

University of Arkansas for Medical Sciences College of Nursing

*Accreditation Report of the
Baccalaureate Nursing Program
Master's Nursing Program, and
Doctor of Nursing Practice*

*Submitted to the Commission on
Collegiate Nursing Education*

March 2015

UAMS

**COLLEGE OF
NURSING**

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES



Acronyms

AACN	American Association of Colleges of Nursing
ABA	Associates-to-Baccalaureate Accelerated Program ADA
ACH	Arkansas Children's Hospital
ADA	Accommodations Policy and Procedure
AGACNP	Adult-Gerontology Acute Care Nurse Practitioner
AGPCNP	Adult-Gerontology Primary Care Nurse Practitioner
ANA	American Nurses Association
ANCC	American Nurses Credentialing Center
APNF	Arkansas Partnership for Nursing's Future
APRN	Advanced Practice Registered Nurse
AP&T	Appointment, Promotion, and Tenure
AR	Arkansas
ARSBN	Arkansas State Board of Nursing
ASG	Associated Student Government
ASNA	Arkansas Student Nurses' Association
ATI	Assessment Technologies Institute
BSN	Bachelor of Science in Nursing
BSN Essentials	<i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> [American Association of Colleges of Nursing (AACN), 2008]
CAI	Computer Assisted Instructor
CAVHS	Central Arkansas Veterans' Healthcare System
CDC	Centers for Disease Control
CNM	Certified Nurse Midwife
CNS	Clinical Nurse Specialist
CON	College of Nursing
CRNA	Certified Registered Nurse Anesthetist
DHHS	Department of Health and Human Services
DNP	Doctor of Nursing Practice
DNP Essentials	<i>The Essentials of Doctoral Education for Advanced Nursing Practice</i> (AACN, 2006)
EBP	Evidence Based Practice
EOC	End-of-course reports
F2F	Face-to-Face
FNP	Family Nurse Practitioner
FT	Full-time
FTE	Full-time equivalency
GNP	Gerontological Nurse Practitioner
HCGNE	Hartford Center of Geriatric Nursing Excellence
Hope	Hope Campus, BSN Program
IHI	Institute for Healthcare Improvement
IOM	Institute of Medicine's Future of Nursing
IPC	Innovative Practice Center
IPE	Interprofessional Education
IRB	Institutional Review Board
IT	Information Technology
IVN	Interactive video conferencing
Master's Essentials	<i>The Essentials of Master's Education in Nursing</i> (AACN, 2011)
MNSc	Master of Nursing Science
NCSBN	National Council State Boards of Nursing
NCLEX-RN	National Council Licensure Examination for Registered Nurses
NIH	National Institutes of Health
NINR	National Institute of Nursing Research
NLN	National League for Nursing
NONPF	National Organization of Nurse Practitioner Faculties
NTF	Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2012]
NWA	Northwest Arkansas Campus
OAS	Office of Academic Services

OED	Office of Educational Development
OSRR	On-Site Resource Room
PhD	Doctor of Philosophy (in nursing)
PLE	Practice Learning Experience(s)
PLC	Progressive Learning Center
PMHNP	Psychiatric-Mental Health Nurse Practitioner
PNP	Pediatric Nurse Practitioner
POS	Program of Study
POST	Program of Study (Graduate level program)
PT	Part-time
QSEN	Quality and Safety Education for Nurses
RSC	Research Support Center
RIFE	Research Intensive Faculty Experience
RN	Registered Nurse
SNA	Student Nurses' Association
SNRS	Southern Nursing Research Society
SREB	Southern Regional Education Board
TEAS	Test of Essential Academic Skills
TOEFL	Test of English as a Foreign Language
TRI	Translational Research Institute
UACCH	University of Arkansas Community College at Hope
UAMS	University of Arkansas for Medical Sciences
U of A	University of Arkansas
VA	Veterans Administration
WHNP	Women's Health Nurse Practitioner

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University of Arkansas for Medical Sciences College of Nursing

Introduction to the Self-Study

Just a few weeks before Thomas Edison invented the first light bulb in October 1879, eight physicians pooled their money and invested \$5,000 to start the first medical school in Arkansas. The eight founding physicians were led by Dr. P. O. Hooper of Little Rock, and the street where many patients and visitors now enter the campus of the University of Arkansas for Medical Sciences (UAMS) is named in his honor.

The initial investment of \$625 made by each of the eight founding physicians now amounts to more than \$5 billion for the state of Arkansas from UAMS and its affiliates every year.

The Sperindo Restaurant and Hotel in downtown Little Rock served as the first home for what was then known as the Medical Department of Arkansas Industrial University. As enrollment grew, the school was housed in several different locations, including the Old State House in downtown Little Rock. A new medical school was built in the 1930s with funding provided by President Franklin Roosevelt's Public Works Administration, and a tax on beer and liquor assessed by the Arkansas state legislature.

In 1951, Governor Sid McMath used funds from a new cigarette tax to secure \$7.4 million for a new University Hospital on a 26-acre site on West Markham Street, in what was then the outskirts of Little Rock. The University of Arkansas Medical Center moved into the new hospital in 1956.

The College of Nursing (CON) was established as an independent professional school of the University in March 1953, in response to the interest and support of professional and community groups throughout the State. The new school was designed to help meet pressing demands for larger numbers of skilled nurses and to make available to the people of Arkansas the best possible educational preparation for the profession of nursing. The College of Nursing is committed to providing educational opportunities to all qualified students regardless of their economic or social status.

Under the direction of Dr. Harry P. Ward, who served as chancellor from 1979 to 2000, UAMS was transformed from a small medical school with a charity hospital into an academic health center and research leader with colleges of Medicine, Nursing, Pharmacy, Public Health and Health Professions and a Graduate School with continued growing enrollment. Dr. Ward was succeeded as chancellor by Dr. I. Dodd Wilson in 2000. Building on the foundation laid by Dr. Ward, Dr. Wilson began an ambitious building program in 2001 with nearly \$500 million in building projects to provide additional space for education, patient care, research, and outreach programs. Wilson was succeeded by Dr. Dan Rahn.

In early 2009, UAMS opened a new hospital, a 540,000-square-foot facility with 234 adult beds and 60 neonatal beds. This facility enables the employees of UAMS to create comfort, hope, and healing for more patients and families than ever before. UAMS doctors and nurses treat patients from all 50 states and at least 50 foreign countries. The new hospital and the adjoining Psychiatric Research Institute serve as the center of the institution's now 84-acre campus. Also in 2009, in response to a nationwide shortage of health care professionals, UAMS opened a Northwest Arkansas satellite campus in Fayetteville to help produce more physicians, advanced practice registered nurses, physician assistants, pharmacists and other health care professionals.

UAMS centers of excellence – the Winthrop P. Rockefeller Cancer Institute, the Harvey & Bernice Jones Eye Institute, the Jackson T. Stephens Spine & Neurosciences Institute, the Myeloma Institute, the Psychiatric Research Institute, the Translational Research Institute and the Donald W. Reynolds Center on Aging – are shining examples of how research leads to clinical advances that save lives.

The Winthrop P. Rockefeller Cancer Institute serves as the official cancer research and treatment institution in Arkansas. The number of patient visits to the Cancer Institute has tripled in the past 10 years, and today one-third of the revenue generated by UAMS is from Cancer Institute patient care.

The Myeloma Institute for Research and Therapy at UAMS is part of the Cancer Institute and has performed more blood stem cell transplants for myeloma than any other facility in the world. Each year, the Myeloma Institute evaluates about 600 new patients. Seventy percent of these patients are from outside of Arkansas, coming to UAMS from across the United States and abroad. On any given day, there are about 200 myeloma patients staying in Little Rock for diagnosis and treatment of their disease.

The Harvey & Bernice Jones Eye Institute was founded in 1994 and houses the Department of Ophthalmology and the Pat & Willard Walker Eye Research Center. Through a nationwide network, the Eye Bank provides the gift of sight to more than 600 patients each year.

The Jackson T. Stephens Spine & Neurosciences Institute at UAMS, a center for research, education and clinical care related to the spine, features an expansive physical therapy room with special equipment that can measure minute improvements in patients' progress and a wheelchair-accessible swimming pool designed for water therapy.

The UAMS Psychiatric Research Institute is one of only nine institutions in the country to combine psychiatric research and education with inpatient and outpatient care; it is one of the most innovative psychiatric treatment and research facilities in the nation.

UAMS is one of 60 institutions chosen by the National Institutes of Health (NIH) to help scientists achieve better, faster and more relevant results for public health. The NIH [Clinical and Translational Science Award](#) program, along with a significant UAMS commitment, enabled the creation of the Translational Research Institute (TRI) in 2009.

The Donald W. Reynolds Institute on Aging, home to the UAMS Department of Geriatrics, is one of the most prestigious geriatric centers in the nation. The department was established in 1997 and by 2003 was listed in the top 10 geriatrics programs in medical schools by *U.S. News and World Report*. UAMS is a significant economic engine for the state of Arkansas; however, the priorities by mission fuel the need to serve this poor, undereducated, impoverished health care population.

Arkansas Demographics: Arkansas is a small rural southern state with a population of 2.96 million. In 2013, Arkansas was 79.9% Caucasian, 15.6% African American; 6.9% Hispanic or Latino; 1.5% Asian; 1.0% American Indian and Alaska Native; and 0.3% Native Hawaiian or Pacific Islander <http://quickfacts.census.gov/qfd/states/05000.html>. A large percentage of the state's minorities are located in the Arkansas Delta, which is 69.5% Caucasian, 28.6% African American, 2.7% Hispanic, and 1.9% other, with five of the Delta counties having a minority-majority population. <https://www.uaex.edu/publications/pdf/MP511.pdf>

Poverty: Arkansas continues to have a high rate of poverty. According to the University of Arkansas, Division of Agriculture's *Rural Profile of AR 2013*, <http://www.uaex.edu/publications/pdf/MP511.pdf> since 2005, the estimated poverty rate in the state has increased, especially in rural areas. Sixteen counties in the state have a poverty rate of 25% or greater. Arkansas has the 7th highest poverty rate (18.7%) in the country, with the highest concentration of poverty in the Arkansas Delta. The state poverty rate for children under 18 is 27.3%, sixth in the nation. The Delta has a child poverty rate that exceeds 1 in 3. Eight rural counties have a child poverty rate higher than 40% <https://www.uaex.edu/publications/pdf/MP511.pdf>. The state has a median household income of \$40,769, compared to \$53,046 nationally <http://quickfacts.census.gov/qfd/states/05000.html>.

Education: Arkansas' high school graduation rate was 80% in 2013 (US Census Bureau, 2013). Among Arkansans 25 years of age or older, 17.3% have not completed high school, compared to 14.0% of U.S. adults, and only 20.1% have a bachelor's or higher degree (US Census Bureau, 2013) <http://quickfacts.census.gov/qfd/states/05000.html>. Arkansas ranks 49th in the number of individuals 25 or older with a bachelor's degree, http://measuringup2008.highereducation.org/compare/state_facts_result.php, a significant indicator of the large number of individuals who are educationally disadvantaged.

In 2008, Arkansas received a grade of C- for educational preparation. According to The National Center for Public Policy and Higher Education (NCPPE, 2008), and its *Measuring Up 2008, The National Report Card on Higher Education* http://measuringup2008.highereducation.org/print/state_reports/long/AR.pdf, Arkansas is among the lowest performing states in the nation and falls well below the nation's top performing states. For participation in college education, which refers to opportunities for residents to enroll in education and training beyond high school, the state received a D+ (NCPPE, 2008).

Arkansas received an F on college affordability (NCPPE, 2008). Poor and working-class families in the state devote 24% of their income, even after financial aid, to pay costs at public four-year colleges and universities. Financial aid to low-income students is low. For every dollar in Pell Grant aid to students, the state spends only 28 cents. The state received a C- for completion of certificates and degrees, but few students attain a bachelor's degree in a timely manner. Only 43% complete a bachelor's within six years. The percentage of African American students who graduate is 30%, in comparison with 46% of Caucasian.

Health Status and Access to Healthcare: According to data from the United Health Foundation, Arkansas ranks 49th in the nation in its citizens' overall health status and ability to access health care <http://www.americashealthrankings.org/AR>. The state ranks 5th in cancer and cardiovascular deaths, 7th in obesity prevalence, and 9th in diabetes.

Health issues are exacerbated in the state's rural areas, particularly the Arkansas Delta. Nine of the fifteen Arkansas Delta counties have life expectancies below 74 years. There is a 10-year life expectancy difference between Benton County located in Northwest Arkansas and Phillips County in the Delta region. Problems include too many uninsured, too few primary caregivers, too few specialists, overstretched hospitals, too much chronic disease, and too many unhealthy behaviors. Health disparities based on race and ethnicity are striking in Arkansas, especially in the Delta. According to the Arkansas Minority Health Commission, there is a 31% disparity between African American and Caucasian Arkansans' all-cause mortality rates (Arkansas Minority Health Commission, Arkansas Racial and Ethnic Disparity Study I and II, 2012) http://www.arminorityhealth.com/research_health_disparity.html African Americans in Arkansas are located primarily in the Arkansas Delta, and these African Americans face a "double dose" of health disparities – those that occur as a result of race or ethnicity and those that occur as a result of rural residence.

Seventy-three of Arkansas' counties (see black stars on map) are partially or fully Medically Underserved Areas, and 62 counties of these 73 counties are designated as Primary Health Provider Shortage areas (DHHS, 2010) <http://bhpr.hrsa.gov/shortage/hpsas/index.html> Almost 35% of Arkansans are without access to a primary care provider, as compared to 17.1% nationally (Kaiser Family Foundation, 2008) <http://kff.org/> Arkansas ranks 44th in the number of physicians per state, with only 64 primary care physicians per 100,000 in rural areas, compared to 139 physicians per 100,000 in urban areas (University of Arkansas, Division of Agriculture's *Rural Profile of AR 2013*, <https://www.uaex.edu/publications/pdf/MP511.pdf>



Arkansas Nursing Workforce and the Future: According to the *Arkansas State Board of Nursing's (ASBN) 2013 Annual Report*, <http://www.arsbn.arkansas.gov/forms/Documents/Annual%20Report2013.pdf>, there are a total of 33,354 registered nurses and 1,975 advanced practice registered nurses in the state. According to the most recent *National Sample Survey of Registered Nurses (2008)*, <http://www.healthypeople.gov/2020/data-source/national-sample-survey-registered-nurses> Arkansas has

the lowest percentage of baccalaureate prepared registered nurses of any state. The Arkansas percentage is 28%, and the national percentage is 34.8% (DHHS, 2004). Arkansas also has the third highest percentage of associate degree (ADN) prepared nurses in the nation (46.7%, compared to the national average of 35.6%). Arkansas has 17.3% diploma-prepared nurses, compared with 15.3% nationally, and it has only 6.8% master's and doctorally prepared nurses, compared with 12.8% nationally (DHHS, 2004). The numbers of ethnic minority nurses are not representative of the state population. The breakdown of licensed practical nurses is Caucasian (77.85%), African American (12.34%), and Hispanic (0.89%). The breakdown of registered nurses is Caucasian (82.43%), African American (7.24%), Hispanic (0.89%), and among the advanced practice registered nurses, the breakdown is Caucasian (83.26%), African American (5.44%), and Hispanic (0.91%)

<http://www.arsbn.arkansas.gov/publications/Documents/Annual%20Report%202011.pdf>. Only 9% of the registered nurses and 5.7% of advanced practice registered nurses in Arkansas are males <http://www.arsbn.arkansas.gov/forms/Documents/AnnualReport2012.pdf>.

UAMS Regional Centers

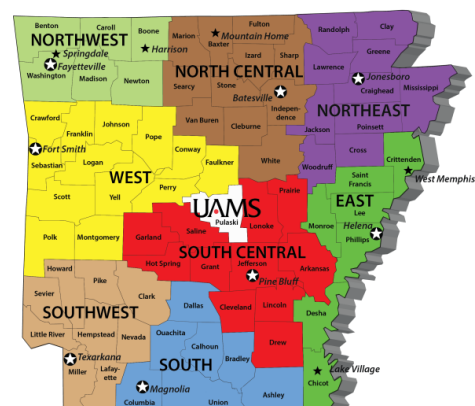
Across Arkansas, the Regional Centers (see map below) provide access to medical services for rural residents and education for healthcare students and professionals. This combination of service and education improves the health for rural Arkansans while also providing needed experience and training. The initial Regional Centers, formerly the Area Health Education Centers (AHEC) Program, was started in 1973 through the combined efforts of then Governor Dale Bumpers, the Arkansas State Legislature and the University of Arkansas for Medical Sciences (UAMS).

The Regional Centers serve as the main educational outreach effort of UAMS, preparing physicians, nurses, and other healthcare professionals to serve in rural areas. The programs offer training for family medicine residents, and students in medicine, nursing, pharmacy, and some fields of allied health, as well as continuing education for medical professionals. The Regional Centers also provide information and programs about health careers to ensure an adequate future workforce for the state. Additionally, the Centers provide access to healthcare and health education for community members in rural and under-served areas. There are 8 Regional Centers across Arkansas, each responsible for a specific region of the state. Each program serves as a training site for students and covers multiple counties.

UAMS Regional Centers

- UAMS North Central
- UAMS Northeast
- UAMS Northwest
- UAMS South
- UAMS South Central
- UAMS Southwest
- UAMS West
- UAMS East

UAMS
REGIONAL PROGRAMS
UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES



Center for Rural Health <http://ruralhealth.uams.edu/centerforruralhealth>

The mission of the Center for Rural Health at UAMS is to improve the health of Arkansas' rural communities and their residents by encouraging partnerships, identifying collaborative opportunities, leveraging available resources, and addressing key rural health needs.

UAMS Governance and Accreditation

Effective leadership, beginning with the Board of Trustees to the president, chancellor and our executive leadership, is vital to the success of UAMS' mission. The Board of Trustees of the University of Arkansas (U of A) is our institution's main governing body. The 10 members of the Board of Trustees are appointed by the governor, with the consent of the state senate, one each year, for 10-year terms. Two trustees are appointed from each of the state's four congressional districts, and two who are alumni of the University of Arkansas are appointed from the state at-large. The trustees oversee the UA System and approve major system and institutional policies. The U of A president, who is appointed by and responsible to the 10-member Board of Trustees, manages the offices and executes the policies of the U of A system. Each U of A campus has a chancellor, who reports directly to the president and oversees a cabinet of executive leadership. UAMS also has ambassadors, whose role is to raise public awareness and lead fundraising initiatives. Through leadership and governance we strive for continuous improvement and adherence to institutional policies and best practices. UAMS' leadership is committed to bringing UAMS and its mission to the forefront of healthcare.

The University of Arkansas for Medical Sciences is accredited by the Higher Learning Commission, a Commission of the North Central Association.

University of Arkansas for Medical Sciences College of Nursing

As noted previously, the College of Nursing was established in 1953 to provide the best possible education for the profession of nursing. The College of Nursing offers programs of study leading to the BSN, MNsc, DNP, and PhD degrees in Nursing. In 2008, based on community interest in the northwest part of Arkansas, the College of Medicine led an effort to establish a campus in Fayetteville, Arkansas, whereby third and fourth year medical students could elect to complete those years at that location. Shortly thereafter, the College of Pharmacy followed a similar approach, whereby Pharm-D students participated in a lottery to complete some of their academic preparation in Fayetteville. Decades before this change, the College of Nursing had established a state-wide telecommunication network and had a consistent presence in Fayetteville and at all other Regional Centers. Consistent with medicine and pharmacy, one Assistant Dean resides in northwest Arkansas and oversees a variety of academic and administrative responsibilities.

Bachelor of Science in Nursing (BSN) Program

The first program established in the College of Nursing was the generic baccalaureate program. It is implemented through a unified curriculum combining general education and professional instruction within the university setting. In partnership with the University of Arkansas Community College at Hope (UACCH), an extension of the generic Bachelor of Science in Nursing (BSN) program was established on that campus in summer 1999. The Associate Dean for Baccalaureate Education oversees the BSN program on both campuses. The curriculum leading to the BSN degree requires the completion of 58 semester hours of required general education courses, which may be completed at any accredited college or university. To graduate from the College of Nursing, a minimum of 62 hours of upper division professional requirements are completed in the college on either the Little Rock or Hope campus. Upon the completion of the generic program, BSN graduates are eligible to take the NCLEX-RN examination for licensure.

The baccalaureate programs prepare highly competent nurse generalists for professional careers and provide a foundation for graduate study. Professional nurse generalists are prepared to provide health

care to individuals, families, groups, and communities in a variety of settings. Graduates are accountable for the management of nursing care, serve as client advocates, and collaborate with other health care professionals. Enrollment in the BSN program for fall 2014, totaled 236 students. As of May 2014, 3,814 students have earned a BSN degree since the first graduating class in 1957.

RN Programs

In addition to the generic program, the College of Nursing offers programs for registered nurses (RNs) to obtain the BSN. Established in 1991, 14 students received their degree in the first graduating class in 1992. Since the program's inception 651 have earned an RN to BSN degree. Today, the RN program has three pathways leading to the BSN degree. For fall 2014, 56 students were enrolled.

Master of Nursing Science (MNSc) Program

A graduate program leading to the MNSc degree was initiated in 1971. Today, the College offers preparation for six nurse practitioner roles and a nursing administration specialty:

- Family Nurse Practitioner
- Adult-Gerontology Acute Care Nurse Practitioner
- Adult-Gerontology Primary Care Nurse Practitioner
- Psychiatric-Mental Health Nurse Practitioner
- Pediatric Primary Care Nurse Practitioner
- Pediatric Acute Care Nurse Practitioner

Students may complete a nursing education option with the addition of four education courses. The master's program also provides a foundation for doctoral study.

The advanced practice registered nurses (APRNs) are accountable to society and practice in the roles of nurse practitioner, administrator, and educator. In addition, nursing administration graduates are prepared at the top chief nursing officer level. Graduate students can be introduced to the educator role through theory-based instruction and practicum experiences. Since the program's first graduating class in 1973, as of May 2014, 1360 students have earned a MNSc degree. For fall 2014, 391 students were enrolled in the master's program.

Doctor of Nursing Practice (DNP) Program

The DNP program, the college's newest degree program, began in fall 2013 and prepares students to design, execute, and evaluate innovative healthcare delivery models for improving outcomes for individuals, families, and populations with complex health care needs. The DNP curriculum blends clinical, organizational, economic, and systems leadership skills to prepare nurses to lead health care initiatives and influence health care policy from local to global levels.

Graduates of the DNP program are expert clinicians who apply evidence-based practice principles in the creation, implementation and evaluation of practice. These graduates are prepared to facilitate interprofessional teams, at the systems level, to assure high-quality, safe, effective, efficient, timely, and equitable patient/family centered care. The first graduating class will be in May 2015; in fall 2014, 38 students were enrolled.

Doctor of Philosophy (PhD) Program

The program leading to a PhD with a major in Nursing Science was approved by the Arkansas Department of Higher Education in fall 1995, and implemented fall 1997. Graduates of this program are prepared to advance the art and science of nursing through research and scholarship. They are expected to assume leadership positions in academic and health care settings and to influence nursing practice, health care delivery and social awareness of nursing's contributions to health care. Selected course work and educational activities are designed to help students develop knowledge in a specialized nursing area, develop and test theories, and acquire skills and experience in conducting research in their area of

interest. The program is directed by faculty with ongoing research and is facilitated by required and elective course work, independent study and research activities. As of May 2014, 49 students have graduated from the College of Nursing with their PhD degree since the first graduating class in 2000. In fall 2014, 32 students were enrolled in the program.

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.

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

- **congruent with those of the parent institution; and**
- **consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.**

Elaboration: The program's mission statement, 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. A mission statement may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Student outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

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), 2012].*

A program may select additional standards and guidelines.

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).

Program Response:

UAMS Mission Statement

<http://www.uamshealth.com/?id=39&sid=1>

The mission of UAMS is to improve the health, health care, and well-being of all Arkansans and of others in the region, nation, and the world and is achieved by the following:

- Educating current and future health professionals and the public
- Providing high-quality, innovative, patient- and family-centered healthcare and specialty expertise not routinely available in community settings; and
- Advancing knowledge in areas of human health and disease and translating and accelerating discoveries into health improvements.

UAMS Core Values

<http://www.uamshealth.com/?id=39&sid=1>

Integrity – We foster, encourage and expect honesty, accountability and transparency in pursuit of the highest ethical and professional standards in all that we do. We take responsibility for our performance, and will communicate our critical decisions to our employees, patients, students and stakeholders.

Respect – We embrace a culture of professionalism with respect for the dignity of all persons, honoring the unique contributions provided by a diversity of perspectives and cultures.

Diversity – We are committed to the importance of the diversity of UAMS leadership, faculty, staff and students in order to enhance the education of our students, reduce racial and ethnic health disparities in our state, and provide an environment in which all employees and views are welcomed.

Teamwork – We seek to create interdisciplinary, synergistic, and collegial relationships characterized by collaboration, inclusiveness and flexibility.

Creativity – We encourage and support innovation, imagination, ingenuity, resourcefulness, and vision.

Excellence – We strive to achieve, through continuous improvement and adherence to institutional policies and best practices, the highest quality and standards in all our endeavors.

UAMS fulfills its mission through coordinated action of the following units:

- College of Medicine
- College of Pharmacy
- College of Nursing
- College of Health Professions
- College of Public Health
- Graduate School
- Regional Centers
- Winthrop P. Rockefeller Cancer Institute
- Donald W. Reynolds Institute on Aging
- Harvey and Bernice Jones Eye Institute
- Jackson T. Stephens Spine and Neurosciences Institute
- UAMS Medical Center
- Myeloma Institute for Research and Therapy
- Psychiatric Research Institute
- Translational Research Institute

UAMS Vision 2020 Statement

<http://web.uams.edu/files/2012/04/Strategic-plan-2020.pdf>

The University of Arkansas for Medical Sciences (UAMS), with its intersection of education, research and clinical programs, brings a unique capacity to lead health care improvement in Arkansas. Among its assets for leadership are the following:

- Status as the only academic health center in the state
- Statewide network of centers for public education and clinical outreach
- Emphasis on population health, and
- Leadership in health informatics and statewide information technology.

In addition, UAMS has a unique capacity for translational research – speeding the rate at which research can inform clinical care and health improvement.

UAMS College of Nursing Mission Statement

<http://nursing.uams.edu/about/mission-statement/>

The UAMS College of Nursing mission statement is as follows:

The UAMS College of Nursing is committed to scholarly excellence in (1) under-graduate and graduate nursing education, (2) research, and (3) service to the University, profession and society (revised 2013).

Education:

The UAMS College of Nursing provides exemplary and comprehensive educational programs based on scholarship in education and practice. The College of Nursing offers educational programs to prepare professional nurses as generalists and for advanced practice, teaching, research, and administrative roles, thereby enhancing health care for the people of Arkansas. As a leader in the preparation of nurses for advanced health care, the College of Nursing collaborates with UAMS Regional Centers, other colleges of nursing, and the health care community to provide degree and continuing education programs. The College enhances access to education in this rural, agrarian state by offering degree programs and courses for nurses through distance education.

Research:

The UAMS College of Nursing advances the body of nursing knowledge through scholarship in research. This community of scholars contributes to nursing science through research activities that are theory testing, theory generating, and of an applied or basic research nature. Scholarship includes the dissemination of research findings and the translation of research into practice.

Service:

The UAMS College of Nursing provides service through scholarly participation of faculty and students in academic, professional, and community organizations. Faculty practice as skilled clinicians, consultants, and professional experts in health care organizations and in the community. Faculty serve as role models for students and other nurses at local, state, national, and international levels.

Both UAMS and College of Nursing mission statements demonstrate a commitment to excellence in educational programs, research efforts, and service activities. The congruence of the College of Nursing mission with that of UAMS as the parent institution is demonstrated by comparison of the UAMS and College of Nursing mission statements, which appears in Appendix I-A.

UAMS College of Nursing Philosophy

<http://nursing.uams.edu/about/philosophy/>

The UAMS College of Nursing advances the University's mission through scholarship in education, research and service. The College of Nursing provides excellent theory-based educational programs for students entering the nursing profession and nurses seeking advanced education. Because nursing is a research-based discipline, faculty participate in generating, disseminating and using theory and research findings for education and practice. Faculty believe that service includes participation in academic, professional, and community organizations, and practice of the discipline.

The nursing curriculum is based on the meta-paradigm of PERSON, ENVIRONMENT, HEALTH and NURSING. Additionally, the curriculum is based on the following core concepts:

- Health promotion
- Human diversity
- Illness and disease management
- Communication
- Critical thinking
- Professional values/ethics, and
- Role development.

The concept of person includes individuals, families, groups, and communities. Persons are of intrinsic value and dignity and worthy of respect because of their shared and unique physical, emotional,

intellectual, social, cultural, and spiritual characteristics. Each person possesses the inherent right for self-expression and for participation in life to the fullest extent possible based on his/her unique experience and perspective. People are self-determining, each person functioning interdependently with other individuals, families, groups and communities, joined together because of shared values and needs.

In January 2013, the College of Nursing philosophy statement was revised. A statement which read that *people have the ability to think critically and make choices* was replaced by the following statement: *Each person possesses the inherent right for self-expression and for participation in life to the fullest extent possible based on his/her unique experience and perspective.* On-Site Resource Room (OSRR) Faculty Assembly minutes January 28, 2013.

Environment is the interaction of internal and external factors that influence the health of person(s).

Health, as perceived by the person, is the integration of physical, emotional, intellectual, social, cultural, and spiritual well-being that enables the performance deemed necessary and desirable to maintain existence in the environment. Health is affected throughout the life cycle by the interaction of genetic and environmental factors that include choices about health practices, and by the ability of persons to meet their health care needs and to access health care.

Nursing is an art and a science through which nurses provide caring assistance to persons within society. Nurses seek to promote, restore, and maintain health, and when death is imminent, to provide support that will allow the person to die with dignity. Nurses use a systematic process of critical thinking to collect and analyze data, and diagnose, plan, therapeutically intervene, and evaluate outcomes. Using professional values, ethics, and therapeutic communication, nurses implement this process in a variety of roles and settings in collaboration with consumers and other health professionals.

Nursing education prepares graduates to practice within established professional guidelines and standards and to engage in continuous role development and revision of knowledge. The teaching/learning process fosters intellectual and personal growth; stimulates inquiry, critical thinking, and synthesis of knowledge; and helps the individual value and pursue life-long learning.

Baccalaureate nursing education builds upon a liberal arts and science foundation and provides the basis for the practice of professional nursing as a generalist. Baccalaureate education prepares students to think critically and to make clinical judgments that promote, restore, and maintain health. The nurse generalist is prepared for a beginning level professional practice that is grounded in current evidence-based practice. This practice is carried out in a variety of settings. Baccalaureate education provides the foundation for master's study.

Graduate education includes master's and doctoral study. Master's nursing education builds upon the baccalaureate nursing foundation and prepares nurses for specialization in advanced practice and nursing administration roles in a variety of settings. It also prepares advanced practice nurses to synthesize knowledge regarding health care systems and theoretical, scientific and clinical knowledge from nursing and other disciplines and to translate and integrate current evidence into practice. Additionally, a master's education provides the foundation for doctoral study.

The Doctor of Nursing Practice (DNP) prepares advanced practice registered nurses as scholars in translating evidence-based knowledge into clinical practice. DNP prepared nurses use a blend of clinical organization, economic and leadership skills to impact patient outcomes and manage complex health environments.

The DNP program is designed to provide students with the necessary expertise in the delivery, management and care of patients with complex health care needs across the lifespan. The program provides the student with proficiencies in leadership, health care policy, health care systems, research utilization, and evidence-based practice models. In addition, students become leaders in developing and implementing clinical policies and in teaching patients, families, communities and other professional health care providers. The graduates of the DNP program are expert clinicians who use research to

create, implement, and evaluate practice. The graduates play vital roles in developing, implementing, and testing national practice guidelines as well as collaborating in clinical trials. Further, graduates are equipped to redesign and improve the quality of patient-centered care and provide cost effective health care services. The DNP Essentials (AACN, 2006) addressed in this document delineate the knowledge and skills that *all* nurses prepared in the DNP nursing program acquire. These essentials guide the preparation of graduates for diverse areas of practice in any healthcare setting.

Consistent with the College of Nursing's mission, philosophy and program outcomes, professional nursing standards and guidelines provide the foundation for preparing well educated and skilled professional nurse generalists and advanced practice nurses. The rationale for our selection of standards in relation to courses for the BSN and MNSc programs appear in Appendices I-B and I-C. Specialty standards are used to further delineate and support the College's mission, philosophy and goals. Standards and guidelines are as follows:

- Provide the foundation for BSN, MNSc and DNP degree preparation
- Promote the success of students on national examinations, and
- Prepare program graduates to enact the roles of professional nurse generalist, advanced practice nurse, nurse administrator and nurse educator.

The planning, implementation and evaluation of all degree programs are guided by the

- *ANA Scope and Standards of Practice* (ANA, 2010)
- *ANA Code of Ethics for Nurses* (2013)
- *Arkansas State Board Nurse Practice Act* (ARSBN, August 2013), and
- *Arkansas State Board of Nursing Rules* (ARSBN, August 2013).

The framework for the baccalaureate program is guided by *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2009). Examples of the congruence of the baccalaureate nursing program, key concepts, student program outcomes, and level outcomes with the American Association of Colleges of Nursing (AACN) Essentials (AACN, 2008) can be found in Appendix I-D. Additionally, the BSN program outcomes and population specific specialty standards are guided by the

- *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2013)
- *Nursing Scope and Standards of Practice* (ANA, 2010)
- *Arkansas State Board Nurse Practice Act* (ARSBN, August 2013), and
- *Arkansas State Board of Nursing Rules* (ARSBN, August 2013).

The Essentials of Master's Education for Advanced Practice Nursing (AACN, 2011) delineate the knowledge and skills that nurses acquire in the master's nursing program. These Master's Essentials guide the preparation of graduates for diverse areas of practice in any healthcare setting. Examples of the congruency of the master's nursing program, key concepts, student program outcomes, and level outcomes with the AACN Essentials can be found in Appendix I-E.

The nurse practitioner specialties also use the following standards:

- *The National Task Force on Quality Nurse Practitioner Education* (NONPF, 2012) and
- *The Nurse Practitioner Core Competencies* (NONPF, 2012).

Additionally, specialty area competencies (NONPF, 2012, and AACN, 2012) guide the following:

- *Adult/Gerontological Acute and Primary Care*
- *Family*
- *Pediatric, and*
- *Psychiatric-Mental Health.*

All transcripts of master's APRN graduates specify the APRN role and population focus of the graduate.

The specialty standards for nursing administration include the *ANA Scope and Standards for Nurse Administrators*. (ANA, 2009). The specialty standard for the four nursing education courses is the *National League for Nursing: Scope and Practice for Academic Nurse Educators* (NLN, 2012).

The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006) are used as the foundation for the DNP degree program. An illustration of the congruence of the DNP nursing program, key concepts, student program outcomes, and level outcomes with the DNP Essentials (AACN, 2006) can be found in Appendix I-F.

I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:

- professional nursing standards and guidelines; and
- the needs and expectations of the community of interest.

Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement.

Program Response:

The mission and goals of the College of Nursing are reviewed annually in departmental meetings and revised as necessary. Faculty governance mechanisms in place to facilitate the review process include the following:

- Undergraduate and Graduate Curriculum Subcommittees
- Baccalaureate Council
- Graduate Council, and
- Faculty Assembly.

Recommendations for program revisions can be made by any faculty member and are initiated through the appropriate program curriculum subcommittee. Program and department outcomes are reported to faculty annually in the fall. In early 2013, the College of Nursing reviewed, revised and approved the new service mission definition and maintained the education and research portions of the mission statement (OSRR: Faculty Assembly minutes, January 28, 2013).

The College of Nursing consistently reviews the AACN Essentials for the BSN and MNSc programs and aligns elements throughout course syllabi accordingly. In 2013, the MNSc characteristics were modified and one additional characteristic was added (#12) to reflect changes in the organizing framework (OSRR: Graduate Curriculum Subcommittee minutes, March 25, 2013; April 16, 2013).

An example of periodic curriculum review and revision is the yearly joint meeting of the graduate and undergraduate curriculum subcommittees. In these meetings, baccalaureate content mapping and graduate curriculum realignment are discussed. This annual process assures that programs demonstrate continuity and consistency with the mission of the College of Nursing and that graduates of the baccalaureate program will be prepared to successfully matriculate into the master's program (OSRR: Joint Undergraduate & Graduate Curriculum Committees minutes, March 14, 2014).

Another change made as a result of periodic review and revision occurred in a Baccalaureate Council meeting in 2011. At that meeting the decision was made to administer Assessment Technologies Institute (ATI) Nursing Education Examinations at predetermined intervals as a requirement, to ensure success on the NCLEX-RN examination. The use of ATI examinations for students has proven to be a successful strategy for NCLEX-RN preparation, as indicated by the improved NCLEX-RN pass rates outcomes (OSRR: Standard IV; Faculty Assembly minutes, August 22, 2011; Baccalaureate Council minutes, October 17, 2011).

The MNSc curriculum is reviewed at least every 4 years, or more often should this be necessary. Revisions are made to master's courses by faculty to ensure curricular alignment with specialty standards. For example, the MNSc curriculum was changed from an Adult Acute Care Nurse Practitioner Specialty to an Adult-Gerontology Acute Care Nurse Practitioner Specialty to align the specialty with revised professional national examination standards. Also, to comply with the new APRN Consensus Model focusing "across the lifespan", the Gerontology Primary Care Nurse Practitioner track was changed to the Adult-Gerontology Primary Care Nurse Practitioner track (OSRR: Graduate Curriculum minutes, October 3, 2011 and September 3, 2013; Graduate Council minutes, October 17, 2011; Faculty Assembly minutes, October 24, 2011 and September 23, 2013).

The DNP program has developed program specific goals and expected student learning outcomes, referred to as Characteristics of the DNP Graduate, to reflect the mission and goals of UAMS and the College of Nursing. These outcomes are based on the AACN's *The Essentials for Doctoral Education for Advanced Nursing Practice* (AACN, 2006). The College of Nursing DNP Program Director reviews student outcomes annually to ensure alignment with current professional standards. In May 2014, expected student outcomes were revised to reduce redundancy, increase concision, and enhance readability.

The College's community of interest is comprised of stakeholders that have a vested interest in all of the programs. These individuals and groups are comprised of students, alumni, employers, donors, and University officials throughout Arkansas. Each program has identified a specific community of interest that provides input and feedback about the program. The BSN and the MNSc degree programs use Employer Focus Group data to solicit feedback. In addition, in the MNSc program, each specialty has an Advisory Board that meets annually to solicit input about the specialty and the ability of graduates to enact the roles for which they were prepared. In summer 2014, the DNP program established a Community Advisory Board, and an inaugural meeting was held in October 2014. The information gained from the various advisory groups is shared with the respective curriculum subcommittees to enrich the programs and enable them to better meet healthcare needs of Arkansans.

Consistent with the bylaws of the UAMS Foundation Fund, the College of Nursing Advisory Board is a volunteer organization to further philanthropic support for the College of Nursing and to otherwise assist the College through leadership efforts in the community. Their duties are to assist with raising funds in support of the College of Nursing and make recommendations concerning support for the programs of the College of Nursing; to understand and raise public awareness of the needs, programs, growth and development of the College of Nursing, and to provide counsel to the Dean and to members of the Development team.

I-C. Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.

Elaboration: The nursing unit identifies expectations for faculty, whether in teaching, scholarship, service, practice, or other areas. Expected faculty outcomes are congruent with those of the parent institution.

Program Response:

Faculty expectations are published in the *UAMS College of Nursing Faculty Handbook*, which is reviewed and updated annually. In addition, information on faculty ranks for tenure and non-tenure tracks is published in this handbook. Faculty expectations are communicated during annual faculty reviews held each May (with the appropriate Associate Dean). During these reviews, faculty provide evidence of meeting goals in each mission (education, research, service) consistent with their rank and list future goals for achieving the next rank and/or tenure (OSRR: 2014-15 Faculty Handbook, Section VI, pages 1-31).

The University and the College of Nursing provide a supportive environment that enables College of Nursing faculty to accomplish the College of Nursing missions of education, research, and service. The UAMS and College of Nursing have a demonstrated commitment to provide the resources necessary to

develop and retain outstanding faculty, to provide environmental opportunities that support faculty accomplishments, and to allocate appropriate building space and resources so that faculty can carry out their education, research, and service missions.

When a faculty member wishes to seek promotion and/or tenure, the individual requests permission of the appropriate Associate Dean to develop a portfolio, which is then developed and submitted to the Appointment, Promotion & Tenure (AP&T) Committee for review. Following the review, a recommendation is sent to the Dean, who reviews the committee's recommendation and makes the final decision as to whether to move a promotion and/or tenure request forward. Positive recommendations at the Clinical Associate Professor, Clinical Professor, Associate Professor and Professor levels and any tenure decisions are forwarded to the Chancellor and then to the University of Arkansas Board of Trustees for final approval. The AP&T Committee provides educational meetings to review rank and promotion guidelines and to encourage faculty to meet the College of Nursing mission. AP&T Committee members are available to all faculty to consult on promotion and tenure progression (OSRR: March 20, March 25, and April 11, 2014—brown bag, *Writing for Publication* by Elizabeth Tornquist, and luncheon to discuss Career Planning; AP&T Committee Bylaws Guidelines; 2014-15 College of Nursing Faculty Handbook, Section VII, pages 9-10).

I-D. 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.

Program Response:

Faculty and students are expected to participate in the UAMS and College of Nursing systems of governance in order to meet the mission, goals, and expected outcomes of the nursing program as presented in the *UAMS Faculty Handbook*, *College of Nursing Faculty Handbook*, the *College of Nursing Student Handbook* and *College of Nursing Catalog*. In order to accommodate distant faculty and students, meeting attendance is available via telephone or telecommunication to 13 sites across the state. Faculty roles with respect to participation in program governance are defined in the *College of Nursing Faculty Handbook* and student roles are defined in the *College of Nursing Student Handbook* (OSRR: 2014-15 College of Nursing Faculty Handbook, Section I, pages 9-48; Section VII, Committee Bylaws; 2014-15 College of Nursing Student Handbook, Section 9, pages 177-178; in the Constitution of the Campus Assembly for UAMS, UAMS Constitution, Article II and Article III, pages 1-3; Appendix I-G, I-H, I-I, I-J, I-K).

Examples of faculty and students' participation in University and College governance are given below:

- College of Nursing Faculty participation on University Committees
The Constitution of the Campus Assembly for UAMS delineates the committee members required from each college. These committees give College of Nursing faculty an equal voice among the colleges in campus-wide governance. All faculty have the opportunity to participate in the UAMS Faculty Academic Senate. This body receives information from the Chancellor and other campus leadership and has the opportunity to provide feedback and input into issues and concerns that involve the academic units. Several faculty have served as officers in the Senate (OSRR: Constitution of the Campus Assembly for UAMS, Article III, Section 3).

Examples of important campus-wide changes resulting from University committees on which College of Nursing faculty members served include the following:

1. Claudia Barone, EdD, APRN, served as the College of Nursing representative on the University No Smoking Policy Education Committee, which established the policies and procedures for educating students, staff and faculty about new no smoking policies on campus (OSRR: Claudia Barone, CV).
2. William Buron, PhD, APRN, and Sandra New Berryman, DNP, APRN, participated on the Interprofessional Education Steering (IPE) Committee and suggested the campus logo

“Bridging Education and Practice”, which was adopted for the UAMS campus. The College of Nursing initiated the first interprofessional simulation, which was shared at Faculty Assembly. All undergraduate students located on the main campus now participate in this experience. (OSRR: Faculty Assembly, November 26, 2012; College of Nursing Faculty Committee members, 2014-15).

- Faculty participation on College of Nursing Committees
The *College of Nursing Faculty Handbook* Bylaws stipulate the standing committees of the Faculty Assembly (OSRR: 2014-15 College of Nursing Faculty Handbook, Section VII; Committee Lists). Examples of standing committees and their functions are given below:

1. Research Committee

Each year, this committee co-sponsors the College of Nursing Research Day in collaboration with area hospitals, organizations and Sigma Theta Tau Gamma Xi Chapter. The conference includes a national keynote speaker and refereed presentations by a wide variety of researchers. In addition to committee members, other faculty are recruited to review submitted abstracts and to serve as poster judges. Students from the master’s and doctoral programs are strongly encouraged to submit abstracts for presentations and posters. Also, in keeping with the research mission of the College of Nursing, committee members review intramural grant applications throughout the year and make funding recommendations to the Associate Dean for Research, pending approval of the Dean (OSRR: 2014-15 College of Nursing Faculty Handbook, Section VII, pages 14-15; Research Committee Annual Reports 2011-12, 2012-13 & 2013-14; Standard II).

2. Curriculum Committee

The curriculum subcommittees for undergraduate and graduate programs review all proposed course changes, new courses, and new programs and make recommendations to Faculty Assembly (OSRR: 2014-15 Faculty Handbook, Section VII, pages 6-7).

For example, the baccalaureate faculty collaborated in 2013-14 to align the medical-surgical content of each course with the new 2013 NCLEX-RN blueprint. The changes were developed into a formal proposal that went to the Baccalaureate Curriculum Subcommittee, which includes BSN faculty and student representatives. The proposed changes were then forwarded to the College of Nursing Baccalaureate Council and Faculty Assembly (OSRR: Baccalaureate Curriculum Subcommittee minutes January 24, 2014, and February 14, 2014; 2013-14 undergraduate course syllabi; UAMS College of Nursing SharePoint, 2011-14).

Faculty and students at the graduate level have also initiated DNP program changes. After critical appraisal of the content of each of the DNP courses and the requirements for the DNP Project, the faculty recommended combining the DNP Capstone and Internship courses. This combination led to the development of three DNP Project courses.

3. Appointment, Promotion and Tenure

Representation on this committee encompasses both tenure track and non-tenure track faculty. This committee serves to educate faculty on promotion and tenure and reviews and revises the criteria as stipulated by their bylaws. Upon review of a promotion and/or tenure portfolio, this committee makes a formal, written recommendation to the Dean.

- Student Participation on University and College of Nursing Committees
College of Nursing students from all programs are elected or volunteer each year to serve on University committees such as the House of Delegates, Associated Student Government (ASG), and the *Caduceus*, the University yearbook. Students on these committees provide valuable input

for decision making on behalf of the College of Nursing student body and report information and decisions back to their peers, faculty and administrators.

Students have an opportunity to participate in the governance of the College of Nursing through standing committees of the Faculty Assembly, appointed task forces, and student organization committees (OSRR: 2014-15 College of Nursing Faculty Handbook, Section VII, pages 1-19).

Examples include the following:

1. Undergraduate and Graduate Curriculum Subcommittees

Three BSN students, 1 junior, 1 senior, and 1 RN student, serve as representatives to the Undergraduate Curriculum Subcommittee. Three graduate students, 1 MNSc, 1 PhD, and 1 DNP, serve as representatives to the Graduate Curriculum Subcommittee. Student input influences changes in both the undergraduate and graduate programs. For example, the Older Adult and Community Health courses are now 7.5 week block courses rather than occurring simultaneously across the semester. Students on the Undergraduate Curriculum Committee requested that courses in Blackboard be made more consistent in format across the curriculum. As a result, the College of Nursing is working with a liaison from the Office for Educational Development to create undergraduate and graduate Blackboard shells with consistent features (OSRR: Undergraduate Curriculum minutes, February 15, 2013; Faculty Assembly minutes, April 28, 2014).

Graduate student involvement in the Graduate Curriculum Subcommittee includes reviewing and revising course objectives and ensuring consistency among catalog descriptions, course overviews, and course objectives. MNSc student feedback resulted in elimination of the oral component of the Outcome Portfolio process. This change has streamlined the experience for students and faculty and has been well received based on evaluation data. In the DNP program, faculty sought student feedback regarding the DNP outcome criteria and course content, and as a result, the DNP program was refined and improved while maintaining consistency with the DNP Essentials.

2. Recruitment and Retention Committee

Representation on this committee includes the following students: 2 BSN juniors, 1 PhD, 1 DNP, 1 MNSc, and 1 RN-BSN. New student orientation is one function of this committee, and student representatives have been actively involved in the planning, implementation and evaluation of orientation.

Senior BSN students volunteer to attend the new junior BSN student orientation in the summer session, to facilitate the new students' integration into the College of Nursing's BSN program. They assist with parking, campus tours, shuttle bus, food service and general orientation. Student input influenced the committee to revise the orientation to make it more productive and efficient. It is held on the first day of class; additionally, a Family and Friends Day event occurs at the end of the summer session. During this event, students and families have an opportunity to visit with administrators and faculty and tour the College of Nursing Innovative Practice Center, the College, and the campus.

In 2012, the Recruitment and Retention Committee instituted the White Coat Ceremony, which is now held each August. All junior BSN students, following successful completion of the summer session, are awarded their white coat. This inspiring experience provides students and families with an exciting entrance into the College of Nursing BSN program and the profession of nursing. Faculty, staff and administrators fully support this event and several contribute funds toward the purchase of the white coats, as do a number of alumni (OSRR: Recruitment and Retention Committee minutes, October 7, 2013).

3. Research Committee

There are two student representatives on this committee, 1 from the MNSc or DNP program and 1 from the PhD program. These students have opportunities to gain experience in reviewing abstracts in preparation for the annual College of Nursing Research Day and in reviewing grant proposals for the College of Nursing intramural grant program. The student representatives provide valuable insights into abstract selection and make thoughtful recommendations for acceptance; they also provide comprehensive reviews and critiques of intramural grant submissions (OSRR: 2014-15 College of Nursing Faculty Handbook, Section VII, pages 14-15).

4. Student Organized Committees

College of Nursing Hope Campus

In 2011-14, the College of Nursing Hope Campus (Hope) averaged a 75% membership in the Student Nurses' Association (SNA) and was active in meetings, conventions, and community activities. They sent two delegates and one alternate delegate (due to small chapter size) to the Arkansas Student Nurses Association House of Delegates meetings and conventions, and one delegate and one alternate delegate to the yearly national conventions. During this time, all Hope SNA members completed Red Cross Disaster Preparedness classes and obtained their student volunteer status. Additionally, they completed at least three of the National Incident Management (NIMS) modules. Since 2011, the Hope SNA chapter has sponsored a child from Uganda through Compassion International by giving monthly donations to assist in providing education and clothing.

In November 2013, the Hope SNA members were instrumental in organizing and participating in the 1st Annual Lafayette County ALS Walk and Fund Raiser in Stamps, Arkansas. Students have continued to volunteer time, money, labor, and talents to this event as well as the Texarkana Color Run, Texarkana Susan G. Komen Race for the Cure, United Blood Services blood drives, food drives for local homeless shelters, toy drives for Toys for Tots, as well as assembling personal hygiene supply bags for people seeking temporary shelter through Hope in Action.

In 2013, the Hope SNA members authored a resolution calling for the support of ending a lifetime ban prohibiting the donation of blood products by homosexual men. Hope student nurses collaborated with chapters from Johns Hopkins University School of Nursing and Seminole State College of Florida and campaigned for support of the resolution at the National Students Nurses' Association National Convention in Charlotte, North Carolina. Julie Daniels, a Hope SNA student representative, presented the resolution at the convention where it passed with 91% in favor and received a standing ovation.

College of Nursing Little Rock

Students are involved in student-led committees at the College and State level. The SNA boasted 60% membership for academic years 2011-14, allowing the SNA to send 3 delegates and 3 alternates to the Arkansas Student Nurses' Association (ASNA) House of Delegates. College of Nursing students representing ASNA attend the national convention each year, with a minimum of 3 delegates and 3 alternates.

The College of Nursing SNA has received several state and national awards in the past few years. For example, our SNA chapter was recognized as one of the first 10 chapters in the nation to be a Stellar School Chapter for the term 2010-15. This prestigious award is given to chapters that have maintained constituency status for the past 5 years, and demonstrate ongoing involvement in NSNA and a strong commitment to the shared governance and professional development of students and faculty

<http://www.nсна.org/Membership/StellarSchools.aspx> .

In 2012-13, the UAMS SNA also won the NSNA Disaster Preparedness Award, based on a campus-wide collection of disaster preparedness kits and completion by students of three or more FEMA NIMS courses. For 2013-14, the UAMS College of Nursing chapter won the ASNA Shannon Finley Disaster Preparedness award, and one student, Jerrica Chika, won the ASNA Student of the Year Award.

In order to accommodate distance participation in committees, meetings are available via telecommunication to 13 sites across the state. IT support is available for all students regardless of setting. Communication among committee members is also done electronically.

5. Informal Student Meetings

The Dean meets with class officers from the BSN program usually once or twice each semester. These meetings provide students an opportunity to discuss matters (positive and negative) relevant to the undergraduate student body. In addition to opening and maintaining direct communication lines between students and administration, the meetings allow the Dean to stay connected with student needs and aid in problem resolution. Although there are no official class officers at the graduate level, the Dean always welcomes the opportunity to meet with graduate students.

I-E. 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.

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

"The (baccalaureate degree in nursing/master's degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791."

"The (baccalaureate degree in nursing/master's degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accreditation>)."

Program Response:

Publications and documents distributed to potential students, current students, and alumni reflect the mission and goals of UAMS and the College of Nursing. BSN, MNSc, and DNP students in the College of Nursing sign off as being responsible for the content in the *College of Nursing Student Handbook* and *College of Nursing Catalog* as part of the registration process. Concerted efforts are made to maintain consistency in the content presented on the College of Nursing website and in publications. Changes made to publications on an annual basis include calendars and schedules, fee structures, and when necessary, changes in curricular offerings and policies. These are communicated to constituents through: email, website, brochures, catalog and handbook (OSRR: 2014-15 College of Nursing Student Handbook, bottom of last page of Table of Contents, immediately preceding section 1.0; Appendix I-L).

College of Nursing promotional materials are reviewed annually for accuracy and revised as needed by administrators responsible for each program.

Admission requirements and policies for the baccalaureate and master's programs are accurately stated and periodically reviewed. Baccalaureate, MNsc, and DNP applicants are reviewed by the Admissions and Progression Committee, which meets monthly and as needed. Applicants are notified by mail of the admission decision.

Depending upon the urgency of implementation of a new or revised policy or program, students are informed through the following means, but not limited to: email, website, course specific Blackboard, called meetings, and notifications from advisor/program director. For example, on January 9, 2015, UAMS revised the Student Accommodations Policy & Procedure (ADA) and the College of Nursing Associate Dean for Academic Programs immediately communicated this information to all students via UAMS email.

A second example, the DNP program implemented curriculum revisions of the DNP Project courses beginning summer 2014. The DNP students were informed of this during a scheduled meeting via Blackboard Collaborate. All students attended this meeting, asked questions regarding the changes, and provided unanimously positive feedback in favor of the changes, which were subsequently voted on by faculty. Program outcomes are accurately documented in College of Nursing reports. The College of Nursing accreditation/approval status and the academic calendar are accurately stated in the College of Nursing *Catalog* and on the College of Nursing website <http://nursing.uams.edu/> (OSRR: Recruitment Brochures; College of Nursing Master Evaluation Plan 2011-12, 2012-13, 2013-14).

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

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

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 student outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.

Program Response:

The UAMS and College of Nursing overall mission, goals, and outcomes are stated in recruitment materials including the College of Nursing *Catalog* and the respective program brochures and are located on the College of Nursing website at <http://nursing.uams.edu/>. Recruitment of qualified students for all programs is coordinated through the College of Nursing Student Services Office and is also carried out by individual faculty members and alumni in a variety of recruitment venues. In order to recruit minority students into the nursing profession and to provide community outreach efforts to meet the physical and educational needs of children, UAMS College of Nursing has three school partnerships across the state of Arkansas: Chico Elementary, North Heights Elementary, and Redwood Early Childhood Center (OSRR: College of Nursing *Catalog* 2011-12, 2012-13, 2013-14).

In the past 3 years, bylaws and goals established by the Recruitment and Retention Committee were reviewed and revised to better reflect the goals of the College of Nursing (OSRR: Recruitment and Retention Committee minutes, October 7, 2013 and December 2, 2013). In the past 3 years, the Admissions and Progression Committee has recommended three changes in admission policies:

- The first policy change was removal of organic chemistry as a pre-requisite for admission to the undergraduate program. It was noted at the November 26, 2012, Admissions and Progression meeting that a 4-hour course in general chemistry was the requirement for other programs in the state and that organic chemistry was a reason some students did not apply to UAMS.

- The second policy change was removal of the GRE/MAT from the admission criteria for the master's program. The rationale for this was based on student data over the last 5 years (2009-2014) showing a relationship did not exist between GRE scores and completion of the master's program. This change was initiated and supported by the MNSc students.
- The third change was in the DNP program. This change reduced the admission GPA from 3.5 to a 3.0. The change was made after the GPA was studied across the nation and within the state, and it was found that 3.0 was the standard (OSRR: Admission and Progression Committee minutes, November 28, 2011, January 7, 2013, November 4, 2013, and February 10, 2014; Faculty Assembly, February 24, 2014).

Some policies are unique and essential to the College of Nursing and not required by other colleges at UAMS. For example, registered nurses must provide verification of 2,000 work hours as an RN before they enroll in the first graduate clinical course.

Also, any registered nurse, regardless of program enrollment, must provide a copy of his or her unencumbered Arkansas nursing license. Registered nurse students licensed in a compact state with Arkansas must provide a copy of their unencumbered RN license from that state.

All students enrolled in any practicum course are required to purchase student liability insurance annually as part of the registration process, and are also required to maintain and provide a copy of CPR certification prior to registration.

All students in baccalaureate courses with a practicum component must achieve a passing grade on a drug math examination with a score of 90% or better by the end of the designated testing period. Additionally, the College of Nursing requires undergraduate students to complete standardized and nationally normed tests throughout the BSN curriculum, in both the junior and senior years (see Standard III & Standard IV).

Examples of College of Nursing Accomplishments:

- The College of Nursing's mission statement is congruent with the UAMS mission statement.
- Through its bylaws, the College of Nursing affords faculty and students opportunities to raise issues and participate in problem resolution leading to change through the governance structures.
- Opportunities are available for input from communities of interest for program improvement.
- For the past 3 years, the College of Nursing has been increasingly successful in recruiting students for both the BSN and MNSc programs, leading to a growing number of applications and the admission of students with higher grade point averages. One reason for the growth of applications in the BSN program was dropping organic chemistry as a pre-requisite. This change now keeps us competitive with other colleges in the state.
- In the MNSc program, the MAT/GRE requirement for admission was eliminated.
- The College has multiple communication channels to distribute accurate program information to students: the website, published documents, and email communications.

Area for Ongoing Improvement:

- Increase minority enrollment in all programs.

Plan for Ongoing Improvement:

- The admission of minorities to both the baccalaureate and master's programs has increased (now 15.94%), meeting our strategic plan goals.

- We continue our efforts to increase these percentages since they are below the target goal of a minority enrollment representative of the state's population (24.1%).
- We will accomplish this through targeted recruitment efforts through our Regional Centers that serve high minority populations.

**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 program outcomes. The faculty, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes.

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

Elaboration: The budget enables achievement of the program’s mission, goals, and expected outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is 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) are sufficient to achieve the program’s mission, goals, and expected outcomes.

A defined process is used for regular review of the adequacy of the program’s fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.

Program Response:

The University of Arkansas for Medical Sciences (UAMS) as the parent institution provides the fiscal and physical resources needed to support College of Nursing faculty and students and accomplish the missions of teaching, service, and research.

Fiscal Resources

The operating budget for the College of Nursing is prepared by the Dean, Associate Dean for Academic Programs, Associate Dean for Administration, Associate Dean for Research, Associate Dean for Practice, and the Associate Dean for Baccalaureate Education, with input from faculty, staff, and students (OSRR: 2014-15 Faculty Handbook, Section II-HH: Budget Process). The monies from tuition/fees, state funding, contracts, grants, and charitable giving provide the personnel and operating budget each fiscal year (July 1-June 30).

Specific information regarding College of Nursing funding is found in the table below:

College of Nursing Fiscal Year Funding Amounts 2011-2015

Fiscal Year	Funding Type	Campus Allocation	Restricted Grant Funds*	Unrestricted Funds	Yearly Totals	% Non-Campus**
2011-2012	Actual	\$6,650,252	\$724,849	\$620,825	\$7,995,926	17%
2012-2013	Actual	\$7,028,176	\$892,915	\$679,274	\$8,600,365	18%
2013-2014	Actual	\$7,712,887	\$847,258	\$609,649	\$9,169,795	16%
2014-2015	Budget	\$7,393,157	\$552,325	\$621,117	\$8,566,599	14%
Totals		\$28,784,472	\$3,017,347	\$2,530,865	\$34,332,684	16% average

*Funds in the Restricted/Grant Funds include salaries and fringe only.

**Non-Campus=restricted grant funds and other unrestricted funds

The Doctor of Nursing Practice (DNP) program was granted approval in May 2012 by the University of Arkansas Board of Trustees and in October 2012 by the Arkansas Board of Higher Education. The program admitted its first cohort of 19 students in fall 2013. Graduate level tuition funds and the reallocation of current faculty workloads have been the major source of funding for the DNP program. The primary cost of the DNP program to the College of Nursing is faculty salaries. In addition, a new DNP faculty position was authorized for 2014-15.

All DNP students in the first cohort were given scholarships from philanthropic donors. The scholarship paid 100% of tuition for the duration of the program of study (5 semesters FT, 8 semesters PT) unless students received tuition reimbursement from their employer. The College of Nursing paid 100% of tuition and fees for all College of Nursing faculty enrolled in the DNP program.

Recruitment and retention of faculty and staff are supported through fiscal resources. A Faculty Salary Equity Plan was requested in FY12 and approved for FY 13. (*Note: The Equity Plan was developed on FY11 AACN data, the latest available for the FY12 request.*)

The Faculty Salary Equity Plan was implemented in July 2012. The College of Nursing has provided pay raises to faculty to align salaries with the American Association of Colleges of Nursing (AACN) academic health science center schools of nursing. For each rank, salaries begin at the 25th percentile and increase annually, with 5 years of experience in a specific rank equating to the 50th percentile.

Faculty Salary Equity Plan Based on AACN Salaries 2011

Rank	Terminal Degree Preparation	AACN Percentage	Years of Experience					AACN Percentage	AACN Percentage
			25th %	+1 yr	+2 yr	+3 yr	+4 yr		
Professor	Doctoral	\$118,162	\$120,644	\$123,126	\$125,609	\$128,091	\$130,573	\$130,573	\$148,105
Assoc Prof	Doctoral	\$92,143	\$93,757	\$95,370	\$96,984	\$98,597	\$100,211	\$100,211	\$111,863
Assoc Prof	Non-Doc	\$79,832	\$80,474	\$81,116	\$81,757	\$82,399	\$83,041	\$83,041	\$100,000
Assist Prof	Doctoral	\$80,000	\$81,033	\$82,066	\$83,099	\$84,132	\$85,165	\$85,165	\$91,969
Assist Prof	Non-Doc	\$69,291	\$70,517	\$71,742	\$72,968	\$74,193	\$75,419	\$75,419	\$85,000
Instructor	Non-Doc	\$64,004	\$65,093	\$66,182	\$67,272	\$68,361	\$69,450	\$69,450	\$78,000

Key:

Assoc Prof = Associate Professor
 Assist Prof = Assistant Professor
 Non-Doc = Non Doctoral Prepared

Additional Salary Supplements	
\$3,000	For faculty who offset salary by 20%
\$5,000	For faculty administrator Assistant Dean
\$10,000	For faculty administrator Associate Dean

An extensive remodel and redesign of faculty and staff offices in the Education II building was completed in 2013. This project included painting, replacement of carpet and addition of new modular furniture in all offices. When possible, faculty members co-teaching in courses were assigned offices in the same suite, and a work table and chairs were provided for group projects and meetings. Additionally, the College of Nursing main office suite was relocated to a renovated space in the College of Public Health Building on the same floor. This beautiful new space provides offices for the Dean, Associate Dean for Academic Programs, and two Executive Administrative Assistants. A large conference room with advanced technology and the capability of interactive video conferencing (IVN) provides a meeting place for faculty, staff and visitors. The previous main office suite in the Education II building, 5th floor, now provides office space for the College of Nursing Office of Development and Alumni Affairs. Faculty computers have been equipped with cameras for teaching live via Blackboard, collaborate, or skype.

Study space has been updated for our students as well. New tables and chairs are available on the 5th floor of the Education II building, including four study chairs in the southeast corner of the building. Three conference rooms on the 5th floor of the College of Public Health building have new tables and chairs. One conference room has a new dedicated computer system and cordless conference phone, and two conference rooms are equipped with conference phones as well. The updates provide optimal meeting space for administrators and faculty and access to College of Nursing meetings for statewide faculty and others outside the Little Rock campus.

Eight administrative staff support the day-to-day operations of the College's programs. Seven are located on the Little Rock campus; one administrative assistant supports the BSN program located at the University of Arkansas Community College-Hope campus, and .2 FTE administrative support is provided for the Northwest Arkansas (NWA) campus. Additionally, three staff members support the Business Office and two executive assistants oversee the daily operations of the Dean's Office.

Support for computers and information technology is provided through the College of Nursing budget and the Dean's Circle of 100 fund-raising group. Between fall of 2011 and fall of 2014, approximately 57 computers were purchased according to a planned rolling schedule of computer upgrades that ensures College of Nursing faculty and staff have the necessary computer hardware and software. This included 6 laptops. In 2013-14, Academic Services gave the College of Nursing 17 desktop computers. Additionally, we have received 11 computers from the library.

In addition to computer support, the Information Technology (IT) Department provides institutional support, including a 24-hour help desk, work station support, security and network support. In addition, the College of Nursing employs a support staff member (1.0 FTE) who is responsible for the installation of computer/computer accessories, technology support, and informatics.

The College of Nursing also provides budgetary support for the Innovative Practice Center (IPC), located on the 5th floor of the Education II building. The IPC provides nursing students in all programs with space to develop knowledge and skills through actual and simulated learning experiences. Examples of improvements and updates for the IPC are found in Appendix II-A. The College of Nursing IPC is collaborating with the UAMS Simulation Center to provide Interprofessional Education experiences to all colleges.

The College of Nursing supports faculty researchers through paid services for statistical analysis, budget management, editing of manuscripts and grants, and external grant reviews. Further, the College of Nursing provides funding for the software programs Reference Manager and SPSS. The College of Nursing funds two full-time grant administrators, one who assists with scholarly projects and the other who assists with budget preparation, grant submission, and grant follow-up. Additionally, the College of Nursing has two part-time statisticians who teach and work with students on dissertations and doctoral projects. Dedicated funds for intramural grants are available to assist faculty with pilot studies. Additionally, match funds, Research Intensive Faculty Experience (RIFE) funds, UAMS intramural, and Translational Research Institute (TRI) funds are available to assist faculty with their research. Intramural funding for the past 3 years totals just under \$1 million (OSRR: 2014-15 Faculty Handbook, Section IV, G., pages 6-8; Appendix II-B).

Physical Resources

College of Nursing Resources

The College of Nursing is located on the Little Rock campus fifth floors of the Education II and College of Public Health buildings. Both buildings also house the College of Pharmacy, the library, learning laboratories, educational support services, the Computer Center, classrooms and conference rooms. The College of Nursing occupies approximately 36,849 square feet, including learning laboratories, the Progressive Learning Center (PLC), the Innovative Practice Center (IPC), classrooms, conference rooms and offices for administrators, faculty and staff. All instructors have a personal office/work space. Whenever possible, instructors with similar specialties, program or course assignments are in the same office suites.

The College of Nursing's BSN program in Hope, Arkansas is located on the University of Arkansas Community College-Hope (UACCH) campus, approximately 113 miles southwest of Little Rock. The campus provides office space for College of Nursing faculty along with dedicated classrooms in the UACCH Rapert Library, with access to computers, interactive video (telecommunications), projectors and plug-ins for students.

The education mission is supported through the College of Nursing IPC and PLC. The UAMS College of Nursing IPC is on the main campus at Little Rock, on the 5th floor of the Education II building. The IPC team consists of a 50% BSN-prepared Assistant Clinical Instructor as laboratory coordinator and two part-time student laboratory assistants. The IPC is approximately 5,000 square feet and has five separate laboratory areas. Each laboratory area is equipped with inpatient hospital beds, suction and oxygen capabilities, and privacy curtains that separate beds to provide patient-simulated privacy. A classroom seats up to 50 students and contains audiovisual equipment. A variety of innovative learning experiences are available for baccalaureate and master's students in the IPC which mimics the design of both inpatient hospital and outpatient clinic settings. Appendix II-A provides a summary of IPC improvements. Guidelines for scheduling and use of the IPC are found in the College of Nursing Faculty Handbook (OSRR: 2014-15 College of Nursing Faculty Handbook, Section III, pages 14-19).

In 2013, the PLC was developed to offer instructional support for students in need. It is located on the 5th floor of the Shorey Building. A master's prepared Clinical Assistant Professor provides coaching and tutoring for students on both the Little Rock and Hope campuses, as needed.

Mobile simulation experiences are provided to College of Nursing students in the UAMS Centers for Simulated Education, located on the UAMS campus in Little Rock:

- The Center for Clinical Skills Education, a state-of-the-art facility equipped with 14 patient examination rooms, video and monitoring capabilities, and a 15-person conference room. This Center is used for teaching and assessment of clinical skills utilizing clinical cases and standardized patients.
- The UAMS Simulation Center, fully-equipped with seven medical simulation theaters for use with high fidelity manikins, along with five debriefing rooms and control rooms. Both centers are used by baccalaureate and graduate faculty for teaching and evaluation of clinical skills and are shared with the other colleges on the campus and used for intrerprofessional education.

Students on the UACCH campus have access to a Nursing Skills Laboratory, coordinated by the director of the Licensed Practical Nursing (LPN) program, UACCH. Scheduling of skills laboratory at the UACCH campus is done collaboratively by the UAMS Hope campus faculty and the UACCH skills laboratory coordinator. Due to the limited access of Hope campus students to the Centers for Simulation Education in Little Rock, a mobile simulation unit with high-fidelity simulation and standardized patients is used to facilitate students' engagement in simulation activities. UAMS faculty at the Hope campus utilize two days of simulation activities per semester, involving high fidelity manikins and standardized patients in coordination with the Centers for Simulation Education in Little Rock.

Clinical Resources

The College of Nursing uses a variety of agencies to provide educational opportunities for nursing students in all programs. On average, the College of Nursing maintains 300-325 active clinical contracts with sites throughout Arkansas, providing contact with patients across the life span and the wellness/illness continuum. Among the UAMS teaching facilities are Arkansas Children's Hospital (370 beds), Central Arkansas Veterans' Healthcare System (576 beds), and UAMS Medical Center (437 beds). A clinical contract master list is managed by a designated Administrative Assistant and is available on the College of Nursing SharePoint site at <https://spportal.uams.edu/teams/ConTeam/Programs/Lists/Clinical%20Contract%20Master%20List/AllItems.aspx> Clinical sites are evaluated by students and faculty (OSRR: 2014-15 College of Nursing Faculty Handbook, Section III-K, page 6 and Section IX-Appendix C, pages 6-7).

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

Elaboration: Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected program outcomes. There is a defined process for regular review of the adequacy of the program's academic support services. Review of academic support services occurs and improvements are made as appropriate.

Program Response:

UAMS academic support services available to faculty and students include the Office of Academic Services (OAS), the Office of Educational Development (OED), Academic Computing, the UAMS Library, and the UAMS IT Department/Computer Support Help Desk.

Office of Academic Services (OAS)
<http://oas.uams.edu/>

The Office of Academic Services (OAS) coordinates support services for faculty, staff, and students in the five colleges, the graduate school, the University Hospital, <http://www.uamshealth.com/hospital> and the Hope and Northwest Campus. Support services are related to classroom/laboratory teaching, space management/scheduling, and instrumentation repair.

Classrooms are located in the following buildings: Education II, College of Public Health, I. Dodd Wilson, Biomedical Research Centers I and II, Reynolds Institute on Aging (IOA), and Winthrop P. Rockefeller Cancer Institute. The Office of Academic Services includes three support departments: Room Scheduling, Laboratory Support, and Instrumentation Repair.

Room Scheduling coordinates scheduling of academic spaces across campus. These spaces include teaching auditoriums, classrooms, the Active Learning Center, meeting rooms, and exhibit foyer areas. Housed in the educational buildings of the campus, over 75 spaces ranging in size from 18 to 335 seats are available for use across the campus in five buildings.

Classrooms, auditoriums, and most conference rooms are equipped with updated computers and other technology including lecture capture, Interactive Video Conferencing and Turning Point, an Audience Response System.

Laboratory Support includes eight teaching laboratories for wet and dry lab experiences and these labs also function as testing facilities. In addition, Laboratory Support manages six computer labs that range in size from a minimum of 30 to a maximum of 200 workstations. All teaching and laboratory spaces have internet connectivity to expand access to teaching materials available through the web. Instrumentation Repair provides scheduled maintenance and repair of the myriad of technical equipment used in the teaching laboratories.

Office of Educational Development (OED)
<http://educationaldevelopment.uams.edu/>

The Office of Educational Development (OED) provides a variety of consultative services to assist faculty and students with the special teaching and learning demands of health professions programs. Support is provided in curriculum and instructional design, eLearning tools, educational measurement, and educational research and program evaluation. OED services are available at no charge for students. The College of Nursing provides 50% salary for two instructional design positions within OED. Located in the Shorey Building, OED includes 14 offices and 1 meeting facility that can accommodate up to 25 individuals.

1. **Faculty Development:** To meet the needs of departments and colleges, OED provides step-by-step faculty development through webinars, seminars, and workshops on a variety of topics pertaining to teaching, instructional design, learning, and evaluation. Realizing the limited amount of time faculty in academic health science centers have for such activities, a major focus of OED's faculty development efforts is the use of self-instructional materials for faculty development. In addition to these faculty development strategies, OED sponsors UAMS Teaching Scholar Program. This 2-year, intensive program is designed to assist faculty in developing enhanced skills in teaching and educational scholarship and research. Finally, OED is in the process of developing an Educator Academy to encourage and support quality education by all faculty members.
2. **Learner Support Services:** OED student academic support services are designed to acclimate students to two major differences between general undergraduate and health professional education: the amount of information to be learned and the amount of time it must be retained. Given the large amount of information students must learn, the cumulative nature of this information, and the fact that it is almost impossible to "catch up" beyond a certain point in a course, the focus of OED's academic support services is on helping students identify and address potential learning problems as soon as possible after the beginning of the semester. OED offers two types of academic support services for students:
 - a) Students have access to presentations and web-based materials on topics such as time management, development/use of study habits that foster long-term retention, and stress management. Although presentations are usually provided during orientation programs, they are also available online, or at other times upon request of faculty, class officers, or student organizations.
 - b) Students have access to individual academic counseling if they encounter academic difficulties and meet one of the following criteria: limited preparation in biology, chemistry, or other recommended courses of study; no formal course work in several years; or work, family, or other commitments that reduce study time. Faculty may refer eligible students to OED for individual assistance, including tutoring in course topics.
3. **eLearning Tools:**
 - a) The OED eLearning team focuses on the effectiveness of teaching and learning by providing system administration for multiple educational tools in the classroom. Tools include the Blackboard Classroom Learning Management System, Collaborate, Respondus, Respondus Lockdown Browser, GoSignMeUp, and EAC Outcomes. With collaborative partners from IT and each college, the OED eLearning team helps to identify needs, and tools to meet these needs, and works to provide the development needed for their use.
 - b) In addition, the eLearning team develops workshops and provides assistance to individual faculty in using eLearning tools. The use of computers in teaching/learning is rapidly changing. OED is available to answer questions or provide seminars/workshops

on topics such as choice of electronic tools and the ways they fit into the curriculum, objectives for potential applications, and use of tools to facilitate communication.

4. Educational Measurement, Program Evaluation, and Research: Most UAMS faculty members are responsible for assessing student achievement. OED assists faculty in developing test plans (blueprints) that reflect the content of the course, writing items at different cognitive levels (e.g., rote memory vs. application), constructing objectively scored tests and performance rating inventories, using item analysis information to increase the reliability and validity of tests and performance ratings, and establishing grading policies. In addition, OED assists in developing and implementing course evaluations as well as program evaluation strategies for UAMS academic and grant-funded projects. The OED team assists faculty in designing and conducting research in many areas pertaining to teaching and learning. These activities include writing grant applications to secure extramural funding for projects.

Academic Computing

http://www.uams.edu/academicaffairs/facultyresources/documents/SectionDSupport_Units.pdf

Academic Computing works with other UAMS departments to provide services and facilities supporting the use of information technology for education and information management at UAMS. It provides technical assistance for computer-based instruction and examinations; assistance with production and administration of computer-based examinations; technical support of web-based distance learning platforms; services for preparing and scoring paper-based examinations; support for course and faculty evaluations; and development and support of academic information systems.

Academic Computing collaborates closely with the UAMS colleges and graduate school, Library, OAS, OED, IT Department, and other units. An Academic Computing Advisory Committee represents Academic Computing's constituents. The committee provides a forum for discussion of issues related to Academic Computing services and resources and development of recommendations on policies and priorities. The Office of Academic Services works with Academic Computing to provide support and technical administration of the computer-equipped classrooms and laboratories on the 8th and 9th floors of the Education II building. These departments also work with the Library to manage the schedule of PC and educational equipment replacement through the Instructional Equipment Plan, and to collaborate on administration of shared resources and joint activities, including support of computer-based examinations, access to on-line learning resources, and shared use of computer management and backup tools.

UAMS Library

<http://library.uams.edu/>

The library's collection and services are designed to meet the education, research, service, and patient care missions of UAMS. The library also extends reference and borrowing privileges to nursing health care practitioners throughout Arkansas, either directly or through the Regional Center Libraries.

The largest biomedical library in the state, it collects and licenses print and electronic knowledge-based resources to provide up-to-date scientific, clinical, and managerial information. The library's holdings include approximately 113,729 bound journal volumes and 3,897 paid and gift electronic journal subscriptions (including over 100 nursing journals); 42,038 book volumes, representing 35,342 titles; and 6,532 audiovisual and educational computer software items, representing 2,479 titles.

The UAMS Library website provides access to over 30 databases, with several of particular interest to nursing: CINAHL Plus with Full Text, Pre-CINAHL, Web of Science, Evidence Based Medicine, Health Reference Center Academic, HAPI, MedlinePlus, UptoDate, PsychiatryOnline, PsycARTICLES, and Psychology & Behavioral Sciences. The UAMS Library participates in consortium agreements with ARKLink (libraries throughout Arkansas) and SCAMeL (South Central Academic Medical Libraries in Arkansas, Louisiana, New Mexico, Oklahoma and Texas), which share resources and access to information. The library also shares biomedical information with Regional Program Libraries, Arkansas Children's Hospital Library, and Central Arkansas Veterans' Healthcare System. The professional staff in the library includes 13 librarians and 21 FTE paraprofessionals and technical staff.

The library has begun developing online guides and tutorials to provide users with brief topical information on the functionality of the library's databases, electronic resources, and services. Librarians and staff receive training in Jing, Camtasia, and Softchalk. The library provides workshops and presentations through the Teaching with Technology symposium and eTech@Noon series, and also makes announcements at college orientations and meetings to publicize tools and the availability of Teaching Resource Center training and support. Online guides, tutorials, and guides from other sources are available via the library website.

The library occupies 44,000 square feet on three and one-half floors of the Education II Building, plus 1,500 square feet of storage space for older materials in the Distribution Center. The library has a total seating capacity of over 600 and over 120 public computers. The library includes the following:

- Active Learning Center (capacity 196 seats) configured with large monitors throughout the room for team-based group work
- Learning Resource Center (LRC) supporting student use of computers, including testing in a classroom setting
- Teaching Resource Center (TRC) with equipment, software, and expertise supporting faculty using educational technology
- Historical Research Center and UAMS Archives
- Video Conference and Recording Studio Room with collaborative group experiences via IVN and other technologies
- After-hours student/resident badge swipe access to all 1st floor study areas and lounge
- Wi-Fi wireless connectivity throughout the library
- 43 computers with access to all library electronic resources and selected Learning Resource Center programs
- 10 computers with printer available for after-hours access to students and residents
- 7 group study rooms equipped with 40" monitors with computer and AV connectivity.

Various study and research areas are available throughout the library, including small rooms with white boards and computer monitors for group work, audiovisual rooms with media players and large monitors, and quiet study areas. Food and drinks are allowed throughout the Library, with vending machines available in a small lounge.

Staff of the Library Learning Resource Center (LRC)/Teaching Resource Center help faculty members incorporate technology into their educational offerings, and the Learning Resource Center provides students with access to many curriculum-based instructional programs. The LRC computers are available for students using the LRC's educational programs or taking tests; students using Microsoft Office for educational use; or students using the Internet or checking Email for educational purposes. The LRC offers access to

- Computer Aided Instruction (CAI) programs available on 56 computers
- 12 computers in LRC Testing Room for examinations only
- Instructional room with instructor station and 12 student computers available for scheduling classes
- Audiovisual collection and equipment
- 2 small group viewing rooms with computers and AV equipment
- 3 individual rooms reserved for special testing and open for study rooms when not in use for examinations
- 2 digital scanning stations.

The Help Desk provides assistance and solutions for computer-related issues on the campus. The Help Desk handles hardware, software, and email concerns for employees and students. Consultants manage problems via phone support and/or remote access to a user's personal computer. A Summary of Clinical Resources and Academic Support Services and Resources available to BSN students attending classes on the UACCH campus is provided in Appendix II-C and Appendix II-D.

II-C. The chief nurse administrator:

- **is a registered nurse (RN);**
- **holds a graduate degree in nursing;**
- **holds a doctoral degree if the nursing unit offers a graduate program in nursing;**
- **is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes;**
- **is vested with the administrative 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 perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale and a plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).

Program Response:

The chief nurse administrator, Lorraine Frazier, PhD, RN, served as the Dean of the College of Nursing for a little over 3 years (October 1, 2011-January 16, 2015). Prior to her 2011 appointment as Dean of the College of Nursing at the University of Arkansas for Medical Sciences, she served as Assistant Dean at the University of Texas Health Science Center School of Nursing for 2 years.

She received a baccalaureate degree in nursing science from the University of Oklahoma. She received both her master's and PhD in nursing from the University of Texas Health Science Center at Houston (UTHSC-H) School of Nursing and a master's degree in clinical research with a focus on translational research at the UTHSC-H School of Medicine. Post doctorate education included a 2-year post doctoral fellowship funded by the NINR to study genetics at the UTHSC-H Institute of Molecular Medicine. She was awarded a Mentored Patient-oriented Research Career Development Award (K23) from NINR to support career development with a research focus on patient-oriented research.

Dr. Frazier's NIH funded research has focused on depressive symptoms and genetic influences on cardiac outcomes. Dr. Frazier has also been the PI of a \$2,800,000 program grant (2012-16) funded by the Arkansas Workforce Investment Board, Arkansas Department of Workforce Services, and the U.S. Department of Labor for the Arkansas Partnership for Nursing's Future program.

Under the leadership of Dean Frazier, the College of Nursing underwent a \$1 million dollar renovation to faculty offices and common areas. Faculty salaries were also increased to align with the 50th percentile for AACN academic health science center schools of nursing. Applications to the BSN and MNSc have increased 60% and 300%, respectively. Lastly, Dr. Frazier played a key role in the growth of the

College's scholarship and endowment programs. Today, the College has 66 endowed scholarships, with \$679,472 awarded to our students via scholarships and awards during the 2013-14 academic year. From FY11-FY14, the College's fund raising increased by 304.18%. Additionally, funding for two endowed professorships is being developed. The College has seen progressive growth in its missions and achievement of major goals with excellent outcomes under Dean Frazier's leadership.

Education: During her tenure as Dean, the College of Nursing accomplished the following:

- Started a new Doctor of Nursing Practice program in Fall 2013
- Has seen an increase in applications to the BSN and MNSc programs, 60% and 300% respectively
- Achieved excellent outcomes on the NCLEX-RN examination. These scores have been the hallmark of the UAMS College of Nursing with the exception of 2011 when these scores reached a one time low of 74%. Under Dean Frazier's leadership, the NCLEX-RN scores have returned to their characteristically excellent pass rate and during 2014, high standard of excellence pass rate and during 2014 the College of Nursing had the highest pass rate (94.7%) among all baccalaureate degree nursing programs in the state.
- Developed an infrastructure for prospective and current nursing students to move through the nursing education pipeline to increase the number and level of education of nurses state-wide while utilizing and promoting distance education nursing programs and trained clinical adjunct faculty
- Initiated the undergraduate White Coat Ceremony with a focus on ethics and patient-centered care
- Developed the Progressive Learning Center for student remediation, and
- Expanded the Innovative Practice Center (IPC).

Research: The College of Nursing has a number of nationally and internationally recognized nurse researchers. In the area of research, under the leadership of Dean Frazier, the College continues to secure extramural funding. Total award amount (2011-2014) was over \$3.5 million dollars.

Dr. Frazier left her position at UAMS effective January 16, 2015, to become Dean of the University of Texas Health Science Center School of Nursing. In order to plan for a seamless transition for the College of Nursing, Dean Frazier consulted with the UAMS Provost and recommended Jean McSweeney, PhD, RN, FAHA, FAAN, to serve as Interim Dean of the College of Nursing. Dr. McSweeney was approved by the UAMS Chancellor and UAMS Provost to serve in this capacity beginning January 1, 2015.

Dr. McSweeney is an internationally renowned nurse researcher in the areas of women and cardiovascular disease. In 2011, she received the Southern Nursing Research Society (SNRS) Distinguished Researcher Award, and in 2009 she received the Katharine A. Lembright Award, and the SNRS Leadership in Research Award in 2007. In 2007, she was appointed by the US Secretary of Health and Human Services to the Advisory Council for the National Institute of Nursing Research, National Institutes of Health. In 2009, she was appointed by the US Secretary of Health and Human Services to serve on the Council of Councils Advisory Committee. This committee advises the Director of the National Institute of Health. She is a Fellow of the American Heart Association and a Fellow of the American Academy of Nursing. Dr. McSweeney also serves as the UAMS College of Nursing Associate Dean for Research and Interim Director of the PhD Program. She is a registered nurse, having received her BSN from the Cameron University School of Nursing and her MSN from the University at Arlington and PhD from the University of Texas at Austin School of Nursing. She was selected as a Distinguished Graduate of the University of Texas at Austin School of Nursing and as a Distinguished Graduate of the University of Texas at Arlington.

As evidenced in her CV, Dr. McSweeney is academically and experientially qualified to achieve our College's mission, goals, and expected student and faculty outcomes. Dr. McSweeney joined the faculty at the UAMS College of Nursing in 1994 at the rank of Assistant Professor. She was granted tenure and promoted to Associate Professor in 1997 and was promoted to Professor in 2002. During her time at

UAMS, she has received several awards for her faculty role. In 2005, she was presented the UAMS Chancellor's Teaching Award, Graduate Level, and in 2014, she was named UAMS Graduate Faculty of the Year. Her leadership has also been acknowledged by fellow faculty, who awarded her the Leadership Excellence Award in 1999.

Dr. McSweeney serves as a doctoral advisor and has taught courses on both the graduate and undergraduate level. She also serves on several editorial boards, including the *International Journal of Women's Health* (2008-present) and the *Journal of Cardiovascular Nursing* (2000-present). From 2003-present, she has been an abstract reviewer for the American Heart Association Scientific Sessions. She serves on the National AHA Research Committee and on the local AHA Advisory Board.

In her role as Associate Dean for Research, Dr. McSweeney has been responsible for 15 faculty and 2 staff who comprise the Department of Nursing Science. Faculty in this department teach in the PhD program. Her responsibilities are to facilitate research and research programs in the College of Nursing and to stimulate research interests of faculty and oversee research activities. She also oversees activities for advancing research and fostering scholarship initiatives on campus, in the state, regionally, and nationally, and for attracting support at state and national levels. Additionally, she coordinates the Research Intensive Faculty Experience (RIFE) Programs.

Service: Professional organizations have been a hallmark of the UAMS College of Nursing and Dr. McSweeney will continue to uphold this standard as Dean. Her professional activities include

- the American Heart Association:
 - Council on Cardiovascular Nursing (CVN) Early Career Committee, Advisor, 2011-present
 - Executive Committee, Go Red For Women, 2013-14
 - Member-at-Large of the Leadership Committee, American Heart Association Council of Cardiovascular Nursing, 2009-present
 - Member, American Heart Association, South West Affiliate (SWA) Research Advisory committee, 2011-present
 - Member, Council of Cardiovascular Nursing, 1992-present.
- Southern Nursing Research Society:
 - Co-chair of Conference Planning committee for Little Rock Conference, 2013
 - Member, Conference Planning Committee, 2011-present

On the University level, her professional activities include

- BioVentures Search Committee
- Co-Core Director of Resource Services, UAMS Translational Research Institute (TRI) Renewal Application
- Rainmaker, UAMS and Translational Research Center
- Member, UAMS Personalized Medicine/Genomic Medicine
- Member, UAMS Chancellor's AdHoc Committee on Predictive Genomic Medicine
- Co-Director, UAMS Cardiovascular Center
- Chair, UAMS Research Committee.

As Interim Dean of the UAMS College of Nursing, Dr. McSweeney will provide effective leadership in achieving the College of Nursing mission, goals, and expected student and faculty outcomes.

Deans are the chief executives and chief administrative officials of the various colleges at the University of Arkansas for Medical Sciences (UAMS). The Dean reports directly to the Provost, Dr. Jeanne Heard, and the Chancellor, Dr. Dan Rahn; serves on the Chancellor's Cabinet; and is responsible for all aspects of the College to ensure the highest possible quality academic, administrative, research, and fiscal leadership. The Dean is responsible for all matters relating to the effective and efficient administration of the College, including the College of Nursing northwest regional campus, the BSN program at UACCH,

academic programs, faculty, students, support staff, facilities, resources, budgets, fundraising, alumni relations, and relationships with the University and with the community and external stakeholders. (OSRR: 2014-15 College of Nursing Faculty Handbook, Section I, pages 9-11).

The Dean's membership on the Chancellor's Cabinet allows direct input on strategic and organizational decisions that may impact nursing and health within UAMS and across the state. Dr. McSweeney is also be a member of the following UAMS committees: Patient/Family Centered Care, SmartCare (Employee Healthcare), and Council of Deans. The dean's role on these committees allows College of Nursing representation across the university level. This networking is essential for the influence necessary to develop College of Nursing agendas at UAMS (OSRR: Frazier CV and McSweeney CV).

II-D. 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 full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The overall faculty (whether full-time or part-time) is sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. Faculty-to-student ratios ensure 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 rationale 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.

Program Response:

1. **Elaboration: The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs.**

The Faculty Workload Policy specifies expectations for full-time service. The UAMS College of Nursing Faculty Workload Worksheet (Appendix II-E) provides the method used by each program and department to calculate faculty full-time equivalency (FTE). This calculation is based upon work units. For a full-time faculty member funded exclusively by the College, 12-15 work units are expected for fall and spring semesters. Summer teaching agreements are contingent on enrollment and needs of the College of Nursing (OSRR: 2014-15 College of Nursing Faculty Handbook, Section VI, pages 40-43).

2. **Elaboration: The overall faculty (whether full-time or part-time) is sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes.**

The number of faculty teaching in each program is influenced by student enrollment, mandates of regulatory agencies, and professional nursing standards and guidelines. Maintaining required and recommended faculty to student ratios is essential to achieve the mission, goals, and expected outcomes of each program. This is done by hiring and retaining the number of qualified faculty

needed to achieve the established faculty to student ratio for each program (OSRR: Faculty Complement Table).

Candidates for faculty positions must possess educational and experiential qualifications congruent with the program/specialty in which they are seeking a position. Candidates are interviewed and evaluated by faculty and administration (Faculty Applicant Evaluation Form, Appendix II-F). Interview questions elicit responses regarding the candidates' understanding of the mission, goals, and expected program outcomes within the College. These measures are used to select the most qualified faculty for each program.

3. Elaboration: Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

Faculty-to-student ratios established by regulatory agencies and professional nursing standards and guidelines are implemented by the College. The College of Nursing faculty-to-student ratio recommended for a didactic online or live classroom course does not exceed 1:30. The faculty and student mix promotes an optimal learning environment and adequate supervision and evaluation. Undergraduate practicum ratios are dictated by the Arkansas State Board of Nursing Rules and Regulations. The undergraduate practicum ratio prior to 2014 was 1:10. Beginning in 2014, the undergraduate practicum ratio is 1:8.

The master's practicum ratio of 1:6 is in compliance with recommendations of the National Organization of Nurse Practitioner Faculty and current *Criteria for Evaluation of Nursing Practitioner Programs: A Report of the National Task Force on Quality Nurse Practitioner Education* (OSRR: Faculty to Student Ratios Policy: 2014-15 Faculty Handbook, Section III, pages 6-7).

4. Elaboration: 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 rationale for the use of any faculty who do not have a graduate degree.

Faculty teach in their areas of educational preparation and experience. Faculty assignments are based upon faculty request, expertise, program needs, and current extramural funding (OSRR: 2014-15 College of Nursing Faculty Handbook, Faculty Teaching Assignments, Section VI, page 36; Faculty Complement Table).

Emphasis is placed on a minimum of a master's degree in nursing for faculty teaching in the bachelor's program. For graduate programs, a minimum of a master's degree is mandated for faculty teaching in the master's program, and a minimum of a terminal degree for teaching in the doctoral programs. Contractual faculty at the rank of Assistant Clinical Instructor hold baccalaureate degrees in nursing, and many of them are working toward attaining their master's degree in nursing.

Faculty, hired for 7 ½ weeks or a semester on a contract basis for the BSN program may be employed as clinical faculty when student enrollment in a practicum course exceeds the required or recommended faculty-to-student ratio. Contract faculty teaching in the baccalaureate program are required to hold a minimum of a bachelor's degree in nursing. The rationale for employing faculty with less than master's preparation is to ensure adequate student supervision and evaluation while also ensuring compliance with regulatory agencies and professional nursing standards and guidelines.

Contract faculty are thoroughly vetted prior to employment to ensure that their clinical expertise is congruent with the needs of the course. Contract faculty are educated on the mission, goals, and expected program outcomes relevant to their course assignment and are assigned a preceptor at a

higher educational level, if warranted. These strategies are used to promote continuity in learning and evaluation for students and to achieve the mission, goals, and expected outcomes of the program in which these faculty teach.

Since the inception of the DNP program, the following doctorally prepared faculty currently teach or have taught in the DNP program:

- Cathrin Carithers, DNP, FNP; DNP Director
- Leonie DeClerk, DNP, FNP
- Tiffany Greenfield, DNP, RN
- Matthew Hadley, DNP, PNP, FNP (resigned August, 2014)
- Debbie Huff, DNP, RN (resigned January, 2015)
- Carrie Lee, DNP, RN (contract faculty)
- Kay Lynn Olmsted, DNP, RN (contract faculty)
- Barb Pate, PhD, RN (retired December, 2014)

5. Elaboration: 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 who are nurses hold a current Arkansas registered nurse license and many hold an Advanced Practice Registered Nurse license. Faculty assigned to clinical/practicum courses are experienced in the clinical area in which they teach. Faculty maintain their clinical expertise by participating in continuing education offerings (CVs) and clinically focused faculty practice either independent of the College or via the Incentive Plan/Faculty Practice (OSRR: 2014-15 College of Nursing Faculty Handbook, Section V, pages 1-4; Faculty Complement Table/CVs).

6. Elaboration: 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.

Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies (OSRR: Faculty Complement Table).

Advanced practice nursing specialties are directed by specialty coordinators who are nationally certified in that population-focused area of practice, in roles for which national certification is available (OSRR: Faculty Complement Table).

II-E. Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.

Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are:

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

Preceptors have the expertise to support student achievement of expected outcomes. Preceptor performance expectations are clearly communicated to preceptors and are reviewed periodically. The program ensures preceptor performance meets expectations.

Program Response:

The College contracts with clinical preceptors for practicum learning experiences for students in the BSN, RN to BSN, and MNSc programs. Preceptors are vetted to ensure that they are academically and experientially competent to serve in the role. The Preceptor Information and Demographic form serves as a data collection tool to verify qualifications. Preceptors instruct in their area of clinical expertise.

The roles of the preceptors with regard to teaching, supervision and student evaluation are clearly defined in the Preceptor Handbook for Undergraduate Program and Preceptor Handbook for Graduate Programs. The handbooks explicitly delineate the role of the preceptor and the role of faculty. The appropriate Preceptor Handbook is provided to the preceptor upon selection (OSRR: Preceptor Handbooks).

Prior to establishing the preceptor-student relationship, preceptor orientation is provided by the faculty coordinator. The orientation includes an overview of the preceptor relationship, including the roles and responsibilities of preceptor, faculty, and student(s); specific preceptor responsibilities; methods of clinical evaluation of students by the preceptor and faculty; and goals and objectives for the clinical experience.

Preceptors are provided with the course syllabus and access to any additional course materials and are informed about the mission, goals and expected program outcomes relevant to their course assignment. Access to course faculty as a resource is emphasized. Preceptors' aptitude for successfully achieving the mission, goals, and expected outcomes of the program is evaluated via the Preceptor Evaluation Form. Faculty are solely responsible for student grades (OSRR: Preceptor Evaluation Samples).

Faculty coordinators prepare preceptors with the resources needed to perform within the guidelines established in the Preceptor Handbooks. Faculty to student ratios are established by regulatory agencies and professional nursing standards and guidelines. A function of the preceptor is to provide the course faculty with an appraisal of student performance via the Preceptor Evaluation Form located in the Preceptor Handbook. This feedback is valuable to the students' educational experience and is considered by course faculty in evaluating student achievement of course objectives and determining a clinical grade.

Preceptors have the expertise to support student achievement of expected outcomes; performance expectations are clearly communicated to preceptors and are reviewed periodically. The program ensures that preceptor performance meets expectations. Data from the Preceptor Information and Demographic form and the extent of experience serving as a College of Nursing preceptor are documented annually on a Preceptor Profile. Results of Evaluation of Clinical Learning Sites are documented in end-of-course reports and reviewed by administration (OSRR: Preceptor Profiles, 2011-12, 2012-13, 2013-14; End-of-Course Reports).

The post-master's DNP program does not utilize preceptors; however, organizational mentors who are approved by DNP project course faculty or faculty chairs are valuable members of students' DNP project committees. The role of the organizational mentor is to provide expertise, ideas and mentorship throughout the steps/process of DNP project completion and evaluation. In addition to serving as a consultant, resource person, role model and facilitator, the organizational mentor provides guidance in the development of the DNP scholarly project, critiques the readiness of the project proposal for submission to the IRB, provides mentorship during the implementation, and evaluation phases of the project, and evaluates the student's performance on the proposal and final project presentation. It is preferred that organizational mentors be doctorally prepared.

Organizational mentors are selected by DNP students based upon their clinical expertise and their ability to assist with project completion within the organizational setting of the DNP project. The mentor assists DNP students with access to clinical services, organizational information, decision makers/stakeholders, and other personnel instrumental to the DNP project.

DNP organizational mentors receive a letter of agreement outlining their role/responsibilities. In addition, DNP students submit their organizational mentor request to their DNP Project Committee chair. The Chair then communicates with the organizational mentor to discuss the role of the mentor and his/her

willingness to serve in this role. This provides an opportunity to clarify any questions/expectations from the organizational mentor.

Students schedule DNP Project Committee meetings at key stages/phases throughout their project to obtain committee feedback and expertise. This provides an avenue for DNP faculty committee members to evaluate the contribution of the organizational mentor to the student's project and the student-mentor relationship. DNP students complete organizational mentor evaluations upon completion of the DNP project.

II-F. 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 and in support of the mission, goals, and expected faculty outcomes. For example:

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

Program Response:

Faculty roles and responsibilities are outlined in the Faculty Handbook, which is revised annually by administration, with input from faculty. Faculty elect to be in one of three departments; education, practice, or science, and each department develops, reviews, and revises their section of the strategic plan. As a result, the College of Nursing's Strategic Plan is revised annually through the joint efforts of faculty and administration. Individual faculty goals are negotiated during annual reviews with the appropriate Associate Dean and are reflected in individual faculty annual reports. The College of Nursing provides opportunities to promote faculty accomplishments in all three missions, both internally and externally (OSRR: 2014-15 College of Nursing Faculty Handbook, Section VI).

For off-campus activities congruent with achieving the missions of the College, the following policies are in place:

- Policy for Funding and/or Attendance at Conferences, Meetings and other Professional Service Activities (OSRR: 2014-15 College of Nursing Faculty Handbook, Section VI, pages 32-34).
- Policy on Requesting Authority to Travel (OSRR: 2014-15 College of Nursing Faculty Handbook, Section VI, page 34-35).

New faculty members are oriented to the campus, the College and the faculty role through a Faculty Orientation Program. The program consists of a half-day general orientation at the College of Nursing, assignment of a mentor/informal mentors, and completion of an Orientation Checklist. The checklist or guide, which can be personalized to the roles/responsibilities/assignments of the new faculty member, covers the three faculty roles in detail: teaching, scholarship, and service. Faculty orientation is an ongoing process, with many opportunities at the College of Nursing and on campus for further learning and development.

Teaching

Ongoing development in the scholarship of teaching is available through such opportunities as the Teaching Scholars Program Faculty Development Program, and The Educators' Academy, both offered through the UAMS Office of Educational Development (OED). Also, the College of Nursing provides support for faculty without degrees in education to take core nursing education courses at no cost; faculty in the nursing education department are permitted to attend both on-site and off-site continuing education to enhance their development in the scholarship of teaching (for example, through simulation education).

The College of Nursing encourages faculty, especially those without a degree in education, to seek certification as a nurse educator through the National League for Nursing. The College of Nursing Continuing Education Provider Unit assists in offering educational activities which meet the contact hour requirements for maintaining certifications.

The Office of Educational Development provides step-by-step faculty development through webinars, seminars and workshops on a variety of topics pertaining to teaching, instructional design, learning and evaluation. Given the limited amount of time faculty in academic health science centers have for such activities, a major focus of OED's faculty development efforts is the use of self-instructional materials.

In addition to these faculty development strategies, OED sponsors UAMS's Teaching Scholar Program. This 2-year, intensive program is designed to assist faculty in developing enhanced skills in teaching and educational scholarship and research. Finally, OED has developed an Educator Academy to encourage and support quality education by faculty in all colleges.

Scholarship

Faculty scholarship is supported through the College of Nursing Scholarship and Research Center, whose staff, under the Associate Dean for Research, provide consultation on research-related career goals, potential funding sources, proposal development, manuscript editing, presentation development, research design and data analysis. Assistance with literature searches; article retrieval; and table, graph, poster and slide preparation is also available (OSRR: 2014-15 College of Nursing Faculty Handbook, Section IV).

The Associate Dean for Administration and her staff provide grant budgeting assistance and monthly financial support. Funds for preliminary work or release time are available through small College of Nursing intramural grants and the College of Nursing Research Intensive Faculty Experience (RIFE) program; funding for extramural grant peer review is also available. Additional support for scholarship is available through the UAMS Medical Research Endowment Fund, and Translational Research Institute (TRI) programs, which provide funds and varying amounts of release time for research grants.

In addition, the OED team regularly assists in developing and implementing course evaluations as well as program evaluation strategies for UAMS academic and grant-funded projects. The team assists faculty in designing and conducting research in many areas pertaining to teaching and learning. These activities include writing grant applications to secure extramural funding for projects.

The College of Nursing also provides financial support for faculty to attend national and international scholarly meetings. Over the past 3 years, \$206,048 has been provided for this purpose.

College of Nursing Sponsored Travel

Travel Type	FY 12	FY 13	FY 14
Scholarly Travel	\$50,775	\$74,200	\$81,073
Course-Related Travel	\$6,843	\$3,720	\$3,539
Total	\$57,618	\$77,920	\$84,611

Service

Within the College and University System, there are ample opportunities to develop the service mission. Interprofessional healthcare delivery at the UAMS 12th Street Community Clinic, annual influenza immunization clinics, health fairs, community education and service events, and community, regional and national boards, and committee memberships are examples. Membership and leadership on college/campus committees are also service related expectations (OSRR: 2014-15 College of Nursing Faculty Handbook, Section VI, pages 8-19).

Practice

Faculty practice competence and currency are supported through such opportunities as the annual UAMS/CAVHS Advanced Practice Nurse Conference through the UAMS Rural Hospital Program, and practice opportunities with interprofessional teams through UAMS hospital, clinics and senior independent living sites, private institutional settings and clinics. The Faculty Incentive Plan/Faculty Practice policy also serves as a stimulus to faculty practice. Faculty incentive payments for the past 3 years have totaled \$266,055 (OSRR: 2014-15 College of Nursing Faculty Handbook, Section V, pages 1-4).

College of Nursing Incentive Payments

Incentive Type	FY 12	FY 13	FY 14
Practice-Related	\$17,891	\$27,611	\$47,282
Research-Related	\$71,725	\$52,291	\$49,256
Total	\$89,615	\$79,902	\$96,538

Support is provided for faculty to engage in clinical practice to maintain clinical expertise and national certification (OSRR: Faculty Complement Table).

Examples of College of Nursing Accomplishments:

- The College of Nursing fiscal and physical resources are sufficient to fulfill our mission, goals, and expected outcomes.
- The University provides a supportive environment that is mission driven.
- The physical renovations improved the appearance and functionality of the College of Nursing.

Areas for Improvement:

- As our student population grows, additional space will be required for our Progressive Learning Center. Fundraising efforts are underway.

Plan for Ongoing Improvement:

- The College of Nursing will work with our development division to articulate specific Progressive Learning Center needs as well as a naming opportunity for this important area for our students.

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.

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, and with the roles for which the program is preparing its graduates.

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.

Program Response:

The College of Nursing mission; philosophy; metaparadigm of person, environment, health, and nursing; and organizing framework are the foundation for the baccalaureate and graduate curricula and are consistent with and support the UAMS parent institutional mission (Appendix III-A).

The organizing framework includes eight key concepts:

- Professional and ethical self-regulation
- Information in healthcare technology
- Interprofessional care services
- Health promotion and disease prevention
- Population focused health care
- Evidence-based practice
- Leadership in healthcare, and
- Patient care management.

Expected outcomes for baccalaureate, master's, and doctor of nursing practice students are based on the professional standards and guidelines identified in Standard I, Appendices I-B, I-C, I-D, I-E, and I-F and stated as Characteristics of the Baccalaureate Graduate, Characteristics of the Master's Graduate, and Characteristics of the Doctor of Nursing Practice Graduate (Standard I).

The baccalaureate and graduate curricula are designed to develop competence in the areas of critical thinking, therapeutic nursing interventions, communication, service, and scholarship. Outcome measures include program completion, employment in an area of nursing, and successful completion of National Council Licensure Examination (NCLEX-RN) or specialty certification examinations required for licensure. The academic programs and options, offered along with their outcomes, are included in Standard I and OSRR: 2014-15 College of Nursing Catalog. All course syllabi contain objectives that provide clear statements of expected learning related to student outcomes (OSRR: Syllabi).

The Curriculum Committee is divided into Undergraduate and Graduate Subcommittees, for the purpose of reviewing syllabi and curricula review and revision. Revisions are conducted according to College of Nursing Bylaws on a 4-year rotating schedule by members elected from each department (Education, Practice, Science) for staggered 2-year terms (OSRR: 2014-15 College of Nursing Faculty Handbook, Section VII, pages 6-7 & 17-18).

All proposed curriculum changes are brought before the total faculty for a vote prior to any changes or additions to the programs. Student representatives to each of the two subcommittees are elected annually by their peers and serve as active members on the subcommittees. The Undergraduate Subcommittee student representation includes three members: one junior student, one senior student,

and one RN student. The Graduate Subcommittee student representation also includes three members: one MNSc student, one DNP student, and one PhD student. The students provide realistic and innovative ideas on the dynamic process of content development, course review, and revision to ensure curriculum improvement and achievement of student learning outcomes consistent with the College of Nursing's mission, philosophy, and program outcomes, and with professional standards and guidelines.

One example of the curriculum review and revision process occurred during 2012. The two curriculum subcommittees, with input from faculty and internal and external stakeholders (community of interest), addressed a need for change in the College of Nursing mission and organizing framework. The mission and framework were reviewed and changes were made to the definitions of key terms, broadening the focus of service and clarifying components of our framework. The revisions were designed to better prepare graduates who could meet service, practice, and professional goals in a changing healthcare environment (OSRR: Graduate-Baccalaureate Curriculum minutes, February 22, 2013). The changes were sent to the faculty and approved by the full faculty in January 2013 (OSRR: Faculty Assembly minutes, January 28, 2013).

Another example of the curriculum review and revision process occurred during 2014. The College of Nursing Curriculum Committees met on March 14 to review and revise the format for syllabi review. The committee amended the syllabi review process to clarify and standardize it in both the undergraduate and graduate programs. The changes clarified two aspects of the review process: 1) verification of the presence of all required syllabus components, and 2) review for approval of specific syllabus components as designated by the College of Nursing Faculty Handbook. The changes ensure that the curriculum syllabi format and review process are the same in the graduate and undergraduate programs and provide a seamless building process between the two programs (OSRR: College of Nursing 2014-15 College of Nursing Faculty Handbook, Section VII, pages 6-7 & 17-18); (Joint Curriculum Committee minutes, March 14, 2014).

Bachelor of Science in Nursing Program (BSN)

The baccalaureate curriculum is built on professional nursing standards, clinical guidelines, AACN Baccalaureate Essentials (2008), and input from internal and external stakeholders (communities of interest). The curriculum is consistent with the parent institution's philosophy and with the College of Nursing's mission of excellence in nursing education, research, and service. The curriculum is also congruent with BSN program objectives and nationally accepted expectations for all baccalaureate nursing students.

The baccalaureate program goal is to prepare graduates as baccalaureate nurse generalists. The baccalaureate nurse generalist is a provider of health care to individuals, families, groups, and communities, a coordinator of care, and a member of the profession. The role of the nurse generalist is derived from the discipline of nursing, is consistent with the BSN Essentials (AACN, 2008), and provides a foundation for graduate study. The baccalaureate curriculum prepares graduates for this generalist nursing role using four curriculum tracks: BSN Generic, RN to BSN, RN to Master's, and the Associates-to-Baccalaureate Accelerated Program (ABA) (an Arkansas Partnership for Nursing's Future [APNF] grant program, which began admitting students in May 2014 and who will graduate in May 2016).

The RN to BSN program prepares students for the role of the professional nurse generalist by emphasizing evidence-based practice in the care of clients and communities. The program also highlights the significance of leadership and management in the role of the professional nurse, while incorporating high levels of Blooms Taxonomy.

The generic BSN curriculum is designed around three progression levels: I= Foundation, II= Junior and III= Senior (Appendix III-A):

- Level I courses are held during the first summer session and the first 7 1/2 weeks of the fall semester; they provide foundational knowledge about the standards that govern nursing practice and the basic skills required to provide evidence-based nursing care.
- Level II includes the remainder of the junior year, providing instruction in core specialties to

enhance and broaden evidence-based nursing care across the life span. The emphasis is on childbearing families, care of children, communication, and mental health. The courses prepare students for the provision of care across the lifespan and include a review of cultural and ethnic diversity in client populations.

- Level III is the senior year of the nursing program. This level provides knowledge of evidence-based care and management for adult acute care, older adults, and communities. The focus provides the basis for the generalist nurse role and is in keeping with the overall NCLEX-RN testing blueprint. Nursing skills in leadership and management of groups of patients are promoted at the senior level.

In 2011, the faculty approved the use of Assessment Technologies, Inc. (ATI) standardized testing for the identification of students at risk and the use of remediation to assist these students in meeting the needed benchmarks to progress in the baccalaureate generic program. Several psychometrically sound measures are used to assess the degree to which the curriculum is promoting baccalaureate student learning at each level and readiness for study at the next level:

- The ATI Test of Essential Academic Skills (TEAS) Version V is a prerequisite for admission to the baccalaureate nursing program. A student must score 60% or higher on the TEAS V to be considered for admission.
- On admission to the program, students are given a Critical Thinking: Entrance Examination and a Self-assessment Inventory. With information from these examinations, students with learning difficulties are identified early and may receive help and remediation to enhance their learning and success in the nursing program.
- The ATI standardized tests for foundations and nutrition are used as a measure of readiness for progression from Junior Level I to Junior Level II.
- The ATI standardized examinations for pharmacology, childbearing, care of children, and mental health are used as a measure of readiness for progression from Junior Level II to Senior Level III.
- In the last semester of the nursing program all graduating BSN students take the ATI standardized test for leadership, medical surgical nursing and community nursing and the ATI RN predictor examination to evaluate students' readiness for the NCLEX-RN examination. (OSRR: 2014-15 College of Nursing Student Handbook, pages 147-149). Students are also enrolled in the Senior Capstone course, which prepares them for the NCLEX-RN licensure examination.

The 2014 NCLEX-RN pass rate of 94.7% was the highest in Arkansas for baccalaureate degree registered nursing programs, exceeding our earlier pass rates: 2014 (94.7%); 2013 (90.8%); 2012 (90.3%); 2011 (74.0%); 2010 (88.9%); 2009 (93.9%); and 2008 (94.9%). We experienced a one time decrease in our NCLEX-RN pass rate in 2011. At that time, a careful review was completed to identify short-term and long-term actions were needed to correct this problem. Some of the reduction in pass rate was attributed to implementation of the new national NCLEX-RN test blueprint and an increase in the level for passage with a potential resulting 4% decrease in school pass rates, as indicated by the National Council State Boards of Nursing (NCSBN) in 2010.

In the fall 2011 semester, the College of Nursing implemented a boot camp that evolved into a capstone course requiring all graduating seniors at the end of their last semester to pass the ATI NCLEX-RN predictor test with a benchmark that ensures a 90% or higher probability of passing NCLEX-RN. Also, at the end of each course that has a parallel standardized achievement test in ATI, students take these examinations; achievement is set at Level 2. Baccalaureate students who score a benchmark of Level 1 or lower are placed in a structured remediation program to ensure that they are competent in the material needed to proceed in the nursing program. All course final examinations are built from an ATI test bank. In years 2011-2014, the College of Nursing baccalaureate program NCLEX-RN pass rates have progressively improved to one of the highest of all nursing program pass rates in Arkansas and nationally (Standard IV, Appendices IV-B and IV-D).

A variety of measures are used within the curriculum to assess the degree to which courses support and promote expected student outcomes at the baccalaureate level. These include computerized course and standardized ATI examinations, clinical papers and documentation of clinical experiences, case study analysis, scholarly papers and presentations, and projects that encompass service and scholarship activities within the school and community and interprofessional simulation learning experiences.

Input from the communities of interest (Appendices III-B and III-C) through use of graduate employer and employment surveys, end-of-course reports, and surveys of baccalaureate graduates allow the Baccalaureate Curriculum Subcommittee and faculty to effect changes that enhance student learning and preparation for practice after graduation. Examples of changes implemented from this feedback include identifying and strengthening medical-surgical and acute care content in both junior and senior level courses to improve alignment with the NCLEX blueprint. The strengthened content also provides students with an improved medical-surgical background and promotes improved student outcomes in the specialty and senior level courses. Integration of team building and teamwork examples are introduced and used in the foundation level courses to help students learn to work together and with other care professions as an interdisciplinary team to ensure high quality patient care. (Standard IV).

Graduate Curricula

Graduate curricula are based on professional nursing standards and guidelines and take into consideration input from communities of interest (Appendices III-B and III-C). Curricula are designed to advance the philosophy of the UAMS College of Nursing with its mission of scholarly excellence in nursing education, research, and service. The curricula are congruent with MNSc and DNP program objectives and nationally accepted expectations for all MNSc and DNP prepared nurses.

Master of Nursing Science Degree Program (MNSc)

The master's graduate is a provider of advanced nursing practice. Graduates are prepared to

- 1) Provide and manage care of family/individuals across the lifespan (adult-gerontology, pediatrics, women's health/gender-related or psychiatric mental health);
- 2) Participate in the development and implementation of health care systems that are accessible and responsive to consumers;
- 3) Use and collaborate in research;
- 4) Develop, implement, and evaluate educational programs; and
- 5) Provide leadership in the profession, the health care sector, and society as a whole (OSRR: 2014-15 College of Nursing Catalog, page 64).

This framework of roles and competencies is consistent with the AACN Essentials for Master's Education for Advanced Practice (AACN, 2011), the Criteria for Evaluation of Nurse Practitioner Programs (NONPF, 2012), Population-Focused Nurse Practitioner Competencies: Family Across the Lifespan, Neonatal, Acute Care Pediatric, Primary Care Pediatric, Psychiatric-Mental Health, and Women's Health/Gender-Related (NONPF, 2013), and selected specialty standards and guidelines.

Within the MNSc program, there are six nurse practitioner specialties:

- Adult-Gerontology Acute Care
- Adult-Gerontology Primary Care
- Pediatric Acute Care
- Pediatric Primary Care
- Family, and
- Psychiatric-Mental Health.

Nursing Administration is also available as a specialty. The Nursing Education option requires co-acceptance in one of these specialties. Post-master's completion of all specialties is available as well.

The master's curriculum is designed around three components:

- Core courses to address core concepts of advanced practice nursing
- Support courses to expand the knowledge base for role development, and
- Specialty courses to provide students with the knowledge necessary to enact specialty roles.

The MNSc program uses a variety of measures to assess the degree to which courses support and promote student learning at the master's level. Among these measures are scholarly papers and presentations, examinations, case study analyses, and projects that encompass service and scholarship activities.

The 4-year rotating review of courses results in continuous improvement of the master's curriculum. Additional review and improvements occur when other factors indicate the need for change. For example, after the 2011 AACN release of the new Master's Essentials, all teaching faculty reviewed their syllabi and mapped their course objectives to the new essentials. To ensure that all essentials were addressed at the time of this change and to permit future tracking and reporting, College of Nursing faculty member, Dr. Barbara Pate, developed a database to store the mapping data.

Doctor of Nursing Practice Degree Program (DNP)

The post-master's DNP program is an aggregate/systems/organizationally focused doctoral program to prepare expert nurse clinicians, administrators and executive leaders to meet the changing healthcare needs of society. The Doctor of Nursing Practice Program prepares students to strategically design, execute, and evaluate innovative healthcare delivery models for improving quality outcomes for individuals, families, and populations with complex health care needs.

The DNP curriculum blends clinical, organizational, economic, and systems leadership skills to prepare advanced practice registered nurses or nursing administration majors to lead health care initiatives and influence health care policy from local to global levels. Graduates of the DNP program are expert clinicians who apply evidence-based practice principles in the creation, implementation, and evaluation of practice. DNP graduates are prepared to facilitate interprofessional teams at the systems level, to assure high-quality, safe, effective, efficient, timely, and equitable patient and family-centered care. The DNP curriculum and student outcomes are consistent with competencies for DNP programs identified in *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and the *Institute of Medicine's Health Professions Education: A Bridge to Quality* (IOM, 2003). The mission of the DNP program, consistent with that of the College of Nursing, is to prepare nurse clinicians to become leaders at the highest level of professional nursing practice in scholarly excellence, education, research, and service (OSRR: 2014-15 College of Nursing Catalog, page 87).

Entry into the DNP program requires a master's degree in nursing from an accredited institution in an advanced practice registered nurse (APRN) or nursing administration specialty. APRN students must be nationally certified in one of the following roles: CNP, CNM, CNS, or CRNA. A DNP task force composed of doctorally (DNP and PhD) prepared nursing faculty was convened in summer 2012 to provide oversight of program planning and guide curriculum development, using input from UAMS DNP program stakeholders (leadership and faculty). The curriculum is designed to assure that students acquire the most up-to-date knowledge, skills, competencies, resources and tools needed for success.

Current developments in nursing, health care research, and evidence-based nursing practice findings are foundational sources of DNP curriculum content. The 33 credit hour post-master's curriculum has two components: core courses to address core DNP concepts and DNP Project courses to allow for synthesis and application of knowledge. Skills and tools gained from the core courses are used to practice at the highest level of professional nursing care (OSRR: 2014-15 College of Nursing Catalog, pages 91-92).

The outcomes identified in each course are linked to program outcomes and provide a framework for progression through the program of study to program completion and achievement of student outcomes. Students are expected to achieve DNP program outcomes upon completion of their core courses and DNP Project courses.

The DNP curriculum is evaluated and revised on a continual basis by the DNP faculty, based on the changing healthcare needs of society and professional and educational trends. Revisions may also be triggered by student evaluation/feedback. Individual student course evaluations and faculty concerns are discussed in DNP faculty team meetings. Changes are made based on discussions of student course evaluation data, course outcomes, and faculty concerns. DNP curricular change recommendations initiated from DNP faculty team meetings follow the UAMS policy for graduate curriculum revision (OSRR: 2014-15 College of Nursing Faculty Handbook, Section IX, pages 14-16).

The DNP program student outcomes were revised in January 2014 to fully reflect the competencies set forth in *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). The current curriculum was again revised in spring 2014, in response to recognition among faculty that overlap and duplication existed in the DNP Project course content.

- The first revision combined the DNP Capstone Project and Internship courses, which led to a revision of the program of study and a change in the program hours from 38 credit hours to 33 credit hours.
- The second revision increased the ratio of DNP clinical hours per credit hour from 1:45 to 1:90 to ensure congruence with MNSc clinical hours per credit hour and to foster completion of the DNP Project over three semesters, as did the original UAMS DNP Curriculum (OSRR: 2014-15 College of Nursing Catalog, pages 91-92 and page 96 and Graduate Curriculum Committee minutes, April 7, 2014).

III-B. 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).**
- **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, 2012).**
- **Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.**
- **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, 2012).**
- **Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).**

Elaboration: Each degree/certificate program incorporates professional nursing standards and guidelines relevant to that program, area, role, population focus, or specialty. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

APRN education programs (degree and certificate) (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 has deemed this necessary.

Master's programs that have a direct care focus but are not APRN education programs (e.g., nursing education and Clinical Nurse Leader), incorporate graduate level content addressing the APRN core. They are not required to offer this content as three separate courses.

Program Response:

BSN Program

The development, structure, and implementation of the baccalaureate (BSN) curriculum are based on the *BSN Essentials* (AACN, 2008). The curriculum also ascribes to and incorporates the American Nurses Association (ANA) *Scope and Standards of Practice* (2010) and the values and high quality patient care goals found in the *Quality and Safety Education for Nurses* (QSEN, 2007). Baccalaureate curriculum development typically emerges from the 4-year rotating review process previously described. In 2011, when NCLEX-RN scores dropped, a full review of the baccalaureate curriculum was made.

The BSN Curriculum Subcommittee reviewed the overall baccalaureate curriculum, and identified and implemented changes to better reflect the *BSN Essentials* (AACN, 2008) and provide the content included in the current NCLEX-RN examination blueprints.

Key concepts were identified, defined, and incorporated in the curriculum in order to align the curriculum with the standards and guidelines. These concepts now provide the organizing framework for the curriculum and are listed in Standard III-A. The distribution of all course content was also mapped (OSRR: Curricular Maps) and reviewed. New level objectives were identified to more clearly measure students' mastery of content and ensure role development for all baccalaureate students. These new objectives are designed to meet the goals and characteristics of a baccalaureate graduate. Greater emphasis is placed on interprofessional practice and the use of simulated laboratory experiences including students from other health disciplines; provide interdisciplinary training for all students.

All baccalaureate syllabi were revised based on the new outcomes and course and clinical objectives, to increase the student learning of evidence-based high quality patient care. An example of curriculum development emerging from the 2012 efforts to improve alignment of the curriculum with appropriate standards and scope of practice can be found in the revisions of the one-semester, 3-hour pharmacology course taught in the first fall semester during the Level I to Level II transition. The Baccalaureate Curriculum Subcommittee and the undergraduate faculty identified a need for more time for pharmacology content and better distribution of this content to enable students to apply the pharmacology material to patients across the lifespan and in a variety of care settings. The one-semester, 3-hour pharmacology course was therefore replaced by two, 2-hour courses, taught in fall and spring semesters (OSRR: Baccalaureate Curriculum Committee minutes, January 27, 2012).

The rotating syllabi review also identified a need for increased emphasis on population-specific, evidence-based care of children. The Curriculum Subcommittee, in addition to the pediatric course faculty, therefore adopted the core content in the Nursing Care of Children outlined by the Institute of Pediatric Nursing, the specialty standards and professional ethics and values of the Society of Pediatric Nurses, and the American Nurses Association Statement on the Scope and Standards of Pediatric Clinical Nursing Practice (OSRR: Baccalaureate Curriculum Committee minutes, March 8, 2013).

The BSN curriculum uses a series of sequentially and cumulatively designed courses to help students effectively progress from Level I through Level III (Standard I, Appendix I-D). All theory and clinical objectives are consistent with the *BSN Essentials* (AACN, 2008) and are based on level outcomes:

- Level I courses promote learning of basic knowledge and performance skills to provide quality nursing care to individuals in a variety of settings. Level I students also learn the standards of professional practice and adhere to the practices of the professional nurse.
- Level II curriculum prepares students in the junior year to provide nursing care to patients and families in a variety of settings and to serve as direct care providers of the skills they have learned in Level I. The emphasis is on evidence-based care and applications of profession behaviors and demeanor.
- Level III curriculum prepares senior students to direct nursing care for individuals, families, groups and communities in a variety of settings and to serve as members of the interdisciplinary team and coordinators of care (OSRR: 2014-15 College of Nursing Catalog, pages 35-38).

The sequential and cumulative structure of the baccalaureate curriculum ensures that course activities promote role competencies at each level and readiness to move to the next level. ATI standardization examinations assist in assessment of the knowledge of students as they transition to the next level. Deficiencies are identified early to enhance a student's ability to learn and succeed in the nursing program.

Implementation of the baccalaureate curriculum involves a combination of didactic, clinical, and service activities. This combination ensures that graduates experience teaching and learning environments that promote acquisition of the knowledge, skill, and clinical competence necessary for development of the nurse generalist and entry into nursing practice. The rotating 4-year review of the curriculum and NCLEX-RN pass rates, program completion rates, and surveys and feedback from graduates and employers of our graduates are used to determine whether didactic theory and clinical practice are effective and consistent with the role competencies students must develop to achieve all prescribed outcomes.

MNSc Program

Standards and guidelines for the development, structure, implementation and evaluation of expected outcomes of the MNSc curriculum are based on the following:

- *Nurse Practitioner Core Competencies* (2012),
- *Population-Focused Nurse Practitioner Competencies* (NONPF, 2012),
- *AACN Scope and Standards for Acute Care Nurse Practitioner Practice* (2012),
- *Essentials of Master's Education in Nursing* (2011),
- *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012),
- *Code of Ethics for Nurses* (ANA, 2010),
- *American Organization of Nurse Executives Nurse Executive Competencies* (AONE, 2011),
- *ANA Scope and Standards of Practice* (ANA, 2012),
- *Arkansas State Board of Nursing Nurse Practice Act* (ARSBN, 2013), and
- *Arkansas State Board of Rules and Regulations* (ARSBN, 2013).

In addition to these documents, the nurse practitioner specialties (Family, Adult-Gerontology Acute Care, Adult-Gerontology Primary, Psychiatric Mental Health, Pediatric Acute Care, and Pediatric Primary Care) also use their respective standards as a basis for their curriculum. These standards and guidelines provide the framework for the MNSc curriculum, support the three missions of the College of Nursing, and facilitate achievement of expected outcomes, described as the Characteristics of the Master's Graduate (OSRR: 2014-15 College of Nursing Catalog, page 64).

The Nurse Educator option introduces students to nursing education standards using the National League for Nursing's (NLN) *Scope and Practice for Academic Nurse Educators* (NLN, 2005) and the American Association of Colleges of Nursing *Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996).

Curriculum development and changes typically emerge from the 4-year rotating review process and changes in professional standards or competencies. In response to the American Nurses Credentialing Center's (ANCC, 2011) decision to discontinue the GNP certification examination, our Adult Acute Care NP specialty faculty, along with invited members from the UAMS College of Nursing Hartford Center for Geriatric Nursing Excellence, reviewed the program syllabi, added the needed content, and modified course objectives. These changes aided students to succeed on the certification examination, as evidenced by their examination pass rates (Standard IV, Appendix IV-E). The removal of the gerontology ANCC examination and the need for more primary care APRNs statewide, spurred the development of the Adult-Gerontology Primary Care specialty. The specialty syllabi for this track were approved at the Graduate Curriculum Committee meeting on September 3, 2013, the Graduate Council meeting on September 16, 2013, and the Faculty Assembly on September 23, 2013 (OSRR: Graduate Curriculum Subcommittee and Graduate Council minutes, September 19, 2011).

Our post-graduate certificate APRN programs are also based on the criteria for evaluation of nurse practitioner (NP) programs. Post-graduate students receive a review of their previous academic courses and a gap analysis (Appendix III-D) that forms the basis for a tailored formal program of study for the student (gap analysis form). Post-graduate students are expected to meet the same outcome criteria as the graduate degree program NP students and complete a minimum of 500 hours of precepted clinical practice; then they are eligible to sit for the National Certification Examination for their specialty (OSRR: 2014-15 College of Nursing Catalog, pages 87-88); (OSRR: Criteria III.F, NTF, 2012).

Doctor of Nursing Practice Program

The DNP program curriculum is an aggregate model that incorporates The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006) and the Institute of Medicine's Core Competencies Needed for Healthcare Professionals (2003) http://www.nap.edu/openbook.php?record_id=10681&page=45 as the foundation for the education of clinical nurse scholars who develop, implement, and evaluate innovative health care models, lead health care reform, policy initiatives, and improve outcomes for patients/populations. These professional nursing standards/guidelines guide curriculum development, content mapping, course implementation, and program evaluation. In addition, the Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012), Core Competencies for Nurse Practitioners, (NONPF, 2012), the American Organization of Nurse Executives Nurse Executive Competencies (AONE, 2011), and the American Nurses Association Scope of Practice and Standards of Practice (ANA, 2010) are also used as applicable. The DNP document (Standard I, Appendix I-F) demonstrates congruence of *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) with the curriculum, linking the objectives from individual courses to each of the DNP Essentials.

Evaluation and revision of the curriculum are based on professional nursing standards and guidelines as well as input from stakeholders, student feedback, course evaluations, and faculty feedback/concerns, and use a continuous quality improvement process. Upon graduation of our first cohort of full-time students in May 2015, alumni feedback will also be included in the evaluation.

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

- **Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities.**
- **Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge.**
- **DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.**
- **Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.**

*Elaboration: Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate 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 course work.*

*Graduate curricula 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. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire 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 doctoral-level competencies delineated in *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.*

Program Response:
BSN Program

One characteristic of the baccalaureate graduate is the ability to apply knowledge and values synthesized from the arts and humanities as well as the social, physical, and behavioral sciences in the practice of professional nursing. This ability is achieved through general education courses required by the Arkansas Department of Higher Education and the Arkansas State Board of Nursing. General education prerequisite course requirements for applicants without a previous baccalaureate degree and for those with a previous baccalaureate degree in a non-nursing field are located in the 2014-15 College of Nursing Catalog, pages 52-53.

The first two years of general education and nursing prerequisite courses are taken at an accredited institution of higher education and transferred to UAMS. Each course is rigorously reviewed by the College of Nursing Student Services Office. The 58 semester hours of courses in the arts, sciences, and humanities provide the foundational skills for computer use, written and oral communication, mathematics, critical thinking, scientific inquiry, and awareness of social, political, economic, and ethical issues (OSRR: BSN syllabi illustrate how core prerequisite courses relate to the overall College of Nursing core concepts as well as AACN's *Essentials of Baccalaureate Education* [AACN, 2008]).

The generic baccalaureate nursing curriculum consists of 62 semester hours delivered in three progression levels (2014-15 College of Nursing Catalog, page 54). Level I includes 13.5 semester hours devoted to the knowledge and skills required for basic nursing care. Level II includes 22.5 semester hours that include pharmacology, leadership and professionalism, and specialty courses that focus on nursing care to individuals and families in a variety of settings. The 26 semester hours at Level III focus on management of groups of patients, community health, acute care of adults, and care of older adults. The 62 semester hours, combined with the 58 prerequisite semester hours, total 120 semester hours for the Bachelor of Science in Nursing. The total number of semester hours was mandated by Arkansas Act 747 of 2011 and implemented in summer of 2012 for all bachelor of nursing programs (OSRR: 2014-15 College of Nursing Catalog, pages 52-54).

RN Programs

The RN-BSN program's curriculum outcomes are identical to the generic baccalaureate nursing program curriculum outcomes. The RN-BSN program requires completion of core courses mandated by the Arkansas State Board of Nursing for RN licensure and pre-requisite courses required by the Arkansas Department of Higher Education for awarding a bachelor's degree. The general education courses, previous registered nursing courses, and the RN-BSN curriculum combine for a total 119-120 semester hours. Pre-requisite general education courses in the arts, sciences, and humanities provide the

foundation for critical thinking and scientific inquiry and constitute the 58 semester hours. The RN program uses the progression model established by the Arkansas State Board of Nursing as a guideline to determine the number of semester hours transferable for RN students enrolling in BSN programs. The total number of program hours was modified in 2012 based on Arkansas' ACT 747.

Three programs of study are offered within the RN-BSN program. The first is the standard RN-BSN program, which is offered to students with a minimal grade point average (GPA) of 2.5. This program of study consists of the 58 general education semester hours and 26 College of Nursing semester hours emphasizing the care and management of clients in community health, clients in ambulatory care, older adult clients, and the components of leadership and management in the nursing profession.

The second program of study is the Associate-to-Bachelor's Accelerated (ABA) program, which is offered to students with a minimal GPA of 2.5. This program consists of 32 semester hours of College of Nursing RN-BSN core courses and 46 semester hours of general education courses. The increased number of College of Nursing courses allows students to take course with a nursing emphasis, such as culture and informatics, concurrently with other College of Nursing courses rather than having these courses taught as general education courses on other campuses. In addition to maintaining emphasis on care and management of clients and the community, this program highlights professional role development and current trends by including professionalism, informatics, and cultural competency.

The third program of study is the RN-MNSc program (formerly called Pathway II), which is offered to students with a minimum GPA of 2.85. The RN-MNSc program includes 18 semester hours of College of Nursing RN-BSN core courses and 7-8 semester hours of College of Nursing graduate core courses, plus the 58 semester hours of general education courses. Successful completion of the 7-8 credit hours of graduate core courses and the 18 credit hours of RN-BSN core courses allows the student to earn a bachelor's in nursing degree.

MNSc Program

The master's curriculum builds on the baccalaureate curriculum, as evidenced by the congruence of the core concepts in their organizing frameworks. The graduate curriculum is designed to develop critical thinking, communication, and therapeutic nursing intervention skills for illness and disease management, and health promotion. Scholarship and service skills are a focus of the master's degree program. Role development, with an emphasis on professional ethics and values, is taught in the context of advanced practice. Human diversity as it relates to patient care is a curricular emphasis at all levels. Therapeutic nursing interventions are developed at an advanced level in the graduate curriculum. Students also develop advanced communication skills as they collaborate with other health care providers. The baccalaureate curriculum gives the graduate curriculum a strong foundation and facilitates further development of these skills in an advanced practice or nursing administration role.

Based on the College of Nursing Paradigm and Core Concepts (Appendix III-A), the master's curriculum (OSRR: Criteria III. D, NTF, 2012) has three components: core courses, support courses, and specialty courses (OSRR: 2014-15 College of Nursing Catalog, pages 74-76). Core courses address core concepts of advanced practice nursing and are consistent with the characteristics of master's graduates, MNSc curricular standards (AACN Essentials, 2011, and NTF Criteria, III & IV, 2012), and teaching-learning strategies. Following are the five core courses:

- NUSC 5003: Theory in Nursing
- NUSC 5013: Research Methodology
- NUSC 5023: Research Utilization and Evidence-Based Practice in Advanced Nursing Practice
- NUSC 5111: Introduction to Professional Practice Management, and
- NUSC 5121: Advanced Professional Practice Management

The three 'P' courses (Pharmacology, Pathophysiology, Physical Assessment) for the nurse practitioner specialties expand the knowledge base for role development:

- NUSC 5033: Advanced Physiology & Pathophysiology
- NUSC 5043: Clinical Pharmacology & Therapeutics in Advanced Nursing Practice
- NUSC 5201: Advanced Health Assessment and Diagnostic Reasoning, and
- NUSC 5222: Advanced Health Assessment & Diagnostic Reasoning Practicum OR
- NUSC 5232: Advanced Pediatric Health Assessment and Diagnostic Reasoning Theory, and
- NUSC 5211: Advanced Pediatric Health Assessment and Diagnostic Reasoning Practicum

Students in the administrative specialty do not enroll in NUSC 5111: Introduction to Professional Practice Management or NUSC 5121: Advanced Professional Practice Management. These students have their own unique set of courses to provide them the knowledge, skills, and tools that they will need to be leaders in healthcare innovation. Specialty courses provide nursing administration students with the knowledge necessary to enact roles and practice at the highest level of administration.

Students enroll in master's core courses as a pre-requisite or co-requisite to support courses. Support courses serve as prerequisites to specialty courses. This sequential and cumulative structure is inputted into the UAMS College of Nursing program of study (POST) data base. Special circumstances, such as withdrawal from a core course, may dictate a change in the sequence.

Most MNSc students pursue a part-time program of study averaging 3-4 years. The MNSc degree must be completed in 6 years. The College of Nursing has either met or exceeded a goal of graduating students within a 4-year time frame.

In lieu of a thesis, a portfolio is required of all master's degree-seeking students for graduation, and this must be completed during the semester before graduation. Portfolio content should illustrate student growth and achievement of the outcomes criteria in the five areas of MNSc teaching and learning activities: critical thinking, scholarship, communication, therapeutic nursing interventions, and service. Portfolio content may include samples from various teaching-learning activities. Students use a combination of supervised and independent service projects in their graduate program to support achievement of the service requirements for the portfolio project. (OSRR: Faculty Assembly minutes, May 15, 2013; OSRR: Evaluation Plan Reports, 2011-12, 2012-13, 2013-14).

Post-graduate APRN programs build on graduate level nursing competencies and knowledge. Students enrolled in the post-master's completion program have previously earned a master's degree; therefore, they complete specialty courses to fulfill the requirements for an APRN nurse practitioner specialty. A gap analysis is conducted for all entering post-masters students (Appendix III-D).

DNP Program

The post-master's DNP curriculum is built upon the foundation of the baccalaureate and master's in nursing curricula, which are based upon *BSN Essentials* (AACN, 2008) and *Master's Essentials* (AACN, 2011). The curriculum is scientifically based, with sequenced coursework to enhance the knowledge, skills, tools, and expertise of nurses who provide direct and indirect nursing care at the most advanced level.

DNP students have the option to enroll in either a full- or part-time program of study with a program of five to eight semesters. The first three (FT program of study) to five semesters (PT program of study) of

coursework provide the core courses of the curriculum. Consistent with the AACN DNP *Essentials* (2006), the core courses encompass the following:

- Principles of evidence-based nursing practice
- Quality
- Safety and ethical considerations
- Information and systems technology
- Organizational and systems leadership
- Health policy and advocacy, and
- Clinical prevention and population health.

These are threaded throughout the curriculum. DNP coursework culminates in a final DNP Project that synthesizes and applies the knowledge, skills, and tools gained throughout the curriculum.

The first DNP project course, DNP Project I, focuses on project planning and is facilitated by course faculty and the DNP Project Committee. The Project Committee is comprised of two doctorally prepared UAMS College of Nursing faculty and an organizational mentor selected by the student with assistance from the committee chair. The organizational mentor provides expertise in the area of the student's DNP project and/or facilitates project implementation/completion in the organization/system. The project plan is implemented in DNP Project II, after Institutional Review Board (IRB) approval has been granted.

The final DNP Project course, DNP Project III, focuses on the analyses, evaluation, and dissemination of project findings. DNP project results are disseminated through presentation of findings at local, state, and/or national conference(s) and through preparation of a manuscript for a professional journal with approval from the DNP Project Committee. The DNP curriculum provides students with the knowledge, leadership skills and tools they will need to lead interprofessional teams in the transformation of healthcare at organizational and systems levels.

III-D. Teaching-learning practices and environments support the achievement of expected student outcomes.

Elaboration: Teaching-learning practices and environments (classroom, clinical, laboratory, simulation, distance education) support achievement of expected individual student outcomes identified in course, unit, and/or level objectives.

Program Response:

Curriculum and teaching-learning practices are evaluated using outcome data from three sources: course evaluations, end-of-course reports, and clinical site evaluations. Each semester, these data are used to make changes in courses and faculty teaching assignments.

Faculty use the guidelines for course syllabi development to identify the critical elements of the course syllabus. The review process for specific courses begins with notification of the course faculty of record by the chairperson of the program's Curriculum Subcommittee. Course faculty are then responsible for providing copies of evaluation documents for a 4-year period: end-of-course reports that include annual recommendations for improvement; course evaluation summaries; and informal student evaluation data. Following the Curriculum Subcommittee review and approval, proposed curriculum changes are brought before the Baccalaureate Council (for BSN curriculum changes) or Graduate Council (for MNSc or DNP curriculum changes) and then forwarded to the Faculty Assembly for a vote (OSRR: 2014-15 College of Nursing Faculty Handbook, Section IX, pages 9-13); (OSRR: End-of-Course Report Form, Student Course/Faculty Evaluation Form).

The ability to make data-driven decisions about course improvement based on assessment from students experiencing the teaching-learning activities listed in the syllabus is essential for curriculum revision. Each course is evaluated by students across seven core areas: clarity, content, examinations, fairness, materials, organization, and textbook, and each course is evaluated to identify strengths of the program

and recommendations for improvement, with summaries generated for student comment sections. These outcomes are presented in a computer-generated course report that includes a mean rating of faculty performance (Standard IV).

End-of-course reports are a second major source of outcome data for the 4-year rotating reviews (OSRR: End-of-Course Reports). These reports are completed by the faculty of record to identify the number and type of assessment activities, the grade range of students enrolled in the course, and teaching strategies used to develop critical thinking, communication, therapeutic nursing interventions, service, and scholarship. The reports also give a summary of outcomes from the course evaluation summary. The end-of-course reports contain recommendations for change before the course is taught again and a summary of actions taken based on recommendations from previous semesters/years. Finally, the reports contain a list preceptors used and those recommended and not recommended for future use.

A third source of outcome data for 4-year rotating review is student evaluations of clinical sites and preceptors. Practicum course evaluations are completed by all students to rate the quality of the clinical site, the preceptor, and the overall practicum experience. Students also rate the knowledge and accessibility of preceptors, their provision of positive learning experiences, and the students' ability to meet course objectives.

BSN Program

Implementation of the baccalaureate curriculum is based on a combination of didactic, clinical, and service activities, which ensure that teaching and learning environments promote student acquisition of the knowledge, skills, and clinical competence necessary for the nurse generalist. The rotating 4-year course review, NCLEX-RN pass rates, program completion rates and surveys, and feedback from graduates and employers of our graduates are used to determine which implementation activities, didactic theory, clinical practicum, and service projects are effective and consistent with the role of a nurse generalist. Baccalaureate students must complete all course work with a C or higher grade to achieve all prescribed outcomes.

Outcome review for the baccalaureate curriculum is illustrated by changes in N4415: Community Health Nursing and N4455: Nursing Care of the Older Adult. Following review, these two courses were scheduled so that they could be taught in 7 ½ week blocks, instead of full semester length. The course changes were requested by students in their evaluations. As a result of the changes, students are able to focus on the care of the older client and the care of a community at different rotations, allowing them to meet the Level III outcomes more effectively. The 7 ½ week blocks of both courses also help increase the amount of time students spend in the community and facilitate projects such as community assessments, case studies, and screenings at different times of year and for a variety of populations.

MNSc Program

Curriculum and teaching-learning practices in the MNSc program are evaluated using data from three sources: course evaluations by students; clinical site evaluations, organization, and preceptor evaluations by students and/or faculty; and faculty end-of-course reports (Criteria VI, NTF, 2012). Each semester these data are used to make changes in courses and faculty teaching assignments. Faculty who are new to a course find the data particularly useful.

The ability to make data-driven decisions about course improvement based on students' assessments has provided essential justification for curriculum revisions. Students evaluate each course on seven core areas: clarity, content, examinations, fairness, materials, organization, and textbook. These evaluations identify strengths of the program and provide recommendations for improvement; evaluation summaries are generated for their comment sections. The outcomes are presented in a computer-generated course report that includes a mean rating of faculty performance (OSRR: Sample Evaluation Form). An on-line system produces a comprehensive course evaluation summary report in a timely manner that contains data for making decisions about course revision during the rotating review process.

All of the NP programs at the UAMS College of Nursing meet or exceed the required 500 hours of precepted clinical practice. Students evaluate their clinical sites and preceptors each rotation (OSRR: Clinical Sites Evaluation Form; Criteria III.E, VI.A.5, VI. A.7, NTF, 2012). Practicum course evaluations completed by students rate the quality of the clinical site, the preceptor, and the overall practicum experience. Students also rate the knowledge and accessibility of preceptors/mentors, their provision of positive learning experiences, and the students' ability to meet course objectives.

The clinical site evaluation tool ensures that the clinical sites used each semester support nurse practitioner or nurse administrator educational experiences (Criteria III. E, IV.B.2, VI.A.6, NTF, 2012). The clinical sites for each student must be approved by the student's specialty program clinical course coordinator. The approval process ensures that students receive the most appropriate clinical experiences for their goals, and the clinical site evaluations provide valuable feedback to the practicum course coordinator.

End-of-course reports are a second source of outcome data for the 4-year rotating review. As noted above, these reports are completed by the faculty of record to identify the number and type of assessment activities, the grade range of students enrolled in the course, and teaching strategies used to develop critical thinking, communication, therapeutic nursing interventions, service, and scholarship. The end-of-course reports contain recommendations for change before the course is taught again and a summary of the actions taken based on recommendations from previous semesters/years. Finally, the reports contain a total number of preceptors used and those recommended and not recommended for future use (OSRR: End-of-Course Reports).

Implementation of the MNSc curriculum uses a combination of didactic and clinical activities. The rotating 4-year review, certification pass rates, and program completion rates ensure that graduates experience teaching and learning environments that promote acquisition of the knowledge, skills, and clinical competence necessary for effective advanced practice role performance. One example of curriculum change based on review occurred in 2014, was based on master's students' feedback in the Adult-Gerontology Acute Care program. Students voiced a desire to complete the specialty courses in three contiguous semesters to stay current with theoretical knowledge and the application of knowledge to advanced clinical practice. Students also asked to complete the program earlier. In addition, many clinical agencies used by this specialty require annual, calendar year electronic medical records (EMR) training. The courses were moved so that they flow in a spring, summer, fall sequence that is completed in one calendar year, and students no longer need to complete clinical agency annual EMR training requirements a second time; also they may complete the program a semester earlier. The curriculum change was reviewed and approved (OSRR: Curriculum Committee minutes, March 14, 2014, Faculty Assembly minutes, March 31, 2014, and protest/no-protest vote to College of Nursing faculty.)

DNP Program

The DNP curriculum was developed with teaching/learning practices to support the needs of professional adult learners. The online delivery format of the DNP curriculum supports practicing professional nurses. Flexible scheduling and online access to faculty and resources are principal components of the program.

A two-day DNP orientation is held before or during the first week of the first semester to allow DNP students to come together and meet the Dean and Associate Deans, their student peers, and DNP faculty; obtain mentorship from second and third year DNP students; and obtain the knowledge, skills, and tools necessary for successful online learning and program completion. Student evaluations of this experience have been very positive. Guest lecturers from across the UAMS campus present topics relevant for DNP students, including BlackBoard basics, conducting literature searches, and best practices in presentations.

Teaching/learning practices used in DNP courses are designed to meet the needs of the online, adult professional learner. Faculty provide course content in a weekly online format. A course guide assists students with an organizational tool to facilitate course completion and attainment of course objectives. Opportunities are provided for small group/team work, and students are encouraged to participate in and

lead interprofessional teams. Students have opportunities to learn from student projects/presentations, peer evaluations, case studies, reflective activities, threaded discussions, blogs, and technology (Ex. cloud-based co-authoring, Jing and Visio). In addition, scheduled asynchronous classes are held in BlackBoard Collaborate, the student learning platform, for learners who prefer real-time course delivery and faculty contact. These classes are recorded to allow reviewing and access for students who are unable to attend. DNP students are also able to use BlackBoard Collaborate for group/team work in the online/virtual environment. The ongoing application of technology in the curriculum enhances innovation in teaching and learning practices for faculty and students.

The DNP Program Director serves as the faculty academic advisor for each DNP student and oversees the student's program of study. Students are encouraged to schedule time to meet with the advisor on an as-needed basis via phone, virtually (Ex. Skype, BlackBoard Collaborate), or on-campus to discuss their progress, assess/address needs, obtain feedback, and obtain supplemental learning resources.

The DNP Program requires 810 academically supervised clinical practice hours, obtained through completion of the three DNP Project courses. DNP students receive clinical hours for all DNP Project experiences, from project conception through dissemination. Students maintain a log to document clinical hours spent in each activity, including the time involved, link to course objectives, and analytic reflections. In addition, students may choose to develop a Practice Learning Experience(s) (PLE) contract that outlines proposed DNP-related activities (experiences that meet at least one of the DNP *Essentials*), timeframes, and products for submission, to demonstrate outcomes. The PLE must be approved by the course faculty.

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

- **enable students to integrate new knowledge and demonstrate attainment of program outcomes; and**
- **are evaluated by faculty.**

Elaboration: To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the degree/certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.

Program Response:

BSN Program

The outcomes for each level of the baccalaureate program serve as a guide for clinical objectives and clinical learning experiences designed to prepare baccalaureate students for the role of professional nurse generalist. Baccalaureate clinical settings are designed to ensure the clinical application of didactic material in a safe and friendly patient environment. Our institutional stakeholders work to ensure the highest care for their patients and provide a diverse and culturally rich environment in which to apply nursing theory and practice across the lifespan. Faculty maintain working relationships with clinical staff and are available to clinical staff and students to supervise all clinical skills and enhance the clinical application of didactic learning. Faculty work very closely with unit managers and staff to ensure that high quality care is provided by all students assigned to patients and their families. Routine student and faculty clinical site evaluations are used to maintain clinical sites that meet course objectives and promote students' achievement of the characteristics of graduates.

Faculty use measures appropriate for assessing achievement of course objectives. Examples include skills check-lists, written plans of care, and performance observation of non-cognitive behaviors by clinical faculty and/or staff nurses (OSRR: 2014-15 College of Nursing Catalog, pages 35-38). Examples of clinical sites appear in Appendix III-E.

At the end of each semester, clinical faculty and students prepare a summary of student performance which is used in conjunction with faculty observations to determine the clinical pass/fail grade. Generic BSN students are guided in the clinical setting by qualified and experienced faculty. Faculty/student ratios meet or exceed Arkansas State Board of Nursing (ASBN) requirements of student to faculty (10:1) ratios in clinical learning environments. To enhance and teaching and evaluation, the College of Nursing commonly uses an 8:1 ratio and never exceeds a ratio of 10:1. Beginning in 2014, all BSN clinicals will use an 8:1 ratio.

RN students are guided by qualified faculty and preceptors to help enhance the teaching-learning experience across multiple clinical settings. At the beginning of each semester, performance expectations are reviewed by the clinical instructor, the preceptor, and student; this process has been greatly facilitated by web-based communication. Examples of clinical sites for RN students are included in Appendix III-E.

Each clinical site is evaluated by students at the conclusion of each course to ensure that learning experiences are available and appropriate for course and level objectives as well as expected outcomes. Each year faculty review these evaluations and use them to determine or confirm the appropriateness of the clinical site for future student experiences. The information on clinical preceptors and sites for high level nursing are reviewed and evaluated in each course end-of-course report. Recommendations are made each year to include high quality clinical settings that enhance clinical teaching.

MNSc Program

Characteristics of the Master's Graduate guide faculty in implementing evaluation activities for clinical courses, and in preparing graduate students for the roles of advanced practice nurses (Criteria VI.A.7, VI.A, NTF, 2012). Continuing review of clinical sites and preceptors by faculty and students ensures clinical experiences that promote optimal growth for students (OSRR: 2014-15 College of Nursing Catalog, page 64). Examples of clinical sites appear in Appendix III-F.

Also, course syllabi provide measurable learning objectives that guide teaching and learning in clinical settings (Criteria VI.A.3, NTF, 2012) and evaluation to determine how effectively the learning experiences promote expected outcomes (Criteria VI.A.4, NTF, 2012). Master's students undergo clinical site visits by a faculty member each semester to evaluate students' attainment of competencies (Criteria VI.A.5, NTF, 2012). Students are also evaluated by their preceptor in each of their clinical courses. The portfolio (described in Key Element 111-C) provides a vehicle for detailed descriptions of achievement through didactic instruction and practice in clinical settings. The portfolio also provides an opportunity for students to identify the contribution of each teaching-learning venue to their acquisition of knowledge and skills. Examples of portfolios can be found in the on-site resource room (Student Portfolios).

DNP Program

Characteristics of the DNP graduate guide faculty in implementing evaluation activities for clinical courses and in preparing students for the DNP role (OSRR: 2014-15 College of Nursing Catalog, page 87).

DNP students initiate and maintain an e-portfolio that is updated throughout their coursework to reflect demonstration of attainment of course objectives, which are linked to the DNP Essentials (AACN, 2006). The final three semesters of the DNP curriculum include the DNP Project courses. The project synthesizes the knowledge and skills learned throughout the DNP curriculum in leadership, health policy, organizations and systems thinking, informatics, scholarship, patient outcomes/safety, project management and evidence-based practice, and applies the knowledge to improve healthcare outcomes. Early on in their DNP Project experience, students select an organizational mentor as a member of their

DNP Project Committee and this mentor serves to facilitate successful project completion and implementation. The organizational mentor is a consultant, resource person, role model, and facilitator, and provides guidance in the development, implementation, evaluation, and dissemination of the DNP project.

At the culmination of the DNP Project II and DNP Project III courses, the organizational mentor is asked to complete a student evaluation based upon course objectives and characteristics of the DNP graduate which embody the competencies of the DNP Essentials (AACN, 2006). DNP students also complete an evaluation of their organizational mentor at the end of the DNP Project II and at DNP Project completion.

III-F. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

Elaboration: The curriculum and teaching-learning practices (e.g., use of distance technology, didactic activities, and simulation) are appropriate to the student population (e.g., adult learners, second language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.

Program Response:

The College of Nursing has several mechanisms in place for considering the needs and expectations of the community of interest (Appendices III-B and III-C). Internal stakeholders (students, faculty and administration) provide regularly scheduled feedback to the College of Nursing programs to ensure continuous quality improvement. Mechanisms include course and faculty evaluations, peer and administrator reviews, and curriculum subcommittee contributions. External stakeholders (health care employees; alumni; advisory boards/committees; professional organizations; licensing, accrediting, certification agencies; and health care consumers) have a variety of opportunities to provide feedback to the College of Nursing through methods such as alumni surveys, internal and external advisory board meetings, and employer focus groups. In addition, UAMS Regional Centers across the state and Nursing Council Advisory Boards in Regional Centers Northwest, Southwest, South, and the Delta provide curricular input. Each master's specialty has a community advisory board that provides guidance for program content and relevance.

The DNP Community Advisory Board is made up of stakeholder representatives from urban and rural areas of Arkansas as well as patient populations across the lifespan. Both types of stakeholders have a clear interest in developing graduates who can provide competent, state-of-the-art nursing care and leadership to the clients they encounter. The DNP Advisory Board also includes our employers, and has members from Little Rock as well as members representing organizations in rural settings, such as the Regional Programs, ARcare, AR Saves (Director of Outreach), VA, Blue Cross Blue Shield, and South Arkansas Center on Aging. There are also representatives from organizations/agencies of care providers for all ages, such as Arkansas Children's Hospital (ACH) and the UAMS Institute on Aging.

Changes made, based on feedback from the community of interest, specifically the Employer Focus Group, included ongoing modifications in course objectives and course content to reflect advances in technology in health care and health education systems for improved use of electronic health record data. Students are exposed to web-based and telecommunication course delivery and have improved their ability to efficiently and effectively use and appraise information obtained from the internet to use as a basis for evidence based practice.

III-G. 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.

Program Response:

Faculty consistently use assessment measures appropriate for measuring individual student achievement in relation to course objectives and expected student outcomes. Examples include examinations, skills check-lists, written plans of care, and performance observation of clinical skills and non-cognitive behaviors by clinical faculty. Student expectations and grading criteria appear in every course syllabi for every program.

BSN Program

A variety of measures are used in the BSN curriculum to assess the degree to which courses support and promote student learning. These include computerized course and standardized ATI examinations, clinical papers and documentation of clinical experiences, case study analyses, scholarly papers and presentations, and projects that encompass service and scholarship activities in the school and community.

MNSc Program

Master's students in didactic courses, whether online, face-to-face, or blended, have scheduled evaluations of their learning through examinations, scholarly papers, projects, and presentations. Criteria for performance and grading elements appear in each syllabus. Students also receive guidelines and grading criteria for each assignment at the beginning of the course (Criteria VI.A.4, NTF, 2012).

Students in the NP practicum courses receive two forms of evaluation: clinical site visits by a faculty member and a site preceptor evaluation. The student's faculty member evaluates student progress toward meeting course objectives at the clinical site (OSRR: 2014-15 College of Nursing Faculty Handbook, Section IX, pages 6-7). The preceptor completes an evaluation tool and mails it to the appropriate faculty member (OSRR: 2014-15 College of Nursing Faculty Handbook, Section IX, pages 6-7; practicum syllabi). The combination of these assessments in each practicum course permits evaluation of students' attainment of competencies throughout the program (Criteria VI.A.5, NTF, 2012).

DNP Program

As part of DNP coursework, throughout the curriculum, students are asked to provide peer evaluations for their final course projects. Students are also asked to evaluate their team performance based on the performance criteria identified in their team charter, created and agreed upon at the beginning of the course. In addition to course evaluation methods, students enrolled in the DNP project courses are evaluated by their organizational mentors. Their evaluations are returned to course faculty via the student, e-mail, or U.S. mail. Students also have the opportunity to evaluate their organizational mentors.

III-H. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals 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. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.

Program Response:

Curriculum and teaching-learning practices are evaluated using outcome data from three sources: course and faculty evaluations, end-of-course reports, and clinical site evaluations. Each semester, these sources of data are reviewed. Faculty make curricular changes and administration may alter faculty teaching assignments if deemed necessary. The primary mechanism for overview and evaluation of individual courses and for curriculum development and implementation is the use of the rotating 4-year schedule for course review. In March 2014, the review process was examined by both Baccalaureate and Graduate Subcommittees and the process, required documents, and time tables were revised and updated to enhance the process and make the most current evaluations available for curricular review. The schedule for course reviews is established at the beginning of each academic year, with additional courses added as needed. The matrix used to determine which courses are to be reviewed each year can be found in Appendix III-G.

BSN Program

The 4-year rotating review of courses results in continuous improvement of the baccalaureate curriculum. Graduate employer and employment surveys, end-of-course reports, and graduation surveys of baccalaureate graduates allow the Baccalaureate Curriculum Subcommittee and faculty to affect changes that enhance student learning and preparation for practice. Examples of curriculum changes implemented from this feedback include strengthening of medical surgical content and acute care nursing and moving the material to an earlier place in the curriculum. This has been shown to enhance specialty learning as students are better prepared with basic medical surgical content to care for more complex patients at the Junior Level.

MNSc Program

Peer teaching evaluations and administrator teaching evaluations are components of the College of Nursing faculty performance reviews (OSRR: 2014-15 College of Nursing Faculty Handbook, Section IX, pages 31-32). Evaluations of faculty include teaching in a face-to-face classroom, online classroom, and clinical (practicum) settings. Faculty teaching performance is evaluated through observation of the faculty, using a standardized format that includes components such as interactions with students, course objectives, and teaching strategies (OSRR: Peer or Administrator Evaluation of Clinical, Classroom, Online Teaching Form). Feedback from faculty peers provides opportunities for experienced faculty to assist newer faculty in identifying strengths and challenges, and to share their successful teaching strategies, thereby improving the course experience for students. The teaching evaluations conducted by administrators provide feedback of teaching within the constellation of courses in the programs they oversee. Faculty or administrators may identify needs for changes in individual courses or larger curriculum changes as a result of the teaching evaluations. An example of a curriculum change for the MNSc program was made in 2012 based upon changes in the national certification examination offerings from the American Nurses Credentialing Center (ANCC). The Adult Acute Care Nurse Practitioner specialty revised their six specialty syllabi to reflect the addition of gerontology content and the name of the specialty was changed to Adult-Gerontology Acute Care Nurse Practitioner.

DNP Program

DNP faculty engage in a continuous quality improvement process for curriculum and teaching-learning practices. Formative and summative evaluations of teaching-learning practices are used to inform decisions to facilitate achievement of student learning outcomes. DNP courses are evaluated by the DNP faculty team at the end of each semester, based upon faculty and student evaluations and faculty concerns. Discussions include teaching effectiveness, student outcomes, and review of course evaluations. Course revisions are made to course delivery and evaluation methods to reflect student and faculty feedback. For example, end-of-course evaluations revealed that students did not like to use

BlackBoard Wikis for project collaboration. Before the next time the course was offered, Google docs was instituted for students co-authoring on group projects. Summative student evaluations will be forthcoming in May 2015 and will be used in ongoing curriculum evaluation. DNP curriculum revisions originate with the DNP faculty team and progress through the committee structure in the College of Nursing to the Faculty Assembly for final approval.

Accomplishments/Improvements

Accomplishments include

- The curriculum is designed, implemented and revised in keeping with expected student learning outcomes that are congruent with professional nursing guidelines and the College of Nursing's mission, goals and expected program outcomes.
- The curriculum structure and expected learning outcomes show evidence of inclusion of professional nursing standards and guidelines, and the course and level outcomes are in alignment with the role preparation of the program graduates.
- The structure of the curriculum leads logically to the expected outcomes of the program, with the baccalaureate program building upon a firm foundation in the arts, sciences, and humanities, the baccalaureate program providing the foundation for the master's curriculum, and the master's curriculum providing the foundation for the DNP curriculum.
- The College's 4-year rotating schedule for reviewing the curriculum and teaching-learning practices on a regular basis ensures ongoing curriculum improvement.
- In both the baccalaureate and master's curricula, teaching-learning practices and the environment where these are carried out facilitate students' ability to achieve learning outcomes.
- The needs and expectations of identified communities of interest are routinely considered through well-established mechanisms when designing, implementing and revising curriculum and teaching-learning practices.
- The College of Nursing has been a pioneer in curriculum development and delivery through development of specialties and programs to meet state needs; it is recognized as the state leader as well as a national leader in on-line and telecommunication modalities for teaching.

Areas for improvement include

- The employer focus group heretofore has been limited to nursing representatives of health care agencies within a 35 mile radius of UAMS; and
- We have received low response rate on graduation surveys.

Plan for improvement include

- The Associate Dean for Academic Programs has developed and implemented an on-line survey instrument to elicit input from major health care employers of graduates around the state. This broader approach should provide a more comprehensive analysis of graduate performance and preparation for role implementation and lend guidance for curriculum review and revision.
- Graduate/alumni surveys are now sent out at the time of graduation. Response rates have improved. (Standard IV)

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.

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

Elaboration: The program uses a systematic process to obtain relevant data to determine program effectiveness. The process:

- *is written, 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; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

Program Response:

The program uses a systematic process based on the College of Nursing evaluation plan to determine program effectiveness. The plan is reviewed annually and was revised and updated in 2013 to reflect the new CCNE 2013 Standards (OSRR: 2014-15 College of Nursing Evaluation Plan). The plan is comprehensive including evaluation of student performance in coursework and on standardized tests, course evaluations by students, graduation rates, surveys completed at the time of graduation, along with additional alumni surveys, NCLEX–RN and certification pass rates, employer satisfaction surveys and focus groups, evaluation of the 5-year strategic plan, and a systematic process in place for evaluation of course objectives.

Graduation rates are evaluated annually and reported to Associate Deans, the Baccalaureate and Graduate Councils and appropriate committees. Recommendations to continue with current practices or to make revisions are made to the Faculty Assembly.

All students are asked to complete an online alumni/graduation survey immediately following graduation that collects information regarding their current and expected employment. Prior to 2014, this data collection had been attempted 6 months after graduation, but return rates were poor. Using this new time for collection, the return results are significantly improved.

Employer focus groups provide predominant qualitative data, but some quantitative data also. Results of surveys are reported to the Faculty Assembly and systematically reported in the meetings. Issues that call for revisions are referred to appropriate departments and committees, and recommendations are brought back to the Faculty Assembly.

Students evaluate every course at the end of every semester and provide both quantitative and qualitative data, which are reviewed by the faculty teaching the course, and by the respective curriculum sub-committees and Associate Deans/Dean. Student feedback gained from course evaluations is used to make revisions in courses as needed. When minor revisions are needed, these are made by the faculty who are directly involved with the course. Major revisions involving curriculum changes are referred to the curriculum committee, baccalaureate or graduate councils, and the Faculty Assembly.

In addition, faculty submit a self-report annually, and faculty outcomes are evaluated on an annual basis, based on evidence of meeting the mission and goals of their departments and the College of Nursing. Data are reported in annual department reports and in the College of Nursing annual report which reflect aggregate faculty outcomes. Changes in faculty performance or program standards are made as required.

BSN Program:

BSN Student Learning Outcomes: The BSN program is based on expected outcomes that are determined by performance standards and course objectives. Expected outcomes for baccalaureate graduates are published in the UAMS College of Nursing catalog. Expected outcomes represent the professional roles and behaviors to be demonstrated by College of Nursing BSN graduates. Student attainment of each course objective is determined by successful achievement of course assignments, including psychomotor clinical skills; achievement is shown by nursing care plans, presentations, papers, journals, community experiences and examinations. Students are informed of performance standards and the characteristics of the BSN graduate on their first orientation day and at the beginning of each course. The grading scale is consistent throughout all College of Nursing BSN courses and is published in the catalog and in each syllabus. Final grades are determined based on a combination of performance in theory and clinical learning experiences, using an established grading scale. Students are also evaluated with Scholastic Non-Cognitive Performance Standards, which are based upon professional standards (Appendix IV-A) (OSRR: 2014-15 College of Nursing Catalog, pages 35-38 and 47).

All generic BSN courses with a practicum require students to successfully pass a drug math examination at 90% or better by the end of the designated testing period. Students are allowed three attempts to be successful. If they fail after attempts one and two, students meet with the drug math examination coordinator. If they are not successful in the third attempt, students are not permitted to continue taking any courses that require a practicum. They are permitted to continue enrollment in theory courses provided their pre-and co-requisite requirements are met. They may return in a subsequent semester to complete practicum courses (OSRR: 2014-15 College of Nursing Student Catalog pages 44-45).

BSN applicants are required to take the TEAS V test for diagnostic purposes prior to being accepted into the generic BSN program. ATI standardized tests are also taken throughout the generic baccalaureate program and results are used to counsel and remediate students and to make course changes as needed (Appendix IV-B).

NCLEX-RN pass rates, trends and patterns are reviewed each semester as results come in and are reported to Associate Deans, the Baccalaureate Council, and the Baccalaureate Curriculum Subcommittee. The committee then makes recommendations to the Faculty Assembly to continue with current practices or to make revisions to the program.

Students must obtain a minimum grade of "C" or above in both the theory and clinical portions of courses to successfully progress to the next semester (OSRR: 2014-15 College of Nursing Student Catalog, pages 44-45). Student unsatisfactory midterm notices and final grades are emailed to students from the College of Nursing Associate Dean for Academic Programs. To guide improved performance, the instructor and student meet to identify verbally and in writing the areas of poor performance and the requirements for the student to successfully complete theory/clinical.

Confidentiality of grades is ensured through the implementation of various processes. Students access course grades online via BlackBoard by using a password. Students are provided feedback on homework, midterm, and final evaluations verbally and in writing. The clinical instructor and/or theory or clinical coordinator may request or require individual meetings with a student if the student's performance is at a minimal level. Each course syllabus contains objectives and course work for the semester, with grading rubrics for assignments as well as examinations.

Policies on progression, probation, suspension, and dismissal for the baccalaureate student are found in the College of Nursing *Student Catalog*. A student on academic suspension may appeal to the Associate Dean for Academic Programs for program re-entry. Academic dishonesty/honor code policies are described in the College of Nursing *Student Handbook*, Section 4.8, pages 66-78. Students sign the honor code upon issuance of each examination (OSRR: 2014-15 College of Nursing Catalog, pages 44-45).

Academic achievement of students is also evaluated by the administration of the ATI standardized examination series. Since implementation of ATI testing and incorporation of ATI study materials into course work, students have become more successful with standardized testing, and NCLEX-RN pass rates have improved. An example of how ATI testing has been used to improve student performance can be found in Appendix IV-B.

MNSc Program

The Master of Nursing Science (MNSc) program is organized according to the Advanced Practice Registered Nurse (APRN) Consensus Model. The curriculum addresses the American Nurses Association's Scope and Standards of Practice for each specialty and other guidelines designated by specialty-specific organizations.

Course objectives and expected outcomes are developed based on the College's 12 Essentials of a Master's Prepared Nurse which are modeled on the AACN's Essentials of Master's Education for Advanced Practice Nursing and the National Task Force Consensus Model. Final course grades are determined by weighting a variety of course assignments and are based on the College of Nursing graduate grading scale. Evaluations are completed on a regular basis to enhance performance. Student attainment of each course objective is determined by successful achievement of course assignments. Assignments may include weekly online discussions, case studies, face to face presentations, practicum logs and clinical reflections, examinations, papers, screening projects, community assessments, interdisciplinary team activities, and evidence based research implemented in practice.

During the semester of graduation, students enroll in *NUSC 5961: Outcomes Portfolio* (OSRR: MNSc Syllabi). In lieu of completing a thesis, students complete this 1-hour course in which they produce an outcomes portfolio documenting their performance across each of the College of Nursing outcome criteria: critical thinking, therapeutic nursing interventions, communication, service, and scholarship, as well as their attainment of the characteristics of the MNSc graduate.

The Characteristics of a Master's Graduate (modeled after the CCNE's Essentials and the National Task Force Consensus Model) provide 12 outcome performance standards that represent the various roles that an APRN or nursing administration graduate is expected to meet at the time of graduation. Prior to fall 2013, there were only 11 outcome standards; a new standard was added by faculty to align with the APRN consensus model (OSRR: Graduate Curriculum Sub Committee minutes, March 25, 2013 and April 16, 2013). Students are informed of these standards and the location of this information during their orientation to the program. The standards are also incorporated into the objectives of courses.

Portfolio activities, required for graduation, engage students in synthesizing their educational experience and describing their personal and professional growth in an electronic document submitted to a faculty advisor. Prior to fall 2013, outcome portfolios were submitted as a written document and defended in an oral presentation to a committee that included a faculty chair and two other faculty members. With increases in our enrollment and with extremely large numbers of students completing their portfolios, scheduling the oral defenses became unmanageable. In a review of the necessity of an oral defense, graduate faculty concluded that the oral component and three-member committee did not contribute to specific graduate outcomes. Students are now able to submit their portfolios electronically to their faculty chair.

Grades are maintained in a confidential manner; on-line courses grades are posted in the individual student's private grade board on BlackBoard. The College of Nursing Administration mails final grades via the UAMS Webmail system to each student. The Administration sends unsatisfactory notices via the UAMS Webmail system to individual students at midterm if a grade is unsatisfactory. If a student fails to meet minimal requirements at midterm, he or she may be required to attend face-to-face meetings and/or communicate with faculty by phone, online, or in writing. At that time the reasons for an unsatisfactory midterm grade are analyzed and reviewed, and requirements to successfully meet course objectives are agreed upon by student and faculty. Specific courses, such as specialty courses, require a "B" or greater

to pass. The progression requirements for master's students are published in the current College of Nursing Student Handbook.

Doctor of Nursing Practice Program:

Formal and informal formative and summative evaluation processes are used to evaluate program outcomes and improve the effectiveness of the DNP program. Formative data are obtained through faculty observations and informal conversations with students. To evaluate this new program, whose first students began the program in August 2013, a variety of data sources will be used to collect summative data on student, alumni, and employer satisfaction, as well as evidence of achievements of students and program graduates. Student progress toward program outcomes is measured using multiple data sources, including student course evaluations, DNP intensive/orientation evaluations, and milestones in the completion of the DNP Project to determine student progress toward meeting program outcomes. Course content, instructional methods and learning experiences are revised based upon review of aggregate data on students' mastery of program outcomes. Full-time students in the cohort admitted in August 2013 will be eligible for graduation in May 2015. At that time, summative data including graduation rates, end of program surveys; and employment rates will be collected. Formative and summative DNP course evaluation data are collected each semester, analyzed, and presented to the DNP Program faculty team for review and recommendations for curricular improvements. These data have been used to revise the curriculum from 38 to 33 credit hours and reduce redundancies in courses, in order to more effectively and efficiently meet the goals of *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) (OSRR: Graduate Curriculum minutes, April 9, 2014; Graduate Council minutes, April 21, 2014; Faculty Assembly minutes, April 28, 2014).

The College of Nursing Master Evaluation Plan was revised in spring 2013 to include the DNP Program and this plan directs the annual evaluation process (Master Evaluation Plan, September, 2013). In addition to the evaluation measures used in all College of Nursing programs, the DNP program collects evaluation data on the following elements to assist in the determination of program effectiveness: 1) DNP admission statistics, 2) DNP student progression, DNP Project milestone completion (DNP Project Justification and Final Defense pass rates, and scholarly contributions to the field of nursing, including publications and local, state and national presentations), 3) DNP Project completion rates, organizational mentor evaluations and alumni surveys, which are under development.

Students demonstrate attainment of DNP program outcomes through completion of required work in each course. Course objectives, content and outcome expectations are designed to facilitate student synthesis, application and attainment of essential competencies (OSRR: 2014-15 College of Nursing Catalog, page 64).

Portfolios prepared by DNP students also document student progression and successful achievement of student outcomes. The purpose of the portfolio is to demonstrate the student's cumulative work during the program, leading to increased knowledge, skills, scholarship and professional development. Each semester, students describe specific course work and document activities/projects that represent progress toward and ultimately attainment of desired program outcomes reflecting the *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006).

IV-B. Program completion rates demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program:

- *The completion rate for each of the three most recent calendar years is provided.*
- *The program specifies the entry point and defines the time period to completion.*
- *The program describes the formula it uses to calculate the completion rate.*
- *The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70%*

or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher 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.

A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.

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

Program Response:

Graduation Rates: BSN and RN-BSN Programs:

The timeframe for completing the generic BSN program is 2 calendar years, with students being grouped into cohorts (Appendix IV-C). For the years of our self-study report, our graduation/completion rates exceed 80%.

Graduation Rates: MNSc Program:

The timeframe for completing the MNSc program is 6 calendar years. Students are grouped by enrollment date, by year. For the enrollment years 2005-2009, our graduation/completion rates exceed 80%. Years 2010-current are incomplete since students are still enrolled (Appendix IV-C).

Doctor of Nursing Practice Program:

The DNP program admits students each fall. Students have a maximum of 6 consecutive calendar years from the date of first enrollment for completion of degree requirements. The first cohort of DNP students, admitted in fall 2013 consisted of 8 full-time students (FT) and 11 part-time (PT) students. Within the first semester of coursework, 1 PT student changed her program of study to full-time, making 9 FT and 10 PT DNP students in the inaugural cohort. Nineteen students were admitted in fall 2014, with 5 FT and 14 PT students in this second DNP cohort. One PT DNP student withdrew from the program after the first week of courses, citing family issues. After completion of the first semester, 3 PT students changed to a FT program of study, making 10 PT and 8 FT students in the second DNP student cohort.

To date, all students are following their program of study with the following expected graduation rates:

- The first 9 FT students are expected to graduate in May 2015;
- 18 will graduate in May 2016; and
- 10 PT students will graduate in May 2017.
- Full-time DNP students admitted in fall 2015 will join the PT students to comprise the May 2017 graduates.

The DNP program retention rate for year one, 2013 (inaugural cohort) was 100%. Thus far, there is a 95% retention rate for year two. The overall program retention rate through September 2014 is 97%. (This retention rate is calculated by the total enrollment annually, divided by the total cohort for the fall semester the following year.)

IV-C. Licensure and certification pass rates demonstrate program effectiveness.

Elaboration: The pre-licensure program demonstrates achievement of required program outcomes regarding licensure.

- *The NCLEX-RN[®] pass rate for each campus/site and track is provided for each of the three most recent calendar years.*
- *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. However, if the NCLEX-RN[®] pass rate for any campus/site and*

track is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.

A campus/site or track with an NCLEX-RN® pass rate of less than 80% for first-time takers for the most recent calendar year provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, data relative to specific campuses/sites or tracks, and data on repeat takers.

The graduate program demonstrates achievement of required program outcomes regarding certification. Certification results are obtained and reported in the aggregate for those graduates taking each examination, even when national certification is not required to practice in a particular state.

- *Data are provided regarding the number of graduates and the number of graduates taking each certification examination.*
- *The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.*
- *The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

A program with a pass rate of less than 80% for any certification examination for the most recent calendar year provides a written explanation/analysis for the variance and a plan to meet the 80% certification pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, and data on repeat takers.

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

Program Response:

Licensure Pass Rates: Baccalaureate Students:

Campus/Site	Year	Number of Students Taking NCLEX-RN for 1 st Time	NCLEX-RN Pass Rate for 1 st Time Test Takers	NCLEX-RN Pass Rate for <u>All</u> Test Takers
Little Rock and Hope	2012	143	85.65%	91.2%
Little Rock and Hope	2013	113	94.62%	93.5%
Little Rock and Hope	2014	109	90.85%	85.7%

Pass rates on the NCLEX-RN examination are a major indicator of program effectiveness. The NCLEX-RN scores are provided annually by fiscal year from the Arkansas State Board of Nursing (Appendix IV-D). NCLEX pass rates indicate how well a program prepares students for the national licensing examination. The pass rate has been 80% or higher for the past 3 years for first-time test takers (Appendix IV-D). In 2011 the pass rate was 74%. Standard IV-H describes the process of addressing this

low NCLEX pass rate and describes how the College of Nursing revised the BSN generic program to better prepare students for NCLEX success. The College of Nursing has enjoyed steady improvement in NCLEX pass rates as a result of systematic changes and the remediation program started in 2012. In 2014 our pass rate was the highest in Arkansas: 94.7%.

Certification Pass Rates: Master's Program:

The master's program demonstrates achievement of required program outcomes in regard to certification. Certification results are obtained and reported in aggregate for graduates taking each examination, even when national certification is not required to practice. The data provided include the number of graduates per program, including the number who tested in the 3 calendar years provided and the number and percent who passed.

Certification pass rates over the 3 most recent calendar years have been above 80% in the following NP specialties: Family, Adult Acute Care, and Adult/Gerontology Acute Care. The Family Psychiatric Mental Health Nurse Practitioner (FPMHNP) program had a pass rate of 75% in 2012, with 4 examinees; however, in 2013 the pass rate improved to 100% with 4 examinees. In the Gerontological Nurse Practitioner program, in 2011, there were only 3 graduates who took the examination, with a pass rate of 67%. It should be noted that during this year, the Gerontological Nurse Practitioner program was ending due to requirements for national certification. In 2012, the GNP program had 1 examinee; however, the certifying body does not report results for fewer than 3 examination takers. In 2013, there were 5 examinees, with a 100% pass rate (Appendix IV-E).

The Pediatric Nurse Practitioner specialty experienced pass rates less than 80% in 2013. Subsequent to this in 2014, the Primary Care track saw a certification rate of 86%. However, the Acute Care specialty for 2013 and 2014 remains at a 75% pass rate. A new Pediatric Nurse Practitioner Specialty Coordinator began on January 1, 2015, and a review of each curriculum is underway.

The Women's Health Nurse Practitioner program report shows a 71.4% pass rate in 2013. There were only 5 graduates that year; therefore, there were either second-time test takers who failed again, or first time test takers from a previous cohort who failed. The Women's Health NP program was discontinued in 2011. However, cohorts already enrolled in the program were allowed to complete the program. The final cohort graduated in December 2014 (Appendix IV-E).

IV-D. Employment rates demonstrate program effectiveness.

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

- *The employment rate is collected separately for each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion. For example, employment data may be 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.*

Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance.

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

Program Response:

The College of Nursing collects employment data separately for each degree program (BSN, MNsc, and DNP).

**Employment Data: BSN Graduates
2010 – 2012**

Employment outcomes are identified using data from the BSN Graduation Employment survey.

	2010-2011 (N=149)	2011-2012 (N=84)
QUESTION	RESPONSE	RESPONSE
Are you currently employed full-time or part-time?	FT: 87.5% Another Field: 12.5%	FT: 100%
If not employed, why not?	Returned to School: 12.4%	Returned to School: 33%
How long after receiving your degree did you begin working in a position related to your nursing degree/area of study?	Immediately: 50% 1-2 Months: 37.5% 3-6 Months: 12.5%	Remained in Current: 33.33% Immediately: 33.33% 1-2 Months: 33.33%
After graduation, which of the following best describes your first nursing position?	Home Health: 12.5% Critical Care: 62.5% Ward: 25%	Acute Care: 33.33% Ward: 66.67%

2013 – 2014

	2012-2013 (N=84)	2013-2014 (N=76)	2014 December Graduates (N=4)
QUESTION	RESPONSE	RESPONSE	RESPONSE
Which of the following best describes your area of nursing practice? (staff nurse)	Acute Care: 23.53% OB: 5.88% Pediatrics: 41.18% Other: 29.41%	Acute Care: 31.08% Primary Care: 13.51% Other: 21.62% Did not answer: 13.51%	Acute Care: 25% Primary Care: 50% Did not answer: 25%
Have you been hired in a position related directly to your nursing degree/area of study immediately upon graduation?	FT: 64.71% Currently Seeking Employment: 25.53% Not Seeking Employment: 11.76%	FT: 45.95% PT: 2.7% Currently Seeking Employment: 48.65% Not Seeking Employment: 2.7%	FT: 75% Currently Seeking Employment: 25%

**Employment Data: RN-BSN Graduates
2010 – 2012**

	2010-2011 (N=unknown)	2011-2012 (N=29)
QUESTION	RESPONSE	RESPONSE
Are you currently employed full-time or part-time?	FT: 60% Not Seeking Employment: 40%	FT: 100%
If not employed, why not?	0%	0%
How long after receiving your degree did you begin working in a position related to your nursing degree/area of study?	Remained in Current: 40% Immediately: 20% 1-2 Months: 20% 3-6 Months: 20%	Remained in Current: 66.67% 6 Months or Less: 33.33%
After graduation, which of the following best describes your first nursing position?	Outpatient: 20% Critical Care: 40% Other: 20%	Critical Care: 33.33% Ward: 33.33% Other: 33.33%

2013 – 2014

	2012-2013 (N=29)	2013-2014 (N=35)	2014 December Graduates (N=13)
QUESTION	RESPONSE	RESPONSE	RESPONSE
Which of the following best describes your area of nursing practice?	Acute Care: 55.17% Med-Surg: 20.69% Other: 17.24%	Acute Care: 11.43% Primary Care: 11.43% Other: 2.86% Did not answer: 65.71%	Charge Nurse: 50% Faculty: 50%
Have you been hired in a position related directly to your nursing degree/area of study immediately upon graduation?	FT: 58.62% PT: 10.34% Currently Seeking Employment: 20.69% Not Seeking Employment: 10.34%	FT: 48.57% PT: 5.71% Currently Seeking Employment: 25.71% Not Seeking Employment: 20%	FT: 76.92% Currently Seeking Employment: 15.38% Not Seeking Employment: 7.69%

**Employment Data: MNSc Graduates
2010 – 2012**

	2010-2011 (N=68)	2011-2012 (N=68)
QUESTION	RESPONSE	RESPONSE
Are you currently employed full-time or part-time?	FT: 66.67% PT: 8.33% Seeking Employment in Nursing: 16.67% Another Field: 8.33%	FT: 100%
If not employed, why not?	0%	0%
How long after receiving your degree did you begin working in a position related to your nursing degree/area of study?	Remained in Current: 16.67% Immediately: 25% 3-6 Months: 25% 6 Months or Greater: 25%	Remained in Current: 33.33% Immediately: 33.33% 3-6 Months: 33.33%
After graduation, which of the following best describes your first nursing position?	Administration: 8.33% APN: 41.67% Faculty: 8.33% Home Health: 8.33% Other: 16.67% Have Not Worked in Nursing since Graduation: 8.33%	APN: 66.67% Faculty: 33.33%

2013 – 2014

	2012-2013 (N=68)	2013-2014 (N=69)	2014 December Graduates (N=25)
QUESTION	RESPONSE	RESPONSE	RESPONSE
Which of the following best describes your area of nursing practice?	Family: 48.89% Adult Acute Care: 11.11% OB: 8.89% Management: 4.44% Other: 26.66% 99% of respondents indicated they are working	Family NP: 54.41% Psych: 7.35% Nursing Administration: 7.35% Pediatrics: 8.82% Other: 8.82% 86.75% of respondents indicated they are working	APRN: 95% Faculty: 5% 99% of respondents indicated they are working 100% of respondents indicated they are working
Have you been hired in a position related directly to your nursing degree/area of study immediately upon graduation?	FT: 42.22% Currently Seeking Employment: 48.89% Not Seeking Employment: 6.67%	FT: 36.76% PT: 2.94% Currently Seeking Employment: 47.06% Not Seeking Employment: 7.35%	FT: 44% Currently Seeking Employment: 48% Not Seeking Employment: 8%

Employment Data: DNP Graduates

The DNP program will graduate its first class in May 2015, at which time a graduation survey, which mirrors existing surveys, will be administered.

IV-E. Program outcomes demonstrate program effectiveness.

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

Program outcomes are defined by the program and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the degree and certificate programs offered and may include (but are not limited to) student learning outcomes; student and alumni achievement; and student, alumni, and employer satisfaction data.

Analysis of the data demonstrates that, in the aggregate, the program is achieving its outcomes. Any program with outcomes lower than expected provides a written explanation/analysis for the variance.

Program Response:

Multiple approaches are used to collect information from internal and external communities of interest to determine satisfaction with and perceptions of the achievements and qualities of graduates. To evaluate program effectiveness, three major sources of data are used based on the College of Nursing 5-year strategic plan: graduation and alumni surveys, employer focus group data and 5-year strategic plan outcomes. These reports are reviewed by Associate Dean Donna Middaugh, and reported at the Faculty Assembly (OSRR: Faculty Assembly minutes, January 27, 2014).

Employer Focus Groups for Baccalaureate Graduates:

An employer focus group was held in the fall of 2010 and again in 2013. Data in employer focus group reports are compared to the Professional Roles and Behaviors of UAMS College of Nursing Baccalaureate Graduates as defined in the UAMS College of Nursing Student Handbook. Results are also reviewed by the Baccalaureate and Graduate Councils and the Associate Deans. Under the revised systematic evaluation plan, focus groups or surveys will be held annually to determine how UAMS College of Nursing graduates are functioning as employees. Focus group reports will be shared with members of the curriculum committee, the Faculty Assembly, Associate Deans and the Dean. Faculty are strongly encouraged to build on employer-identified strengths and address employer-identified areas for improvement.

The Employer Focus Group of 2010 provided both quantitative and qualitative data. On the quantitative survey, employers rated the following percentages of graduates as excellent or good critical thinking skills (71%), communication skills with patients and families, providers and fellow nurses (100%), and communication with support staff (86%).

Employers also rated the professional competence of UAMS College of Nursing graduates in these areas:

- Provision of direct and indirect care – good 43%, fair 57%
- Management and coordination of care – excellent 79%, good 21%
- Participation in professional organizations – good 14%, fair 29%, poor 57%, and
- Use of professional values – good 100%.

The data competencies in direct and indirect care provision and professional participation indicated a need for targeted didactic instruction and clinical learning experiences. Despite feedback indicating areas that needed improvement, the overall strength of the baccalaureate program was rated as maximum by 43% of employers, and as moderate by 57%. In 2010, based on Employer Focus Group feedback, clinical

learning experiences were reviewed in relation to theory content and that relationship was strengthened. All faculty strengthened their communication with students about the value and professional responsibility of membership in professional organizations.

The Employer Focus Group of 2013 also provided both quantitative and qualitative data. In the quantitative survey, employers rated the performance quality of eight professional roles and behaviors of UAMS College of Nursing graduates and indicated the relevance of each role or behavior for the type of work conducted by their organization.

Ratings of professional competencies were improved from 2010. Employers rated the following percentages of graduates (in order of relevance to their organization) as excellent or good in these areas:

- Effective use of the nursing process (86%)
- Communication and collaboration (82%),
- Practice based on professional standards (79%),
- Use of synthesized knowledge (75%)
- Critical thinking skills (75%)
- Accountability and responsibility (71%)
- Leadership and management (61%) and
- Effective use of the research process (57%).

Additional details provided in Appendix IV-F.

Qualitative data from employer focus groups in 2013 indicated the following strengths of baccalaureate graduates: critical thinking, confidence, use of evidence based practice guidelines, caring about patients, and bringing fresh ideas and fresh approaches to patient care. Weaknesses or needs for improvement included a need for more emphasis in the program on patient centered care, family centered care, life-long learning; team building skills and communication with other nurses and other health professionals, building an interdisciplinary approach; community based skills and interacting with diverse populations; leadership and management skills, including ability to take on higher patient loads in the clinical area.

In summer 2014, we integrated team building strategies into the junior students' foundation level didactic and clinical courses. In the senior students' acute care didactic and clinical courses, we implemented Interprofessional Education (IPE) simulation with students from the College of Medicine and College of Health Professions. IPE was also integrated into the students' older adult didactic and clinical courses with the College of Medicine and College of Pharmacy. The Institute for Healthcare Improvement (IHI) modules were incorporated into the senior year, promoting the work of The Institute of Medicine's report of 2011. Lastly, in the senior year, an emphasis was placed on balancing care priorities when students are taking care of multiple patients.

Program Satisfaction and Achievements: BSN Graduates

2010 – 2012

Program satisfaction of BSN graduates was identified during 2010-2013 using two sources: (a) outcomes of the Alumni Survey mailed out to students 6 months after graduation, and (b) outcomes of the Graduate Survey given to students at the time of graduation. Under the new Systematic Evaluation Plan that was revised in 2013, in future, the Graduate Survey will be used to evaluate program satisfaction of baccalaureate graduates. This change was made to increase the number of survey responses by giving the survey to graduates before they leave the program.

QUESTION	2010-2011 (N=149) RESPONSE	2011-2012 (N=84) RESPONSE
How prepared do you feel for your first nursing role/position following graduation?	Adequately, Well, Very Well Prepared: 75%	Adequately Prepared: 66.67% Well Prepared: 33.33%
On a scale of 1-5, how satisfied are you overall with your program at the UAMS College of Nursing?	Overall Satisfaction: 87.5% (inclusive of scores 3, 4, 5)	Overall Satisfaction: 100% (inclusive of scores 3, 4, 5)

2013 – 2014

QUESTION	2012-2013 (N=84) RESPONSE	2013-2014 (N=76) RESPONSE	2014 December Graduates (N=4) RESPONSE
Do you feel prepared for your current position?	Adequately - Well Prepared: 100%	Adequately - Well Prepared: 98.65%	Adequately - Well Prepared: 100%
How satisfied are you OVERALL with your program at the UAMS College of Nursing?	Overall Satisfaction: 100% (inclusive of scores 3, 4, 5)	Overall Satisfaction: 95.94% (inclusive of scores 3, 4, 5)	Overall Satisfaction: 100% (inclusive of scores 3, 4, 5)

Note: The perception of improved preparation in 2013-2014 is consistent with the increased NCLEX-RN pass rate (Appendix IV-C).

The new Systematic Evaluation Plan that was revised in FY 2012 gave slightly different data for FY 2013 and FY 2014.

Survey results are reviewed by Associate Deans and the Baccalaureate and Graduate Councils. Curriculum and policy changes are made as needed and brought back to the Faculty Assembly for voting.

Program Satisfaction and Achievements: RN-BSN Graduates

2010 – 2012

QUESTION	2010-2011 (N=unknown) RESPONSE	2011-2012 (N=29) RESPONSE
How prepared do you feel for your first nursing role/position following graduation?	Adequately, Well, Very Well Prepared: 80%	Well, Very Well Prepared: 100%
On a scale of 1-5, how satisfied are you overall with your program at the UAMS College of Nursing?	Overall Satisfaction: 100% (inclusive of scores 3, 4, 5)	Overall Satisfaction: 100% (inclusive of scores 3, 4, 5)

2013 – 2014

QUESTION	2012-2013 (N=29) RESPONSE	2013-2014 (N=35) RESPONSE	2014 December Graduates (N=13) RESPONSE
Do you feel prepared for your current position?	Adequately – Well Prepared: 89.65%	Adequately – Well Prepared: 85.72%	Adequately – Well Prepared: 100%
How satisfied are you OVERALL with your program at the UAMS College of Nursing?	Overall Satisfaction: 93.11% (inclusive of scores 3, 4, 5)	Overall Satisfaction: 88.57% (inclusive of scores 3, 4, 5)	Overall Satisfaction: 100% (inclusive of scores 3, 4, 5)

Master's Program Student Learning Outcomes:

1. Data from Employer Focus Groups on Master's Graduates

Employer focus groups were held in fall 2010 and fall 2013. In 2013, in response to a quantitative survey, 28 employer participants rated the performance quality of 11 professional roles and behaviors of UAMS College of Nursing master's graduates as excellent, good, fair or poor. Employers also rated the relevance of each role or behavior for the type of work conducted by his/her organization. Employers rated the following percentages of graduates as excellent or good (listed in order of relevance to employers):

- Promoting, managing, and coordinating health care (71%)
- Providing leadership (71%)
- Using professional values/standards (71%)
- Participating in collegial/collaborative relationships (71%)
- Delivering responsive and accessible care (71%)
- Providing consultation to providers and consumers (71%)
- Communicating scholarly ideas (71%)
- Planning, implementing, and evaluating education activities (68%)
- Designing/using theory and research-based interventions (68%)
- Analyzing issues (64%) and
- Analyzing internal/external environments (61%).

Table in Appendix IV-G summarizes employer perceptions of MNSc graduates.

Qualitative data from employer discussion groups indicated the following:

- Strengths of the master’s program: teaching expertise, ability to develop patient teaching tools, easy transition from school to practice, use evidence based practice, and fresh ideas regarding ways to improve health care.
- Areas for improvement: more focus on patient satisfaction and customer service, preparation for being the leader, not just accepting responsibility as an RN, and support for students’ decisions about which specialty is the best match for their professional goals.

2. Data from Master’s Graduates Outcome Portfolios

During the semester of graduation, students enroll in NUSC 5961: Outcomes Portfolio, and document their performance in achieving each of the College of Nursing outcome criteria:

- Critical thinking
- Therapeutic nursing interventions
- Communication
- Service
- Scholarship
- Characteristics of the MNSc graduate.

Upon successfully defending their outcome portfolio, students proceed to graduation. Thus, graduation rate is an indicator of students’ achievement of desired learning outcomes (Appendix IV-C).

3. Additional data on student achievement in the master’s program

In an effort to promote master’s students’ participation in professional activities, faculty, such as NUSC 5013 instructors, have awarded bonus credits to students who participate in or present at a professional conference, including College of Nursing/VA Research Day, which is hosted by both the College of Nursing and the Veterans Administration (VA). The 2011-2014 College of Nursing/VA Research Day registration lists, program books and class rosters, indicate that the number of master’s students participating in College of Nursing/VA Research Day shows an upward trend:

TYPE OF PRESENTATION	2011	2012	2013	2014
Peer reviewed podium presentation	1	0	0	1
Peer reviewed poster presentation	1	2	2	1
Non peer reviewed student poster presentation	3	9	10	20
Total	5	11	12	22

Program Satisfaction and Achievements: MNSc Graduates

2010 – 2012

	2010-2011 (N=68)	2011-2012 (N=68)
QUESTION	RESPONSE	RESPONSE
How prepared do you feel for your first nursing role/position following graduation?	Adequately, Well, Very Well Prepared: 33.34%	Well Prepared: 66.67% Very Well Prepared: 33.33%
On a scale of 1-5, how satisfied are you overall with your program at the UAMS College of Nursing?	Overall Satisfaction: 91.66% (inclusive of scores 3, 4, 5)	Overall Satisfaction: 100% (inclusive of scores 3, 4, 5)

2013 – 2014

	2012-2013 (N=68)	2013-2014 (N=69)	2014 December Graduates (N=25)
QUESTION	RESPONSE	RESPONSE	RESPONSE
Do you feel prepared for your current position?	Adequately – Well Prepared: 86.67%	Adequately – Well Prepared: 92.65%	Adequately – Well Prepared: 92%
How satisfied are you OVERALL with your program at the UAMS College of Nursing?	Overall Satisfaction: 95.56% (inclusive of scores 3, 4, 5)	Overall Satisfaction: 97.06% (inclusive of scores 3, 4, 5)	Overall Satisfaction: 92% (inclusive of scores 3, 4, 5)

Program satisfaction of master's graduates was identified during from 2010-2012 using two sources: (a) outcomes of the Alumni Survey that was mailed out to students six months after graduation, and (b) outcomes of the Graduate Survey that was given to students at the time of graduation.

DNP Program

Aggregate student outcome data are used to foster ongoing program improvement. The DNP Program Director, with input from DNP faculty, reviews aggregate student outcome data and makes recommendations for improvement when actual outcomes are not consistent with expected outcomes. The quality improvement aggregate data are shown in the table below. To date, the majority of efforts to modify and improve the program have resulted from summative student course evaluation data and identified faculty concerns, which were addressed by the DNP Faculty Team.

DNP PROGRAM QUALITY IMPROVEMENT FROM EVALUATION DATA		
DATA SOURCES	EVALUATION	ACTIONS
DNP Course Evaluation	Course evaluation satisfied or above	Out of the 7 courses in the DNP program that were taught in fall 2013 through summer 2014, 100% met or exceeded the College of Nursing standard of 3 or greater on the majority of questions. Response rates ranged from 56% to 84% with an average of 65%
DNP Progression	97% of students are continuing to progress	DNP Program Director reviewed reasons for one student's withdrawal after during week 2 of the first semester and presented to DNP Faculty Team meeting in fall 2014 for discussion.
Employer Satisfaction Survey	Pending 6 months post-graduation 5/2015	
Community of Interest Focus Group	Survey completed prior to initiation of program and in fall 2014. Results indicated interest in/need for DNP program and support for grads. (See exhibit onsite)	Continue to engage COI/DNP Program Community Advisory Board in review of program via focus group to ensure that student outcomes are congruent with the needs of employers/Arkansas.
Alumni Survey	Upon graduation and annually thereafter	
DNP Graduation Rates	Upon graduation and annually thereafter	
Practice Inquiry Pass Rate	Upon graduation and annually thereafter	
Student Exit Survey	Upon graduation and annually thereafter 5/2015	

Fiscal year 2014-15 was the first year the College of Nursing implemented an online employer survey. This new process serves as a state-wide effort to collect outcome data along with the two employer focus groups afore-mentioned in this document. Our return rate was 21%. Of those that responded, we received favorable outcome data. Due to the low return rate we are making the following changes:

- Employer demographics will be a required field on the student graduation survey
- Survey questions will be revised to access more quantifiable responses related to overall satisfaction
- Follow-up with employers will be more aggressive

Meeting the needs of the state of Arkansas and its rural population through distance learning:

Part of the UAMS College of Nursing mission is to provide comprehensive educational programs to prepare professional nurses as generalists and as advanced practice nurses, thereby enhancing health care for the people of Arkansas. Collaborating with Regional Centers and the health care community, the College enhances access to education in this rural, agrarian state by offering degree programs and courses for nurses through distance education.

There is still work to be done to improve access to education for nurses the state of Arkansas. Enrollments in Arkansas' nursing programs are not meeting the state's need for nurses with a baccalaureate or master's degree. According to the most recent *National Sample Survey of Registered Nurses* (2008), Arkansas has the lowest percentage in the nation of baccalaureate prepared registered nurses in the nursing workforce. The Arkansas percentage is 26.5% and the national percentage is 34.8% (DHHS, 2004). Arkansas also has the third highest percentage of associate degree (ADN) prepared nurses in the nation (46.7%, compared to the national average of 35.6%). Arkansas has 17.3% diploma-prepared nurses, compared with 15.3% nationally, and it has only 6.8% master's and doctorally prepared nurses, compared with 12.8% nationally (DHHS, 2004). Given the state's high poverty level, low education levels, poor health, and poor access to health care, along with the low educational preparation of Arkansas registered nurses, there is clearly a need to increase the enrollment of RN-BSN and MNSc students in the state, particularly students from underrepresented and disadvantaged populations.

To help meet the need, the core courses of the MNSc programs are on-line and accommodate distance students, as do some of the specialty courses. The College of Nursing not only has faculty housed at Regional Centers throughout the state, but it also uses distance technology via interactive video. This structure allows students to attend class in their home area of the state, which reduces the cost of student travel and promotes retention of students in rural areas. In addition, practicum requirements can be completed in the students' geographic area, using an approved preceptor from that area and clinical specialty. Every effort is made to keep students' travel and expenses to a minimum and their clinical practicum in close proximity to where they live, increasing their retention in the underserved rural areas of Arkansas.

In addition to the traditional route to earning a MNSc degree, the College of Nursing offered a Bridge (Articulated BSN/MNSc) program until 2014. This program provided a more seamless transition to the master's degree for licensed RNs who had a baccalaureate degree in a field other than nursing. Students applied to the master's program as Bridge students. After acceptance, students only had to complete an orientation class and 3 undergraduate clinical courses prior to beginning master's courses. Students in this program acquired the knowledge and competencies comparable to a BSN education in nursing as the foundation for advanced nursing education. Students in this track did not earn a BSN, but a MNSc. The prerequisites for entering the Bridge program were the same as for all students entering the MNSc program, except for the requirement of a BSN degree. Due to low applicant numbers to the Bridge Program, it was placed on hold in 2014.

IV-F. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:

- are identified for the faculty as a group;
- incorporate expected levels of achievement;
- reflect expectations of faculty in their roles and evaluation of faculty performance;
- are consistent with and contribute to achievement of the program's mission and goals; and
- are congruent with institution and program expectations.

Actual faculty outcomes are presented in the aggregate for the faculty as a group, analyzed, and compared to expected outcomes.

Program Response:

College of Nursing Overall:

The College of Nursing has the resources to allow faculty to attend a variety of conferences to stay current in their faculty role and to contribute to the program's mission and goals. When applicable, faculty are supported to submit abstracts for oral or poster presentations. Conferences supported by the American Association of College of Nursing (AACN), are regularly attended by College of Nursing administrators. These conferences help to ensure that our programs stay current with standards and national trends. Upon return from the AACN conferences, faculty are updated on information presented, and, in some circumstances, may be a basis for quality improvement.

Faculty Outcome Achievements in Education:

Faculty outcome achievements in education meet the College of Nursing's mission and goals and enhance the quality and effectiveness of the program. In keeping with the Institute of Medicine's (IOM) Future of Nursing (2010), the College's priority is doctoral preparation of as many faculty as possible. Faculty outcomes are also enhanced by faculty participation in continuing education to improve teaching skills.

1. Since 2013, all new faculty who have not had master's level training in nursing education are required to take the four graduate nursing education courses at no expense. Many of our faculty are certified nurse educators.
2. Kelly Betts, Associate Dean for Baccalaureate Education, earned an EdD in August 2014 and is using the additional knowledge and skills to direct and further develop the baccalaureate program;
3. Baccalaureate and graduate faculty members Ayasha Thomason, Tamisha Henderson, and Nicole Ward are enrolled in the UAMS PhD program. Additionally, Mark Tanner and Claudia Barone are enrolled in the DNP program. Graduate faculty members Lana Brown, Christina Pettey, and Sondra Bedwell recently completed their PhDs; and
4. Debbie Huff, Tiffany Greenfield, Sandra Berryman, and Karen Davis are Practice and Education Department faculty who have recently earned a DNP degree.

Faculty in the College of Nursing have participated in writing educational grants or raising money to benefit various educational programs. One example is the Arkansas Partnership for Nursing's Future grant which is an H1B technical skills grant designed to assist nurses along the pathway from CNA, LPN, ADN, to RN-BSN. The grant was submitted by the Arkansas Workforce Investment Board/Department of Workforce Services. The PI is the Dean, and the program is currently administered by the Director of RN Programs, Larronda Rainey. The total amount approved for the grant was \$4,952,848. UAMS College of Nursing received \$2,799,720. The grant is being used to support student learning in the RN-BSN program via scholarships, while also providing CNA and LPN experiences for students. Additional grants submitted through the Dean's office include the Hearst, Beaumont and Skelly Foundation grants which provide funds for the simulation lab and scholarships for baccalaureate, RN-BSN, FNP, DNP and PhD students. Faculty-led efforts to fund special programs includes donations by faculty to fund a Progressive Learning Center for students. Charlotte Dillon led the effort, and \$21,000 was raised in honor of the College of Nursing's 60th Anniversary in 2013.

Faculty actively engage in workshops or seminars related to teaching and share what they have learned with other faculty. In the baccalaureate program, 45% of faculty attended workshops or seminars related to teaching in the 2012-13 academic year. Faculty also participated in BSN Sharing Day during the spring semesters of 2011, 2012, and 2013. A journal club for baccalaureate faculty meets at least twice a semester with an emphasis placed on teaching skills and technology-based approaches.

The UAMS College of Nursing Hartford Center for Geriatric Nursing Excellence (HCGNE), one of only ten Hartford Centers in the nation, has added value to the educational experience of students and has enhanced the credentials of faculty. For example, the Nursing Research Summer Scholars Seminar is a

collaborative effort between the Hartford Center and participating universities to promote research and education in geriatric nursing. This seminar was held at the University of Iowa in 2013, and at UAMS in 2014. In addition, two faculty members were sponsored to attend the Faculty Learning About Geriatrics (FLAG) program in 2011, and one faculty member was sponsored to attend the NLN 'Innovations in Teaching: An Aces Workshop.' The HCGNE has promoted graduate level education by working with the College of Nursing Curriculum Committee to develop the new Adult/Gerontology Primary Care Nurse Practitioner program. The HCGNE has also assisted with undergraduate learning experiences. Nursing students between the junior and senior years are selected for Summer Geriatric Nursing Externships, working and studying with faculty to enhance their geriatric nursing skills. Faculty are also involved with community education in geriatrics, supported by the Robert Wood Johnson Foundation Partners in Nursing Grant to increase the educational level of nursing home staff in the community. USDA funding has been obtained to enable faculty to provide telehealth services to nursing homes in the Delta, an underserved area (OSRR: 2011-12, 2012-13, and 2013-14 Education Department Annual Reports; Practice Department Annual Reports; Science Department Annual Reports).

Faculty Outcome Achievements in Research:

The College of Nursing mission includes advancing the body of nursing knowledge through research activities, the dissemination of research, and the translation of research into practice. Faculty outcome achievements in research have been highly successful, meeting the College of Nursing's missions, goals, and expected outcomes, and enhancing the program quality and effectiveness. These achievements are shown by faculty knowledge of the research process and the utilization of research, funding to increase the research skills and productivity of faculty, and opportunities to showcase faculty research (Appendix IV-H). Faculty are actively involved in a variety of research efforts:

- Dr. C. Barone has been funded by the Arkansas Cancer Coalition to study tobacco cessation.
- Dr. P. Tsai carries out studies to assist persons with Alzheimer's Disease with activities of daily living, and studies of pain management interventions such as Tai Chi for individuals living with arthritis.
- Several faculty carry out research in the area of cardiovascular nursing: Dr. C. Pettey focuses on hypertension among African American patients, Dr. L. Lefler works with older women to promote physical activity, Dr. S. Heo studies symptoms associated with heart failure, Dr. J. McSweeney is well known for her work with cardiac disease in women, and Dean L. Frazier was funded by the NINR for "Interactions among Depressive Symptoms and Genetic Influences on Cardiac Outcomes."
- Dr. A. Mitchell carries out collaborative research with a neonatologist and physical therapist on pain and stress management for newborns, primarily preterm infants hospitalized in the NICU.
- Two faculty focus on mental health: Dr. K. Bryant on depression among African Americans, and Dr. S. Jones on the problem of sexual abuse of adolescents. Both were funded by the UAMS Translational Research Institute.
- Dr. T. Wright works with AIDS patients in community-based research, and has been funded by UAMS Regional Programs; Dr. P. Williams is funded by PCORI for a study of the care of patients with rare diseases.
- A. Thomason and N. Capps are studying the effects of secondhand smoke on cervical cancer.
- Dr. C Beverly, director of the UAMS Hartford Center, is well known for gerontological research and for funding from agencies such as the Hartford Center of Geriatric Nursing Excellence. Appendix IV-H includes a table that summarizes the scholarly efforts of College of Nursing faculty.

College of Nursing faculty who teach research courses played a large part in hosting and coordinating the regional Southern Nursing Research Society (SNRS) conference in Little Rock in February 2013. Over 500 researchers from across the South attend the conference. Both faculty and students served as monitors and moderators as well as presenting peer-reviewed papers and displaying posters. The College of Nursing faculty have also held highly successful regional Research Day events in each of the 3

years of the self-study. At these events, faculty and students present their research and showcase research posters. Faculty mentor students in their poster presentations, which cover a variety of areas including literature reviews, evidence based practice, and original research. The College of Nursing Research Day is informative and has drawn a wide sponsorship from the nursing community within the state of Arkansas, and it also symbolizes the College of Nursing's commitment to research (OSRR: Faculty CVs).

The Research Intensive Faculty Experience (RIFE) program offers an opportunity for research faculty to be mentored and to be given protected time while starting up their own research programs. Dr. T. Wright and Dr. P. Williams were recent recipients of the RIFE. The Translational Research Institute (TRI) and the Research Support Center (RSC) also offer guidance and resources for faculty with research programs.

Dr. K. Bryant was a designated KL2 scholar, and Dr. S. Jones received pilot funding from TRI. Faculty who are actively involved in their own research provide added value to research courses for BSN, RN-BSN, MNSc, DNP, and PhD students and are able to mentor and serve as role models for the next generation of nurse researchers (OSRR: Faculty Scholarly and Research Activities for 2011-12, 2012-13, 2013-14; SRC Annual Reports.).

Faculty Outcome Achievements in Service:

The UAMS College of Nursing provides service through participation of faculty and students in academic, professional, and community organizations. Faculty practice as skilled clinicians, consultants, and professional experts in health care organizations and in the community. They also serve as role models for students and other nurses at local, state, national, and international levels.

The table in Appendix IV-I illustrates the numbers and types of service activities performed by faculty. These data are gathered through review of Department Annual Reports, which are based on faculty vitae that are updated and submitted annually. In addition to serving in person, faculty invite undergraduate and graduate nursing students to participate in many community service activities, instilling in them a lifetime commitment to service.

The majority of faculty licensed as Advanced Practice Registered Nurses (NPs or CNSs) are required to engage in clinical practice in order to maintain their national certification. Many faculty serve in voluntary roles, for example, working in free clinics for uninsured Arkansans. Several faculty members have been able to secure paid positions in health care agencies in their communities. This allows them to bring additional income into the College of Nursing while participating in the College of Nursing Incentive Plan, through which the faculty member retains a percentage of the additional earned income (OSRR: Faculty Handbook, section V, page 1). Faculty and students assisted the Arkansas Department of Health in giving over 250,000 flu shots each year in 2011, 2012 and 2013. The College has helped with this effort every year since 2003, and will continue to do so as long as ADH funding continues.

During the next 2 fiscal years, faculty are expected to maintain or increase their level of service to the college, campus, community, and profession. As shown in Appendix IV-I, total numbers of service activities decreased during FY13. This change is in part due to the fact that the College of Nursing had fewer faculty, carrying heavier workloads. Faculty also changed their pattern of reporting service activities in the community. In fact, some activities have become so routine that faculty perceive them as part of their workload instead of service above and beyond required assignments. For example, in FY13, over 20 faculty supervised 200+ students in administering flu vaccines in schools, community clinics, and on campus, but did not report this on their annual reports. Community members and organizations recognize this spirit of volunteerism in our faculty, staff and students, and routinely request our assistance. Almost every week, our College of Nursing faculty field calls and emails asking for volunteers.

The College of Nursing will continue to search for opportunities to collaborate in interprofessional team-based health care as a faculty practice role, in settings such as the Harmony Clinic and the new 12th Street Clinic. Chancellor Rahn has requested that all UAMS students participate in interprofessional

education prior to graduation. Teams of students can gain interprofessional experiences while serving in the 12th Street Clinic, while also serving the needs of the community.

IV-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.

Program Response:

Both the baccalaureate and master's degree programs have established policies and procedures which clearly define and establish the process for review of students' formal complaints. Examples of changing College of Nursing policy in response to formal complaints include (1) changing TOEFL policy for international students and (2) changing admission requirements for the Baccalaureate Program in Nursing.

1. Changing Test of English as a Foreign Language (TOEFL) policy for international students:

In September, 2011 the Admission and Progression (A&P) Committee was requested to assist in determining whether an international student was required to take the TOEFL. The policy was that international students who did not declare English as their first language were required to take the TOEFL as an admission requirement. However, international students born in foreign countries where English is the first language feel that they should not be required to take the TOEFL. The College of Nursing has access to the Central Intelligence Agency (CIA) official language field listing guide, which is used to determine identity countries that use English as the first language. The A&P Committee voted to allow the Director of Admissions to use the CIA field guide to determine whether or not a student was required to take the TOEFL. The following policy was added to the College of Nursing handbook: The Director of Admissions will use the CIA official language field listing to determine whether the TOEFL examination is required for international applicants who declare English as their first language. If English is listed as the official language of their country of birth on the CIA listing, the student will not be required to complete the TOEFL examination as an admission requirement. The policy regarding the TOEFL examination is outlined in the 2014-15 College of Nursing Catalog, page 39 (BSN); page 66 (MNSc); page 88 (DNP).

A second appeal related to TOEFL policy was made in regard to the requirement to obtain elementary school transcripts. The A&P committee voted to amend the TOEFL policy and eliminate the need for a primary school transcript for non-English speaking applicants to the College of Nursing.

2. Changing admission requirements for the Baccalaureate Program in Nursing:

The A&P Committee met in January 2013 to respond to an appeal concerning admission and progression policies for applicants or students who are licensed LPNs but have failed a course in their LPN program, and to discuss the possibility of establishing a time frame for erasing non-progressive grades.

The discussion focused on whether a failure in an LPN program should count as a failure in a BSN nursing program, or whether these students should be given a fresh start since they are already licensed. Discussion also focused on whether the College of Nursing should consider a time frame for erasing non-progressive grades that were made years ago. The discussion continued in February 2013 and the A&P committee voted to make the following revisions (see bolded information below) to the "Steps to Apply for Admission to the Baccalaureate Program in Nursing," as outlined in the 2014-15 College of Nursing Catalog, pages 41-44.

- Applicants who have attended a previous nursing school or another health related profession school must have a letter submitted from that school that includes a statement regarding the student's standing at the previous school. Applicants who have been dismissed from a program or who are not in good standing will not be considered for admission. ***Exception for a previous nursing course failure earned greater than or equal to 10 years from date of admission to the College of Nursing may be appealed to the College of Nursing Admissions & Progression Committee. An appeal must be made within 30 days of the date on the letter of acceptance.***
- Admission will not be considered for anyone who earned a "NC", "D", "F", or "WF" in any two nursing courses, unless they are currently a licensed RN or LPN.

Grievance Policy: Graduate Programs

The College of Nursing's Appeal & Grievance Procedures are clearly stated in the *2014-15 College of Nursing Student Handbook*, Section 4.9, pages 86-95. The Handbook contains definitions for the classification of complaints, related definitions, channels for problem resolution, and recommended step-by-step procedures for students to use in filing complaints or grievances related to course or faculty issues.

Grievance policies are reviewed and confirmed annually to assure accuracy and consistency with the parent institution policies.

In the past 3 years, two BSN and no MNSc students have filed a formal complaint. Since the inception of the DNP Program, in fall 2013, there have been no formal complaints filed by DNP students. All formal complaints are located in the Dean's office in a locked file.

IV-H. Data analysis is used to foster ongoing program improvement.

Elaboration: The program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement.

- *Data regarding actual outcomes are compared to expected outcomes.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

Program Response:

Baccalaureate Program

As a result of the NCLEX-RN pass rate of 74% in 2011, a substantive change was made to the BSN generic curriculum with the incorporation of Assessment Technologies Incorporated (ATI) review materials and test items throughout all courses in the program. ATI modules, tutorials and examination questions, including ATI final examinations, were incorporated into each course. An individualized remediation program was also started in 2011, with a full-time faculty member available for organizing ATI remediation activities. The remediation program was set up to include summer remediation, face-to-face remediation with faculty mentors, study groups, senior level boot camp, NCLEX-RN review courses, and virtual ATI remediation programs. A Capstone course was created in fall 2012 to prepare senior students to take the licensing examination. Students must meet benchmark standards on two examinations before they are cleared to graduate or take the NCLEX-RN: (a) score of 90% on the ATI RN predictor examination, and (b) a minimum of level 2 on the ATI standardized medical-surgical examination. Students who do not pass either examination on the second attempt are required to take the Virtual ATI remediation program before making a third attempt. If the third attempt is unsuccessful, students receive

an incomplete grade in the Capstone course and continue remediation activities until they pass the benchmark examinations. After successful benchmark scores, students may graduate and take the NCLEX-RN.

As a result of these changes in the curriculum, progression and remediation, the NCLEX-RN pass rate for 2012-13 rose to 90.8% and in 2013-14 to 94.7%. The individualized remediation program continues to play an important role in preparing students to pass the NCLEX-RN.

A new admissions policy was introduced in May 2011 to require applicants to meet a standard benchmark score of 60% on the ATI Test of Essential Academic Skills (TEAS) as well as achieving a minimum GPA of 2.5 on a 4.0 scale. To focus more on quality and to use faculty resources more effectively, the number of admissions was also decreased from 150 in May 2011 to 131 in May 2012. The incorporation of program-wide ATI learning and testing materials described above has reduced attrition and increased the graduation rate.

One particular concern in the fall semester of 2011 was the failure of 20 senior students out of 190 (attrition rate of 11.5%) to pass N4435, Nursing Leadership & Management. Following policy, students were allowed to repeat the course, and ATI materials were integrated at this time along with individualized remediation. Reasons for the failures were reviewed by course faculty and administrators, and faculty received continuing instruction on standards, realistic expectations, and effective teaching methods.

Attrition has been a concern in Foundations II, a fall course for entering junior students. Twenty students out of 159 (attrition rate of 13%) failed Foundations II during the first half of the 2011 fall semester. The course was repeated during the second half of the semester, and students were able to graduate in fall 2013. One issue at the time was loss of experienced faculty and the incorporation of new faculty with limited teaching experience. Faculty members with medical and surgical experience were brought into the course to strengthen that component. Additional improvements to the course were made by integration of ATI materials and use of an ATI final examinations for all courses.

In the 2012-13 academic year, 80% of students demonstrated competence in both theory and practicum courses. The reduction in attrition may be attributable to collaboration among faculty in the Baccalaureate Council, the Baccalaureate Curriculum Committee, and Admissions & Progression Committee. We are pleased to report in fall 2014 that 95% of students demonstrated successful completion of theory and practicum courses.

With competition from a new RN completion program in our area, student enrollment decreased during calendar year 2011. The former Dean, Dr. Lorraine Frazier, received a Department of Labor Grant (Arkansas Partnership for Nursing's Future Grant) in April of 2012, and this grant has supported the use of distance education technology for the delivery of the didactic portion of the RN-BSN Program, and provided faculty support and revenue to promote the program. In addition, the Director of the RN-BSN Program is working to establish contracts with Associate Degree programs across the state.

MNSc and DNP Programs:

APRN certification examination pass rates are collected annually from certifying bodies for each master's specialty. When pass rates are not 100%, specialty faculty discuss factors that could have contributed to failure of students and revise components of the curriculum as deemed necessary.

Upon graduation of the first DNP graduates in spring 2015, data will be collected on graduation rates, employment rates, student exit surveys, employer satisfaction, and alumni survey one year post graduation. This data, along with DNP student course evaluations, Faculty end-of-course reports, and DNP Community Advisory Board feedback will be analyzed and used to foster ongoing program improvement as part of a continuous quality improvement plan.

All Programs:

At the end of each semester, all students are required to complete online course evaluations in which they rate the course as a whole as well as each of their faculty. Anonymous, collective results of these evaluations are distributed to the appropriate course coordinators and faculty members, to be incorporated into their end-of-course reports. End-of-course reports (EOC) discuss students' feedback (both formal and informal) and the revisions that faculty plan to make to the course based on faculty and students' comments. Each year, these EOCs are revisited, the effectiveness of the current state assessed, and further revisions made if needed. This information is also reported in faculty's annual reviews and evaluated for progress and effectiveness by department chairs.

Examples of College of Nursing Accomplishments:

The College of Nursing excels in the following areas:

- Committee structure and process
- Course and program review and revision
- Comprehensive evaluation plan updated annually
- Strong record of communication of policy changes
- Well-defined chain of command

Areas for Improvement:

The self-study has uncovered several areas in which the College of Nursing might improve. These include:

- Consistent survey administration and questions to allow trend analysis
- Strengthen the employer online survey data collection
- Seeking ways to improve survey response rates
- Revise pediatric nurse practitioner curriculum to improve certification rates

Plan for ongoing improvement:

- We will examine the processes in place that other colleges use for evaluation data collection.
- In order to assess the current evaluation process and make recommendations for change, the Evaluation Task Force will be reactivated.
- The new pediatric NP Specialty Coordinator will devise a plan for review and revision of the curriculum.