business partners. In addition, informal communication occurs frequently through personal contacts by the dean and faculty. Students and faculty have the opportunity to provide input through surveys and participation on various committees. Representatives from the COI confirmed that they have input into the programs and provided examples of changes made as a result of this dialogue.

I-D. The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit's expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

UK and the CON have clearly established expectations for faculty productivity in the areas of teaching, scholarship, practice, and service for tenure-track and non-tenure-track faculty in each title series. The expected CON faculty outcomes are congruent with those of the university. Expectations for faculty performance related to teaching, research and scholarship, practice, and service are communicated to faculty upon hire, during new faculty orientation, through negotiation of distribution of effort (DOE), and through written information found in the UK faculty handbook. Handbooks are easily accessible online. Faculty shared with the team that they clearly understand their roles and responsibilities.

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

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No

Post-graduate APRN certificate: No

Rationale:

Faculty are actively involved in UK and CON committees. The team reviewed rosters of faculty assigned to various committees. The provost stated that nursing faculty are well represented on UK committees. Minutes were reviewed from several different CON meetings supporting faculty involvement in governance and in the review and revision of academic policies. Student involvement was also evident on CON committees. Students shared that they participate in governance through their evaluation of courses and informally in classes. The students believe they are heard by faculty when they request changes at the course level.

I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:

- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed.

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Academic policies of the CON support the mission, goals, and expected program outcomes and are congruent with those of the university. UK academic policies in regard to student recruitment, admission, retention, and progression were reviewed by the team. Faculty and students are involved with the development, review, and revision of UK and CON academic policies through membership on a variety of committees, and the team reviewed committee minutes confirming evidence of the process. Students stated they are made aware of policy changes via emails, announcements in class, or through their advisor.

I-G. The program defines and reviews formal complaints according to established policies.

Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No

Post-graduate APRN certificate: No

Rationale:

The CON follows the policies and procedures of UK in regard to student complaints. The CON defines a formal complaint as one which cannot be resolved within the academic unit and CON. Formal complaints that cannot be resolved in the CON are directed to the UK Office of Academic Ombudsman Services, where documentation of complaints is held. In the past three years, four students were assisted in resolutions that did not require a formal appeals process. In 2019, one student went through the formal UK appeals process. Currently, there are no pending complaints in the UK Office of Academic Ombudsman Services.

I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

Elaboration: References to the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.^{1,2}

If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:

“The (baccalaureate degree program in nursing/master’s degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.ccneaccreditation.org>).”

“The (baccalaureate degree program in nursing/master’s degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791.”

¹ Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

² Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2016).

Compliance Concern?	Baccalaureate:	No
	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Online information, documents, and publications related to program offerings, outcomes, the academic calendar, accreditation/approval status, admission and retention policies, grading policies, degree completion requirements, and tuition and fees were found to be congruent with one another. An out-of-date address for CCNE was in the online BSN handbook, but this was quickly replaced with the correct address. Any changes to the program or policies are made available to students via email, course announcements, or through advisors. Students confirmed being notified when policies are changed. The program publicly and accurately discloses its

CCNE accreditation. It was confirmed that transcripts for NP students identify the specific role and population focus of the DNP and post-graduate APRN certificate program track.

Standard II Program Quality: Institutional Commitment and Resources

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

This standard is met for the baccalaureate degree nursing program.

This standard is met for the master's degree nursing program.

This standard is met for the Doctor of Nursing Practice program.

This standard is met for the post-graduate APRN certificate program.

II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.

Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.

A defined process is used for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

In meetings with university administrators, the dean, faculty, staff, and students, the team confirmed fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. The CON budget is derived from state support in multiple areas. Additional funding includes clinical resources from faculty practice, enterprise transfers, continuing education, and gifts. The dean works closely with the associate dean of executive administrative affairs and finance to prepare nursing budget requests. Faculty confirmed that the dean works closely with the administrative team and faculty to ensure all the necessary resources are available to meet the outcomes of the degree programs.

The team confirmed the process for fiscal review is reflected in the CON SPPE. Further conversations with faculty supported that the administration provides adequate fiscal resources for program offerings. The provost indicated that faculty salaries are reviewed and compared according to selected AACN benchmark comparisons for academic health science centers. Salaries are reviewed annually and adjusted as state funding supports. Faculty indicated fiscal support fosters their ability to meet the mission, vision, and goals of the institution. At the time of the virtual evaluation, three nursing faculty positions were open, and multiple applicants are under review for consideration.

II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.

Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program’s mission, goals, and expected outcomes. The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program’s mission, goals, and expected outcomes.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.

Compliance Concern?	Baccalaureate:	No
	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

College administrators, faculty, and students reported that they have sufficient classroom allocation, laboratory space, and clinical partnerships to meet the expected program outcomes. Practica are arranged across hospitals, agencies, and clinics in the surrounding counties and in outreach areas. Each semester the assistant dean for the undergraduate program participates in the Bluegrass Planning program to negotiate clinical placement sites for all undergraduate tracks. APRN students are placed with preceptors, and the DNP coordinator typically locates placements for DNP students. Locating clinical group placements and preceptors remains a highly competitive process within the Fayette County area.

The CON building includes a 10,000-square-foot Clinical Simulation and Learning Center (CSLC) designated for experiential learning. Simulated hospital rooms, examination rooms, and treatment areas are included in the CSLC to enhance undergraduate and graduate learning. While the center currently holds provisional accreditation by the Society for Simulation in Healthcare, an on-site visit is scheduled for April 2021 to evaluate the CSLC for full accreditation. A neonatal intensive care unit was added to the CSLC in 2017. In 2017, the college added a Cultivating Practices for Resilience room, which is extended to members of the nursing community to enhance work-life balance through provision of relaxing ambience. This area includes a massage chair, yoga mats, rocking chairs, a cascading water fountain, and other items to offer solace and assist in alleviating stress and anxiety. All members of the faculty are able to access technology, the library, meeting spaces, and software to support their teaching roles and the success of students.

In meeting with university administrators, the dean, coordinators, faculty, and students, the team confirmed that physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Faculty are supported and encouraged to make requests associated with additional faculty and student needs. Adequacy of physical resources and access to clinical sites is reviewed at least annually by

nursing faculty and administrators in accordance with the SPPE. Students review adequacy of resources through course, clinical, and program evaluations. Faculty and students also confirmed that clinical sites are sufficient to meet the needs of the respective programs.

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

Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate.

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The team confirmed that academic support services are sufficient to meet program and student needs. Academic support services are available to all faculty and students, regardless of their program of study. Academic support services are generally evaluated annually or more often if needed. Services available to students include the library, IT support, academic advising, a writing center, counseling, peer tutoring, peer study groups, and financial aid. There is a designated research and education librarian liaison for CON faculty and students. A review of documents in the virtual resource room confirmed that the UK libraries maintain significant holdings of online databases. The most recent satisfaction survey led to the implementation of improvements in 2021 associated with increasing electronic resources, expanding hours of service to 24/5 in one library, and adding graduate study space. The UK technology help center offers a 24/7 help desk service for faculty, staff, and students. Pre-nursing and BSN students are advised by professional academic advisors with support procedures and intervention for students. Graduate students are assigned a faculty advisor upon entry into the program.

Students were very complimentary of UK student support services and how these services enhance their overall student experience. Students in online programs indicated they are able to use many of the UK services and that they are pleased with university support. Additionally, students expressed high levels of support for their academic advisors and the First Day Friday peer support program. Every Friday, students can work on clinical skills or work with a peer tutor in the clinical simulation laboratory, which serves as a guided study hall for nursing students. All students confirmed that they know how to access support services.

II-D. The chief nurse administrator of the nursing unit:

- 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 vested with the administrative 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.

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The team confirmed the CON dean is an RN with nearly 45 years of experience academically and experientially. The chief nurse administrator at UK is completing her sixth year as dean, professor, and Warwick Endowed Professor of Nursing. She holds a Master of Science with a clinical nurse specialist focus, a post-master's certificate as an adult acute care NP, and a PhD in nursing science. The dean is vested with the authority to accomplish the mission, goals, and expected outcomes of the program. Discussions with university leadership and faculty confirmed the dean consults appropriately with faculty and other members of the COI when making decisions regarding the mission, goals, and expected outcomes of the CON. She is described as a leader who is kind, encouraging, approachable, and an advocate for faculty and students. Under her leadership, the CON maintains excellent licensure and certification outcomes, increased productivity of research initiatives, and expanded clinical partnerships. The dean is recognized by the nursing faculty as a leader with an unwavering commitment to advancing the college and as an individual who demonstrates a high level of engagement with faculty, staff, and students. Members of the university administration characterized her visionary leadership as "simply outstanding."

II-E. 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.

Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a justification for the use of any faculty who do not have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be

maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

A review of materials in the self-study document, discussion with faculty, and review of faculty CVs confirmed faculty (full-time, part-time, and adjunct) are academically and experientially qualified for the positions they hold and for their individual teaching assignments. The dean reported there are currently 67 full-time faculty. Additional support is provided by adjunct faculty (n=21) and part-time faculty (n=75). In addition, there are four additional faculty with joint appointments with the colleges of medicine, public health, and education. According to members of the nursing administration, student-to-faculty didactic in-class ratios are typically 27:1 in the ABSN track, 30:1 in the RN-BSN track, and 100:1 in the traditional BSN track. Undergraduate clinical faculty-to-student ratios are typically 1:8 or lower in some specialty areas. This ratio is below the Kentucky BON maximum ratio of 1:10. Undergraduate preceptor experiences have a 1:1 ratio.

The DOE workload is used by administrators (associate deans and senior administrators) to determine each faculty member's distribution of workload effort according to their title designation. Tenure-track and tenured faculty typically teach two courses each semester and meet other aspects of expectations. Full-time non-tenure-track faculty assume a combination of didactic and clinical/laboratory course expectations for research/scholarship, practice, and service. Clinical titled series faculty integrate faculty practice into their workload. Members of the administrative team are allocated workload according to their role. The DOE guidelines, instituted in academic year 2016-2017, were reviewed by the team in the virtual resource room. A review of selected faculty assignments and documents confirmed faculty are licensed RNs, and assignments are made that support the faculty member's experience and qualifications. The associate deans, coordinators, and faculty confirmed that faculty are sufficient in number to accomplish the mission, goals, and expected program outcomes.

II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:

- *clearly defined and communicated to preceptors;*
- *congruent with the mission, goals, and expected student outcomes;*
- *congruent with relevant professional nursing standards and guidelines; and*

- *reviewed periodically and revised as appropriate.*

Preceptors have the expertise to support student achievement of expected outcomes. The program ensures that preceptor performance meets expectations.

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

For all programs under review, the team reviewed preceptor qualification requirements in the virtual resource room and confirmed that preceptors for each respective program are required to have educational preparation and practice experience in the clinical or content areas in which they precept. A review of contracts, preceptor handbooks for each respective program, and sample completed evaluations in the virtual resource room confirmed the CON complies with preceptor roles and expectations germane to each program and level, including the *NTF Criteria* for the APRN tracks. A review of the written policies for clinical preceptors at the undergraduate and graduate levels and interviews with faculty confirmed that preceptors are prepared for the role they assume in teaching, evaluating, and supervising students. Preceptors in all programs must undergo orientation to their role and participate in student evaluation. Faculty maintain an ongoing review of each preceptor and clinical site to determine if specific preceptors and sites are conducive to meeting the objectives and associated learning outcomes. The undergraduate preceptor handbook includes information necessary to acquaint the preceptor to the role. A baccalaureate degree in nursing is required for undergraduate preceptors, and graduate preceptors must have a minimum of a master's degree. Faculty confirmed graduate preceptors teaching NP students are APRNs in the specialty area in which the student will practice and hold an unencumbered license and certification with a minimum of one year of experience. Graduate preceptors are provided a detailed MSN or DNP preceptor handbook. A physician preceptor is rarely used but not uncommon for graduate specialty areas, such as psychiatric/mental health. Evidence of student and faculty evaluations of preceptors was reviewed in the virtual resource room; these evaluations demonstrated high performance among clinical preceptors. In discussions with the team, course faculty confirmed they are responsible for all final student evaluations. In discussion with members of the administrative team and faculty and review of documents and course materials available in the virtual resource room, the team confirmed that preceptors, clinical sites, and policies related to preceptors are reviewed periodically. Students confirmed they participate in evaluations of their preceptors and clinical sites.

II-G. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.

- *Faculty have opportunities for ongoing development in teaching.*

- *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*
- *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence.*
- *Institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.*

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The dean and faculty reported there is support and encouragement for teaching, scholarship/research, service, and practice in keeping with the mission, goals, and expected program outcomes. The CON developed a model of faculty role assignments that specifically focuses on the individual faculty member's strengths, interests, and type of appointment. Appointment titles offer two types of tenure-track trajectory options, including regular title series and special title series. The clinical title series, research title series, and lecturer are non-tenure-track designations. The university offers a complement of resources to support faculty teaching, service, scholarship, and practice. Faculty mentors are assigned to new faculty. In addition, all faculty have access to the Center for the Enhancement of Learning and Teaching, which offers a hub of UK resources, tutorials, and best practices associated with online learning. The Faculty Media Depot also supports the faculty transition to teaching in online learning platforms. Faculty have access to travel funding, start-up funding opportunities, and statisticians, editors, librarians, research groups, and interprofessional-based researchers. Conference and travel support are dependent upon budget allowance, and preference may be given to faculty presenting at a conference. Faculty with a regular title series may be given up to 50% release time and start-up funds to develop their program of research. However, there are expectations that faculty will receive external funding within three years of appointment. Statistical support, research teams, and competitive small-scale seed grants are also available to support faculty.

Faculty practice is of significant importance within the CON, and practice serves as a basis for enhancing scholarship, teaching, and clinical oversight of students. UK maintains a Faculty Practice Council that fosters communication among faculty practitioners, administrators, and community partners. Faculty with a regular title, clinical title, and special title typically have practice expectations to support their DOE.

The nursing faculty policies and procedures referenced in the virtual resource room outline the faculty role according to teaching, scholarship, research, and service. Faculty are engaged in service at the college and university levels. Faculty stated that they feel the workload is negotiable and manageable and enables them to pursue scholarly activities, service opportunities, and clinical practice. Faculty voiced to the team that they feel supported in their development and pursuit of professional growth activities.

Standard III

Program Quality: Curriculum and Teaching-Learning Practices

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

This standard is met for the baccalaureate degree nursing program.

This standard is met for the master's degree nursing program.

This standard is met for the Doctor of Nursing Practice program.

This standard is met for the post-graduate APRN certificate program.

III-A. 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;
- are congruent with the roles for which the program is preparing its graduates; and
- consider the needs of the program-identified community of interest.

Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

All CON programs undergo a formative and summative evaluation each semester and no less than every three years as outlined in the SPPE. The course syllabi for the BSN, MSN, DNP, and post-graduate APRN certificate programs include clear expected student learning outcomes (SLOs). Curricula in all programs are revised based on course reviews, student evaluations, faculty expertise, information from employers, and nursing standards.

Baccalaureate:

The BSN program has undergone significant curricular revisions to the traditional and RN-BSN tracks to improve overall efficiencies and effectiveness of teaching and to improve retention and time to degree based on feedback from students and clinical partners. All BSN tracks have been changed to an eight-week block format. Additionally, the second-degree track has been transitioned to an ABSN track. This change, suggested by the COI, shortened the length of the track and now admits Med-Vet (trained as medics in the military) and licensed practical nurses (LPN-BSN) in addition to second-degree students. Undergraduate faculty minutes confirmed these changes and provided evidence of discussion and vote on each of the BSN courses. An example of how the CON considers the needs of the COI is the addition of the LPN-BSN pathway in the ABSN track.

Master's:

The MSN track in healthcare systems leadership was developed in 2018 and implemented in 2019 and builds on the student's current knowledge and expertise. Clinical agencies found that the timeframe for students to complete the executive leadership DNP program was too long to meet the needs of different nursing leaders and thus requested that this MSN program be developed. Courses in the MSN program prepare students to function as change agents in multi-dimensional roles in the organization and community. Students in this program were positive about the coursework and the ability to apply the coursework to their current roles.

DNP and Post-Graduate APRN Certificate:

The DNP and post-graduate APRN certificate program outcomes are clearly stated and align with the CON mission. Program outcomes support curricula and are congruent with the roles for which students are prepared. Detailed curriculum maps (crosswalk tables) link program outcomes to each track and course. They also link the outcomes to the *Doctoral Essentials*, professional role competency documents, and course assignments. The outcomes are included in student handbooks and course syllabi. During meetings, members of the COI confirmed that the DNP and post-graduate APRN certificate program outcomes address the needs of the COI by preparing graduates with skills and role competencies to fill healthcare workforce gaps, lead clinical practices and healthcare organizations, support research in healthcare environments, enhance care delivery, and improve patient and systems outcomes.

III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

This key element is not applicable if the baccalaureate degree program is not under review for accreditation.

Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

Compliance Concern?

Baccalaureate:

No

Rationale:

The curricular frameworks for all tracks within the BSN program are consistent with the *Baccalaureate Essentials* and the six core Quality and Safety Education for Nurses (QSEN) *Competencies*. This was evident within the self-study document, the BSN student handbook, and syllabi of BSN courses found in the virtual resource room. Appendix III.A-1 in the self-study document provides a crosswalk for the BSN program that links each course to the *Baccalaureate Essentials*, BSN program SLOs, course SLOs, and course assignments and includes a level of competency. Student examples demonstrated evidence of SLOs, which demonstrate relevant professional standards and guidelines. BSN students were able to state that they could find the *Baccalaureate Essentials* in each syllabus.

- III-C. Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).
- Master's program curricula incorporate professional standards and guidelines as appropriate.
 - a. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
 - b. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
 - Graduate-entry master's program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

This key element is not applicable if the master's degree program is not under review for accreditation.

Elaboration: The master's degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

Master's degree APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Master's degree programs that have a direct care focus but are not APRN education programs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.

Compliance Concern? Master's: No

Rationale:

The team confirmed the curriculum for the MSN healthcare systems leadership track reflects the *Master's Essentials* and AONL's *Nurse Manager Competencies*. Appendix III-2.A in the self-study document and virtual resource room provided a crosswalk of MSN program outcomes to MSN course SLOs, the *Master's Essentials*, and AONL competencies. This crosswalk table also includes MSN course assignments that align with the program SLOs, course SLOs, *Master's Essentials*, and AONL competencies. In a review of the MSN syllabi in the virtual resource room, all syllabi listed course SLOs and the *Master's Essentials*. MSN students stated that assignments are linked to program SLOs and the *Master's Essentials*. As this program does not have a direct care focus, the APRN core is not included in the MSN curriculum.

- III-D. DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).
- DNP program curricula incorporate professional standards and guidelines as appropriate.

- a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
- b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
- Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

DNP APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program deems this necessary.

Compliance Concern?

DNP:

No

Rationale:

The self-study document identifies the *Doctoral Essentials*, *NTF Criteria*, *NONPF Core Competencies*, *Population-Focused Nurse Practitioner Competencies* (NONPF, 2013), *AONL Nurse Executive Competencies*, and the National Association of Clinical Nurse Specialists (NACNS) *Core Practice Doctorate Clinical Nurse Specialist Competencies* (2009) as documents used in developing the curriculum and expected student outcomes. During the virtual evaluation, faculty also identified the use of NONPF's *Adult-Gerontology Acute Care and Primary Care Nurse Practitioner Competencies* (2016). DNP outcomes are clearly linked to the *Doctoral Essentials* and the professional standards used by the CON to develop curricula and relate to areas in which students are being prepared. Detailed curriculum maps link program outcomes to the *Doctoral Essentials* and professional standards by track. They also link program outcomes, the *Doctoral Essentials*, and professional standards to each course and to course assignments. During the virtual evaluation, the team confirmed that the DNP program's NP tracks and plans of study include individual courses in advanced physiology/pathophysiology, advanced pharmacology, and advanced health assessment. Other APRN competencies, such as leadership, quality, policy, and ethics are integrated into role and population-specific courses. For example, AGACNP students are introduced to their role in complex care systems in NUR 940, and those competencies are also included in NUR 942, which is a clinical practicum course.

III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role- and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.

Compliance Concern?

Post-graduate APRN certificate:

No

Rationale:

The self-study document identifies components of the *Master's Essentials*, *Doctoral Essentials*, *NTF Criteria*, and *NONPF Core Competencies* for the respective population foci as documents used in developing the curricula and expected student outcomes. During the virtual evaluation, faculty also identified the use of the *AONL Nurse Executive Competencies* and the *NONPF Adult-Gerontology Acute Care and Primary Care Nurse Practitioner Competencies* for curriculum development. Post-graduate APRN certificate program outcomes are clearly derived from those documents and are broadly stated. These outcomes relate to the NP roles for which graduates are prepared. Detailed curriculum maps link program outcomes and professional competencies to each course and to course assignments. During the virtual evaluation, the team confirmed that NP curricula and plans of study include individual courses in advanced physiology/pathophysiology, advanced pharmacology, and advanced health assessment. Students in the post-graduate APRN certificate program are allowed to substitute comparable graduate courses in advanced physiology/pathophysiology, advanced pharmacology, and advanced health assessment completed in their initial APRN educational program to meet program requirements.

III-F. The curriculum is logically structured to achieve expected student outcomes.

- **Baccalaureate curricula build on 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.

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced nursing knowledge.

Graduate programs are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire the baccalaureate-level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.

DNP programs, whether post-baccalaureate or post-master’s, demonstrate how students acquire the doctoral-level knowledge and competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). If the program awards the master’s degree as part of the DNP program, the program demonstrates how students acquire the master’s-level knowledge and competencies delineated in The Essentials of Master’s Education in Nursing (AACN, 2011) and, if applicable, Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).

The program provides a rationale for the sequence of the curriculum for each program.

Compliance Concern?	Baccalaureate:	No
	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Baccalaureate:

All tracks within the BSN program are built upon a foundation of arts, sciences, and humanities through the required UK core curriculum, prerequisites, and support coursework. There are three entry options for students to attain a BSN: traditional, ABSN, and RN-BSN. The traditional track is completed over four years, with nursing courses beginning in the second year of study. Prerequisites and the UK core requirements are built into the four-year plan for students in this track, which consists of a total of 120 credits. Students confirmed that courses later in the program build upon their general education and prerequisite courses and that coursework in the BSN program builds on previous courses completed with increasingly complexity. The ABSN track includes Med-Vet, second-degree, and LPN-BSN students. All students need to have 19-22 hours of prerequisite courses as well as 30 credits of UK core hours. The RN-BSN track provides RNs with an associate degree or a diploma the ability to earn a BSN. The degree consists of 30 to 33 hours of coursework. Courses in the RN-BSN track begin with NUR 360 Communication in Nursing and build in complexity and skill each semester.

Master’s:

The curriculum in the MSN program builds on the knowledge, skills, and experience gained at the baccalaureate level. The curriculum consists of didactic and practicum courses to assist in achievement of the *Master's Essentials* and the MSN program outcomes. The core of the curriculum includes theory, research, leadership, and evidence-based practice. Students complete 9 credit hours of practicum for a total of 540 hours, focusing on leading change, healthy work environments, and completing their capstone project. The curriculum culminates in NUR 660 MSN Capstone, where students apply theories, principles, and processes learned during the program, which leads to a written proposal and oral presentation on an identified practice issue and an evidence-based innovation to address the issue.

DNP:

The DNP program offers admission to baccalaureate- or master's-prepared nurses. The curriculum for the BSN-DNP pathway is composed of 67-77 credits and 1,020 clinical hours. The BSN-DNP plan of study includes 15 didactic core courses, 10-11 didactic and clinical role specialty courses, and two DNP project courses. The MSN-DNP pathway requires between 30-47 credits and 780 clinical hours. NP students complete between 540 and 600 precepted practicum hours working directly with patients. Students who select preparation as a nurse executive also complete precepted clinical experiences working in practice settings.

Post-Graduate APRN Certificate:

The post-graduate APRN certificate program offers admission to master's-prepared certified NPs who wish to complete preparation for practice with an additional patient population. The plan of study includes 10 courses and 540-600 clinical hours working with patients in the new population. A gap analysis is done to determine the exact courses and number of clinical hours required for each applicant.

Matriculation in the DNP and post-graduate APRN certificate programs requires completion of a BSN program and builds on baccalaureate-level nursing knowledge. Review of the BSN-DNP, MSN-DNP, and post-graduate APRN certificate plans of study and associated course syllabi confirmed that curricula are logically sequenced. All NP students are required to complete graduate courses in pathophysiology (NUR 921) before enrolling in the courses in advanced health assessment (NUR 923) and advanced pharmacology (NUR 922). All three of those courses precede the first clinical course, in which the student will be expected to independently complete a patient history and physical examination or develop a differential diagnosis and plan of care that includes prescription of medications (e.g., NUR 956 and 950 or NUR 941 and 943). Transcripts of students who wish to substitute previous graduate courses (e.g., pathophysiology, pharmacology, advanced health assessment) undergo a gap analysis process to determine whether the previously completed course may be substituted for courses in the CON curriculum.

III-G. Teaching-learning practices:

- support the achievement of expected student outcomes;
- consider the needs and expectations of the identified community of interest; and
- expose students to individuals with diverse life experiences, perspectives, and backgrounds.

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The BSN, MSN, DNP, and post-graduate APRN certificate curricula and teaching-learning practices are appropriate to the student population and the needs of the identified COI.

Baccalaureate:

Teaching-learning practices in all BSN tracks support the achievement of expected student outcomes and consider the students as the COI. Examples of student assignments showcased that BSN teaching-learning practices expose students to individuals with diverse life experiences, perspectives, and backgrounds. To meet the diverse leaning styles of students, faculty use a variety of teaching-learning activities to facilitate mastery of nursing content and psychomotor skills. Classroom activities are intended to provide opportunities for the student to gain a deeper understanding of what is taught, apply concepts to clinical situations, and/or problem-solve using a systemic scientific process. This was confirmed during an observed class, NUR 340 Pediatric Nursing, which demonstrated positive student/faculty engagement. Courses in the traditional track are mostly in person, while the ABSN track is offered in a hybrid format and the RN-BSN track is offered 100% online. The CON instructional designers reported that the CON is moving towards including the principles of Quality Matters into its online programs. In a meeting with BSN students, students were able to share examples of changes made to laboratory and class as a result of student feedback. This meeting confirmed that students feel empowered to ask questions and provide feedback and suggestions for change.

Master's:

The MSN program was developed to meet the specific needs of the adult learner, providing flexibility in scheduling, access to faculty and online resources, and didactic courses delivered in an online format to accommodate working professionals. The teaching-learning activities used by the faculty in the MSN program include narrated lectures, small group work, invited speakers, presentations, examinations, writing assignments, and faculty-designed modules. For example, in NUR 619 Quality and Safety in Nursing and Healthcare, students complete a discussion board assignment to evaluate quality improvement tools and resources from professional organizations, government agencies, and accrediting bodies. Students reported that the courses in the beginning of their program support movement into the clinical courses.

DNP and Post-Graduate APRN Certificate:

Students in the DNP and post-graduate APRN certificate programs are busy working professionals. In order to meet the needs of this COI, faculty use a hybrid of distance and twice-a-semester on-site class immersion experiences to deliver course content. Distance teaching methods employ predominantly asynchronous methods, though some synchronous learning sessions are used. On-site teaching occurs during three-day-long blocks at the beginning and near the end of the semester. Between these immersion experiences, students reported that they are treated like adults and held accountable for progressing through course content and learning activities. Students reported that faculty are readily available to answer questions, reinforce course content, assist students to apply concepts, and provide advice, assistance, and feedback when needed.

Examination of courses showed the use of electronic textbooks, governmental websites and toolkits, case studies, etc. Some courses include live and recorded lectures, faculty-produced videos and iPod recordings, links to open-source online videos, and organizational learning modules such as IHI Open School. Students reported high levels of satisfaction with the program, instruction, and curricula.

III-H. The curriculum includes planned clinical practice experiences that:

- enable students to integrate new knowledge and demonstrate attainment of program outcomes;
- foster interprofessional collaborative practice; and
- are evaluated by faculty.

Elaboration: To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

All programs in the CON have access to a wide variety of inpatient and community-based clinical sites within the immediate area. The CON has extensive clinical site agreements with high-quality clinical facilities for student clinical placements throughout the area. Clinical sites are evaluated annually and are reviewed by the associate and assistant deans for the respective programs, the Undergraduate Program Committee, the MSN

and DNP Program Committee, and track coordinators. Examples of clinical site evaluations were viewed in the virtual resource room.

Baccalaureate:

Consistent with Kentucky BON guidelines, pre-licensure nursing students are guided through their clinical experiences by clinical instructors. Pre-licensure clinical group sizes vary from 8 students per instructor to no more than 10, with the level and complexity of the course and clinical site factored in. Students progress through clinical experiences with increasing levels of complexity in providing care to patients, families, communities, and populations with all aspects of diversity. High fidelity simulations are shared among all pre-licensure tracks in the state-of-the-art simulation laboratories. Students gave positive reviews regarding their simulation experiences and the faculty involved in simulation.

Students are evaluated by faculty at midterm and final in each clinical experience. In a visit to a BSN clinical site, students confirmed that clinical rotations build on previous rotations and that classes and clinicals correlate well. Students commented on how positive and engaging their clinical instructors are, as are the staff on the clinical units. With the advent of the pandemic in March 2020, most traditional clinicals turned virtual. A few healthcare institutions continued to allow undergraduate students to care for patients in their institutions, and most students in NUR 437 Synthesis of Clinical Knowledge in their last semester were able to complete the necessary clinical hours with their preceptor. Clinical activities were moved to virtual activities as needed. Students returned to clinical sites in the fall of 2020.

Students in the RN-BSN track have clinical experiences in their state of residence. The course faculty assign the final grade for the clinical experience with input from the preceptor. These experiences provide opportunities to apply theoretical concepts in clinical practice. Clinical activities include direct interaction and observation of clients, clinical projects based on the needs of the agency and/or population, and an experiential practicum where students develop learning objectives specific to their practicum site/project and based on program outcome objectives.

The CON BSN program offers many interprofessional opportunities, and students have multiple opportunities to work with other healthcare team members in their clinical experiences. Clinical sites are evaluated by students and faculty in the BSN tracks at the end of each semester for each clinical rotation. Evaluations in the virtual resource room demonstrated positive evaluations of clinical sites.

Master's:

Students in the MSN program complete 540 indirect clinical hours in three different clinical courses and sites. Each student works with a clinical preceptor, arranged by the faculty of record, who will support the achievement of the objectives for that clinical course. The preceptor also provides input regarding the student's clinical performance to the course faculty member, who is responsible for assigning the final grade.

The clinical experiences provide rich opportunities to apply the theoretical knowledge learned in the didactic portion of the clinical courses.

DNP and Post-Graduate APRN Certificate:

All DNP students and NP students in the post-graduate APRN certificate program complete required clinical experiences. The BSN-DNP pathway includes 1,020 clinical hours, and the MSN-DNP pathway includes 780 clinical hours. Specifically, NP students complete between 540 and 600 precepted practicum hours working directly with patients. Nurse executive students complete 540 precepted practicum hours working in healthcare organizations. A review of post-graduate APRN certificate gap analysis forms in the virtual resource room confirmed that these students typically receive between 60 and 180 hours of advanced placement credit for clinical experiences completed in their prior master’s program. Consequently, these NP students complete between 360 and 600 hours of clinical practice working with patients during the program. Students and faculty described processes used to match students’ needs, interests, and wishes to the available preceptors and clinical sites. Students reported having opportunities to work with patients with diverse needs, in diverse settings and practices. They also noted that clinical experiences are well matched to didactic content. PMHNP students described doing initial clinicals in ambulatory environments with relatively stable patients diagnosed with common problems and later gaining experience with pediatrics, substance abuse, and violence diagnoses at UK psychiatry clinics, and finally having experiences at Eastern State Hospital working with patients who have severe or complex chronic health problems. These specialty practice settings also provide opportunities for interprofessional practice and interprofessional education. Faculty evaluate students on an ongoing basis and during site visits. During the virtual evaluation, the team was able to observe students at two healthcare facilities. Students at both sites reported receiving midterm and final clinical evaluations from their preceptors and faculty.

III-I. 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.

Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students’ clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

Compliance Concern?	Baccalaureate:	No
	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Baccalaureate:

Faculty in all tracks of the BSN program use a variety of assessment strategies to evaluate student performance for achievement of SLOs. Reviewing courses in the virtual resource room demonstrated that each course syllabus identifies the specific course SLOs, evaluation components and methodology, contribution of each component to the course grade, criteria used to evaluate student performance, grading scale, and clinical evaluation instrument as needed. The faculty use a variety of evaluation methods throughout the curricula, including written examinations, written papers, and group and individual presentations. All BSN clinical courses have student clinical performance evaluation forms that vary in design and focus based on the type of clinical course; however, all are consistent with the course objectives. The student clinical performance evaluation forms are made available to students at the beginning of the semester to ensure that students have a clear understanding of performance expectations. Clinical instructors teach, observe, and evaluate the clinical performance of each student and provide a clinical evaluation at the end of each clinical rotation in each course. The course coordinators are responsible for the collation of all grading criteria and determination of final grades based on the course criteria. The faculty member of record for each course assigns students' final course grade.

Master's:

Students in the MSN program are evaluated in each individual course by the faculty member who teaches the course. Grading policies for this program are found in the MSN/PhD graduate student handbook. A review of syllabi in the virtual resource room confirmed that grading expectations for courses are clearly stated in the syllabus and are based on assignments that facilitate achievement of course SLOs. Although preceptors have input into students' performance, faculty assign the final grade for students' clinical performance.

DNP and Post-Graduate APRN Certificate:

Faculty evaluate student performance related to course assignments and program outcomes using a variety of methods. Students demonstrate their learning via online written and Flipgrid recorded submissions as well as in-class discussions, a variety of papers, self-graded worksheets, student critiques of articles and tools, use of quality improvement tools, etc. Requirements or instructions describing how to complete individual course assignments and rubrics were found in the syllabi and Canvas course sites available for review during the virtual evaluation. Clinical evaluations are done at midterm and at the end of the experience. During site visits, the faculty member observes the student in practice and interacting with their preceptor and consults directly with the student and the preceptor individually. They evaluate the student's performance, the preceptor's performance, the how the clinical site allows the student to meet course objectives. Faculty assign the student's grade but use input from the preceptor in doing so.

III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. The curriculum is regularly evaluated by faculty and revised as appropriate.

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The curricula and teaching-learning practices in the BSN, MSN, DNP and post-graduate APRN certificate programs are evaluated at regularly scheduled intervals to foster ongoing improvement as per the CON SPPE.

Clinical sites and preceptors are evaluated by students at the completion of each clinical rotation via a computer-based survey or paper survey. These evaluations were available in the virtual resource room and demonstrated a high level of satisfaction. These data are reviewed by track coordinators and appropriate associate and assistant deans to make informed decisions on whether to use the preceptor or the clinical site in the future. In addition, key stakeholders for academic clinical partnerships are engaged annually with evaluating curricula and teaching-learning practices. Students also evaluate the faculty at the end of each semester through the university's teacher course evaluation (TEC) system, which includes anonymous online surveys. These evaluations are submitted as part of the faculty performance evaluation.

The CON evaluates all courses with the periodic course evaluation report every three years. This comprehensive evaluation reports course enrollment, progression, grade distribution, description of failures/withdrawals, list of assessment methods, reviewed program level outcomes and essentials met per course syllabi, attainment of SLOs, student evaluation of the course, student comments, and reflections and recommendations. Recommendations for improvement are shared with the course faculty and are incorporated into future courses when warranted. Examples of the periodic course evaluation were reviewed in the virtual resource room for each program.

Curricular changes in all CON programs occur for a variety of reasons including, for example, to address current trends and needs of clinical partners, evaluations, and revisions in the professional standards and guidelines used by the program. Course changes are also made when student suggestions are feasible and advisable. Students reported that changes were readily made in courses based on student feedback.

Standard IV

Program Effectiveness: Assessment and Achievement of Program Outcomes

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

This standard is met for the baccalaureate degree nursing program.

This standard is met for the master's degree nursing program.

This standard is met for the Doctor of Nursing Practice program.

This standard is met for the post-graduate APRN certificate program.

IV-A. A systematic process is used to determine program effectiveness.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:

- *is written, is ongoing, and exists to determine achievement of program outcomes;*
- *is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for data collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

The CON SPPE is comprehensive and includes program effectiveness indicators, responsible parties, target review dates, verification of evidence, and use of data for reporting. The SPPE is organized according to the CCNE standards and key elements. The BSN and DNP programs are specifically included in the plan. The self-study document indicates that the MSN and post-graduate APRN certificate programs will be included in the plan. The SPPE was revised by the director of accreditation in 2019 and approved by the faculty in 2019 and the Dean's Council in February 2020. The dean and faculty indicated that the management of the SPPE needs a more coordinated approach, with future plans including the development of a standing committee to address outcomes assessment.

IV-B. Program completion rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;
- the completion rate is 70% or higher over the three most recent calendar years;
- the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or
- the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

Compliance Concern?	Baccalaureate:	No
	Master's:	Not Applicable
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Completion rates are documented for all programs under review, with the exception of the MSN program. The MSN program has not had any graduates at this point, so this key element is not applicable. The CON tracks on-time completion (three years/six semesters), and these completion rates range from 80%-94% for the BSN tracks including traditional, ABSN, and RN-BSN. The three-year average for the tracks is as follows: traditional, 91%; ABSN, 83%; and RN-BSN, 90%. Corrected documentation of Table IVB-1 in the self-study document provided by the CON confirmed the graduation rates. The three-year averages for the BSN-DNP pathway, MSN-DNP pathway, and post-graduate APRN certificate program are well above the 70% expected level of achievement.

IV-C. Licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:

- the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);
- the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;
- the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or
- the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.

For each campus/site and track, identify which of the above options was used to calculate the pass rate.

Compliance Concern?	Baccalaureate:	No
	Master's:	Not Applicable
	DNP:	Not Applicable
	Post-graduate APRN certificate:	Not Applicable

Rationale:

This key element is met for the traditional and ABSN tracks, which are pre-licensure tracks. The first-time pass rates for all candidates for licensure ranged from 98%-100%. The total percentage of students (first-time and succeeding attempts) that passed the licensure exam was 100% for all three years presented. NCLEX-RN® program reports presented in the virtual resource room confirmed the accuracy of the information presented.

This key element is not applicable to the MSN, DNP, and post-graduate APRN certificate programs, which do not prepare individuals for licensure examinations.

IV-D. Certification pass rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not prepare individuals for certification examinations or does not yet have individuals who have taken certification examinations.

Elaboration: The master's, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:

- *the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*
- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.

Compliance Concern?	Baccalaureate:	Not Applicable
	Master's:	Not Applicable
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

This key element is not applicable to the BSN and MSN programs, which do not prepare individuals for certification examinations.

Pass rates for NP certification meet the expected level of achievement for this key element. Three years of data are reported for the FNP, AGACNP, PMHNP, PNP-AC, and PNP-PC tracks. For the 2019 calendar year, pass rates for all tracks were above the 80% expected level of achievement. Data for the adult-gerontology clinical nurse specialist track are also reported and meet the expected level of achievement, but this track is in the process of being discontinued and has very few students enrolled or graduating. Some students are documented as data not available and may not have tested. A report for the FNP certification examination from 2020 was present in the virtual resource room and confirmed that 100% of the students testing passed the certification exam, with one student testing twice.

IV-E. Employment rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.

- *The employment rate is provided separately for each degree program (baccalaureate, master’s, and DNP) and the post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion.*
- *The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.*

Compliance Concern?	Baccalaureate:	No
	Master’s:	Not Applicable
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Employment data were provided during the virtual evaluation in addition to the data presented in the self-study document. The data provided indicate that over the last three years, 693 BSN students were invited to complete the end-of-program assessment. Of those, 304 responded and 135 answered the question pertaining to employment. Of those, 129 (or 96%) indicated that they were employed. For the DNP and post-graduate APRN certificate programs, the data provided indicate that over the last three years, 216 students were invited to complete the survey. Of those, 100 responded and answered the question pertaining to employment and 100% indicated that they were employed. The CON has discussed the possibility of gathering the data differently to increase the number responding to surveys. The MSN program does not have any graduates at this time, so employment rates were not reported; this key element is not applicable to the MSN program.

IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.

- *Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

Compliance Concern?	Baccalaureate:	No
	Master's:	Not Applicable
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

This key element is not applicable to the MSN program, which does not yet have graduates. All results for Key Elements IV-B, IV-C, IV-D, and IV-E met or exceeded the expected level of achievement for these areas. The programs continue to monitor these areas closely. In a meeting with faculty, they relayed the rationale for a recent curriculum revision in the traditional BSN and ABSN tracks. They stated that although results were good, areas of struggle for students were identified. The curriculum and scheduling changes are designed to help to alleviate these issues. A peer tutoring program, First Aid Fridays, is an initiative designed to help students who are struggling. This program is facilitated by faculty on a voluntary basis. In the student interview, several students confirmed that they attend and that serving as a tutor and being tutored is helpful to them. Minutes from the Dean's Council show a pattern of communication through the levels of the CON in both directions. Faculty confirmed in interviews that there is open communication and that they have a voice in decisions made in the college.

Data on employment rates for graduates are minimal due to the low response rate to surveys. The CON does use additional sources of data such as reports from UKHC and Norton Healthcare on employment of graduates. The CON has tried various tactics, such as multiple email reminders, to increase the response rate for end-of program-surveys and is considering other techniques.

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:

- *are identified for the faculty as a group;*
- *specify expected levels of achievement for the faculty as a group; and*
- *reflect expectations of faculty in their roles.*

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time,

part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Aggregate outcome data are presented for the faculty. The university has five tracks that classify faculty roles, and each has different expectations for teaching, service, scholarship, and practice. In addition, individual faculty negotiate DOE with the college administration on an annual basis. Documents were available in the virtual resource room to illustrate this process, which was also confirmed by faculty in interviews. Aggregate data for teaching effectiveness were presented for each program. The data presented show that the aggregate meets the benchmark. Remediation/faculty development plans are outlined for individual faculty who did not meet the expected level of achievement; individual development plans were available in the virtual resource room. Scholarship, as presentations and publications, is documented with expectations and outcomes. Tables IV-G-2 and IV-G-3 in the self-study document pertain to aggregate measures of scholarship and were revised during the virtual evaluation for clarity.

CON faculty serve on 88 committees within the college and university. The provost confirmed that the CON faculty are engaged in service including volunteer efforts for COVID-19 vaccination on campus. Members of the faculty (n=44) also serve on external regional, national, and international boards, panels, task forces, committees, and commissions. Practice is supported as an aspect of the faculty role. Faculty who are certified as APRNs maintain a 20%-50% portion of their DOE for practice. The support for faculty practice was confirmed in faculty interviews and in a meeting with the COI.

IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

Elaboration: The program uses faculty outcome data for improvement.

- *Faculty outcome data are used to promote ongoing program improvement.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

Compliance Concern?	Baccalaureate:	No
	Master's:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Use of aggregate faculty outcomes to promote program quality was demonstrated with several examples. In minutes from an undergraduate faculty meeting, it was noted that junior faculty needed more support for scholarly writing. A request was forwarded through the Academic Leadership meeting (October 13, 2020), and subsequently the Office of Nursing Research agreed to fund registration for a summer writing institute for those who wanted to attend. Service and practice expectations for faculty are supported by the DOE for individual faculty. The Dean’s Council coordinates service opportunities and placement of faculty strategically that benefit the CON and the individual faculty member. Evidence was noted for internal and external service opportunities.

IV-I. Program outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), employment rates (Key Element IV-E), and faculty (Key Element IV-G).

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

Compliance Concern?	Baccalaureate:	No
	Master’s:	No
	DNP:	No
	Post-graduate APRN certificate:	No

Rationale:

Several additional measures are identified as program outcomes in the SPPE. These are documented in the self-study document and were confirmed through interviews and documents in the virtual resource room. It was evident in conversations with faculty and a review of meeting minutes that this is an open and ongoing process. The additional measures include percent of students in an undergraduate intern program, percent of students passing their DNP project dissertation, student awards, and employer satisfaction. The SPPE does not consistently provide specific outcomes for the assessment measures, but data were found in various meeting minutes. Other outcomes that are documented in the self-study document but not listed in the SPPE include new admissions of alumni in graduate programs, tracking of faculty/courses with teacher course evaluations less than 4.0, and overall program effectiveness and quality of faculty and instruction.

IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: For program outcomes defined by the program:

- *Actual program outcomes are used to promote program improvement.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

Compliance Concern?	Baccalaureate:	No
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Master's:	No
DNP:	No
Post-graduate APRN certificate:	No

Rationale:

Program outcomes are used to promote program improvement. Examples given include remediation plans to strengthen teaching in courses with a low student satisfaction score on the teacher course evaluations. Examples of these remediation plans were presented in the virtual resource room. In addition, faculty are involved in reviewing courses for changes in delivery or content that may be affecting course scores. Minutes of meetings and discussion were noted in the program level faculty meeting minutes (BSN, MSN, and DNP).

Program satisfaction is surveyed at graduation. Response rates to these surveys have been low, and this is of concern to the CON. The results of these surveys are used to formulate plans to improve the program. Results of these surveys are communicated to faculty through faculty and team meetings, and faculty participate in planning for improvement. The administration also receives frequent input from external stakeholders and uses this information for program improvement.

Opportunities for employer feedback are documented through meeting minutes including the Dean's Advisory Board, UKHC Nurse Residency Advisory Board, and UKHC Strategic Nursing Directors meetings. In a meeting with the COI, employers were well represented and were enthusiastic about the graduates of the CON.

In conversations with the dean and leadership of the CON, they expressed a need to form an outcomes assessment committee to improve documentation and use of outcome data. This is also noted on page 72 of the self-study document.