As you know, the School of Nursing successfully completed its DNP accreditation review with the Commission on Collegiate Nursing Education (CCNE) this past November 2016. Per your memo of September 2015, we are now submitting the accreditation documents to serve as the basis for the university’s five-year review of the DNP program. Included with this memo please find the accreditation Self-Study Report, the evaluation team report, and the school’s response to that report.

In addition to these documents, you had asked for my reflections on the following points:

1. **Whether the goals and objectives as stated in the original program proposal are being met and an evaluation of whether the program is meeting standards of program quality and student experience that are expected based on the original proposal.**

   Yes, the DNP program is meeting its intended goals and objectives while maintaining high standards for program quality and the student experience. When the program was initially proposed, our intention was to transition the existing master’s program to the DNP in accordance with the American Association of Colleges of Nursing (AACN) recommendation to move the level of preparation necessary for advanced nursing practice to the doctoral level. By so doing, we said we would prepare advanced practice nurses at the highest level for leadership roles applying and translating research into practice. Our graduates, these DNP-prepared nurses, are positively impacting healthcare systems and the health and well-being of the citizens of Wisconsin and beyond. The recent rigorous self-study and accreditation review gave us the opportunity to reflect on and evaluate our program. As a school, we determined we met all standards for reaccreditation, a finding confirmed by the CCNE evaluation team in its report.

2. **Confirm that the program is important to be delivered at UW–Madison and confirm your ongoing commitment to the program, especially in terms of academic and fiscal resources.**
The DNP program continues to be an important academic offering for the school, university, and the state. Graduates are prepared to translate research into the practice setting. They understand the complexities of health care delivery systems and are influencing change and developing policy that improves patient outcomes in a variety of settings. Employers recognize the unique contributions these expert nurses are making in the practice arena and demand for DNP-prepared nurses continues to grow. The school is committed to not only sustaining but growing our DNP program and is taking the steps necessary to continue to provide the fiscal and physical resources, academic support services, faculty, and clinical experiences necessary to achieve our mission, goals, and expected outcomes.

3. **Summarize any direction you have for the program going forward in terms of program improvement or actions for follow-up or attention.**

As we look ahead, we will take action to address some of the areas for improvement that came out of our self-study and accreditation review. For example, we will be moving to have our program tracks officially recognized as named options within the university’s structure. We also see the DNP program as an area for program expansion in the near future, and are evaluating the potential to add non-direct care focused options, such as population health and systems leadership.

The recent U.S. News & World Report ranking placed the DNP program 26th in the nation and best in the state of Wisconsin. This was nice recognition and affirmed the quality of our program coming out of a successful accreditation review. We are now looking forward to continued improvement and potential expansion in the coming five years and beyond.

We look forward to working with the university and the Graduate School to complete this five-year review process.

Sincerely,

Linda D. Scott, PhD, RN, NEA-BC, FAAN
Dean and Professor, School of Nursing

CC: Pamela McGranahan, Clinical Assistant Professor, DNP Program Director, School of Nursing
Karen Mittelstadt, Assistant Dean for Academic Affairs, School of Nursing
Jocelyn Milner, Vice Provost and Director, Academic Planning and Institutional Research
Marty Gustafson, Assistant Dean, Academic Planning and Assessment, Graduate School
January 11, 2017

Jennifer Butlin, EdD, Executive Director
Commission on Collegiate Nursing Education
One Dupont Circle, Suite 530
Washington, DC  20036

Dear Dr. Butlin:

We have reviewed the report prepared by the CCNE Evaluation Team from their recent assessment of our Doctor of Nursing Practice degree program and the Post-Graduate APRN Certificate program at the University of Wisconsin-Madison School of Nursing. We found it to be an accurate representation of our programs and agree that we have met all of the standards delineated in the report.

We appreciated the opportunity to be involved in an in-depth self-study and rigorous review. The evaluation team was very professional, collaborative, and non-intrusive. It was a pleasure to work with them as they conducted a thorough analysis. Their input was informative and we are pleased with the outcome of their evaluation.

We would like to thank you for your support of collegiate nursing education. We look forward to receiving the final accreditation decision by the Board of Commissioners.

Sincerely,

Linda D. Scott, PhD, RN, NEA-BC, FAAN
Dean and Professor

School of Nursing
University of Wisconsin—Madison   701 Highland Avenue   Madison, Wisconsin
53705  http://www.son.wisc.edu
Evaluation Team Report on the Accreditation Review of the Doctor of Nursing Practice Program and Post-Graduate APRN Certificate Program at University of Wisconsin-Madison

Commission on Collegiate Nursing Education
On-Site Evaluation: November 16-18, 2016
Evaluation Team:
  Joyce P. Griffin-Sobel, PhD, RN, ANEF, FAAN, Team Leader
  Lee Ann Hawkins, PhD, RN, FNP
  Linda Rounds, PhD, RN, FNP, FAAN
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Introduction

This report presents the findings of the evaluation team from the Commission on Collegiate Nursing Education (CCNE), the accrediting body responsible for the evaluation of baccalaureate and graduate nursing programs, regarding the Doctor of Nursing Practice (DNP) and the post-graduate Advanced Practice Registered Nurse (APRN) certificate programs at the University of Wisconsin-Madison and their compliance with CCNE’s standards for accreditation. The DNP program was granted initial accreditation by CCNE in 2011 and is being reviewed for continuing accreditation. The post-graduate APRN certificate program is being reviewed for initial accreditation.

Founded in 1849, the University of Wisconsin-Madison (UW-Madison) is a comprehensive research university. It is the largest of 15 distinct institutions in the public University of Wisconsin (UW) system and is considered the flagship campus. The UW system includes 2 doctoral universities, 13 universities that grant baccalaureate and master’s degrees, 13 two-year colleges, and the UW Extension. There is a UW system Board of Regents. UW-Madison works with other campuses in the system to advance the broad public mission and goals of the university.

UW-Madison has a Carnegie classification of Doctoral Universities: Highest Research Activity and has more than 43,000 students. There are 13 schools and colleges on the campus. While some colleges are large and complex (e.g., medicine and engineering), others operate “like large departments in many respects” (e.g., nursing, law, and veterinary medicine). The university is accredited by the Higher Learning Commission and has its next review scheduled for 2018-2019.

The School of Nursing (SoN) was organized in 1924 with a baccalaureate degree program. The SoN initiated a statewide collaborative registered nurse to Bachelor of Science in Nursing (RN-BSN) track via distance education, called the BSN@Home. Six campuses in the UW system work together to offer the BSN@Home. The master’s degree program in nursing began in 1964 and closed in 2009 as the school prepared to offer the DNP. The Doctor of Philosophy in nursing program began in 1984. The first class of post-master’s DNP students began in Fall 2010, and the first class of post-baccalaureate DNP students began in 2011. Specialty tracks in the DNP program are offered for adult-gerontology primary care nurse practitioner (AGPCNP), adult-gerontology acute care nurse practitioner (AGACNP), pediatric primary care nurse practitioner (PPCPNP), psychiatric/mental health nurse practitioner across the lifespan (PMHNP), and adult-gerontology clinical nurse specialist (AGCNS). The post-graduate APRN certificate program with a PMHNP track began in 2012.

The team was afforded full cooperation in its efforts to assess the programs and to confirm the self-study document. The team would like to take this opportunity to thank the program for its hospitality and consideration during the on-site evaluation.
In accordance with CCNE procedures, as part of the review, the team confirmed that the program afforded the opportunity for constituents to submit third-party comments directly to CCNE. No letters were received.
Meeting of CCNE Standards

While visiting the campus in Madison, Wisconsin, the evaluation team had an opportunity to interview school and university officials; program faculty, students, and alumni; and community representatives. The team reviewed information in the self-study document and in the resource room as well as other materials provided at its request. In addition, the team also observed classroom and clinical activities. The following assessments were made regarding compliance with the CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs by the DNP program and the post-graduate APRN certificate program at the institution.
Standard I
Program Quality: Mission and Governance

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

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

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

I-A. The mission, goals, and expected program outcomes are:
- congruent with those of the parent institution; and
- 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).

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
The program’s mission, goals, and expected program outcomes are congruent with those of the parent institution and are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals. Foundational to the UW-Madison strategic framework is the Wisconsin Idea, which may be paraphrased as partnering with other UW schools, corporations, communities, and the government to solve complex problems and improve the lives of citizens of the state and the world (For Wisconsin and the World:
The Wisconsin Idea reflects the concept of social justice, which is ingrained in every course, and their mission as future healthcare leaders is to improve the health of all persons and decrease healthcare delivery disparities. A program outcome exemplifying this ideal is that SoN DNP and post-graduate APRN certificate program graduates are providing the only psychiatric/mental healthcare in some rural areas of the state.

Through a review of the self-study document and course syllabi as well as in interviews with faculty and students, the team confirmed congruence between the SoN mission and the DNP program learning goals. For example, one of the DNP learning goals is, “Lead the evaluation of evidence to determine and implement best practice,” which is consistent with the mission to improve health through research, education, and practice.

A revised version of crosswalk Table 1-A.1 in the self-study document was available as an online resource and showed the relationships between the UW-Madison strategic priorities and initiatives (2015-2019), the SoN strategic initiatives and intended outcomes, and the DNP program learning outcomes. DNP learning outcomes, based on AACN’s The Essentials of Doctoral Education for Advanced Nursing Practice (Doctoral Essentials) (2006), are clearly outlined in the self-study document and the DNP student handbook (2016-2017). Post-graduate APRN certificate program learning outcomes, based on Doctoral Essential VIII: Advanced Nursing Practice, are available in the self-study document. The DNP and post-graduate APRN certificate program directors confirmed that the DNP and post-graduate APRN certificate program learning outcomes are currently being revised and will be routed to the appropriate governance committees for approval and adoption. The self-study document identifies other appropriate professional nursing standards and guidelines to support the DNP and post-graduate APRN certificate programs in addition to the Doctoral Essentials.

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.

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
The team reviewed graduate program committee meeting minutes, DNP and post-graduate APRN certificate program assessment plans, and DNP student listening notes to confirm that there is regular periodic review and actual or potential revision of the program mission, goals, and expected student/program outcomes.
Clarification was sought from the DNP and post-graduate APRN certificate program directors regarding the respective program assessment plans, available in the self-study document as Appendices IV-A.1 and IV-A.2. During an interview with the team, representatives of the community of interest, alumni, and students stated that they feel included in the continual review process and that their comments and suggestions are heard and acted upon.

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.

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
The SoN DNP faculty handbook, annual performance review policies and forms, documentation of faculty responsibilities, and examples of appointment letters detailing expected teaching assignments, roles, and responsibilities were available for the team’s review. Detailed procedures related to faculty appointments, evaluation, promotion, the tenure process, and workload are outlined in these materials.

The responsibilities of SoN faculty are divided between instruction, scholarship, and service, consistent with campus-level policies. Tenured and tenure-track faculty have more emphasis placed on scholarship, while the primary responsibility of clinical faculty is instruction. Faculty shared that the expected percentage of instruction, scholarship, and service workload can be negotiated to some degree in their yearly appointment, and that all faculty (clinical and tenure-track) feel included equally in the mission and purpose of the SoN.

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.

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
The dean and faculty shared that the SoN endorses a strong shared governance model and that diversity and inclusivity are key values. The SoN has primary authority for the design and implementation of the admission and progression of students, the curriculum, evaluation, educational resources, and faculty development. Faculty are responsible for program governance through elected and appointed membership on university committees as described in the SoN addendum to the UW-Madison faculty policy and procedures, and all faculty are expected to serve on committees.
DNP and post-graduate APRN certificate students are encouraged to engage in governance and have the opportunity to serve on the Graduate Program and Equity and Diversity Committees as well as in a multitude of student-run organizations such as the student nurses association or journal club. Information for students about these opportunities is readily available in the DNP and post-graduate APRN certificate student handbooks (2016-2017). To confirm the governance structure, the team examined documents in the resource room that described committees with student seats, a 2016 call for student nominations, student ballots, Graduate Program Council and DNP subcommittee meeting minutes, and the results of 2016 SoN committee elections.

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. 1, 2

If a 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).”

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


Compliance Concern? DNP: Post-graduate APRN certificate: No No

Rationale:
Program requirements on the UW-Madison and SoN websites were examined by the team for accuracy. The team also reviewed the StudentNet website and the online DNP and post-graduate APRN certificate student handbooks. These documents are easily accessible and accurate. Periodic notification of updates to the student handbooks and monthly general messages about the programs are sent electronically to students. Copies of these documents were reviewed by the team. The SoN website and DNP and post-graduate APRN certificate program handbooks reflect the accreditation status for each program using the required language. Student files, an official letter of verification of education for certification, and an official transcript were examined by the team.
Currently, transcripts do not specify the APRN role and population focus. Instead, the registrar’s office attaches a letter to the transcript stating clearly the role and population focus completed. A copy of this letter remains in each student’s file. The assistant dean for academic programs explained that a process with the registrar’s office is underway to ensure that named options for the APRN tracks will be included on transcripts in the future. Faculty also stated that there is ongoing work with the registrar toward compliance with the requirement for the APRN role and population focus of the graduate to be stated on the transcript.

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.

**Compliance Concern?**

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**Rationale:**

Detailed academic policies for DNP and post-graduate APRN certificate students published on the SoN website and in student handbooks are consistent with those of the UW-Madison graduate school and achieve the mission, goals, and expected student outcomes. In some cases, the policies are more stringent than those for UW-Madison to foster student success in future nursing practice as well as on certification exams. For example, DNP and post-graduate APRN certificate students must pass nursing courses with a minimum grade of a BC (B minus) or repeat the course and earn a B or higher. Students stated that they feel well-informed of policies and expected student outcomes and that they are fair and equitable. Students also stated that they feel supported by faculty and would not hesitate to voice a concern or an opinion should an issue arise.
Standard II
Program Quality: Institutional Commitment and Resources

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

This standard is met for the Doctor of Nursing Practice program.
This standard is met for the post-graduate APRN certificate program.

II-A. Fiscal 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.*

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**Rationale:**

Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. The SoN is housed in Signe Skott Cooper Hall, a $53 million, five-story, state-of-the-art building that opened in 2014. The team toured the facility and found that attention had been given to every detail in creating a technologically advanced environment to foster learning, research, and collaborative work for current students as well as for future growth and advancement. More details are available in the self-study document.

UW-Madison is a state-supported public institution, and the State of Wisconsin has suffered budget crises that have resulted in substantial budget cuts to the university. In conversations with the dean, the provost, and other administrators, the team confirmed that the detailed description of the budget in the self-study document accurately reflects the current state of affairs. Presently, the SoN has been able to sustain operations and retain qualified faculty and staff with alternative funding sources such as gifts, additional graduate tuition, and grants.

Due to the budget crisis, a major concern for the SoN is salary adjustments to support, attract, and retain qualified faculty for present and future needs. Nursing faculty salaries are compared nationally using AACN data for comparable peer and practice settings, and SoN salaries are below the AACN 50th percentile.
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.

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
In discussions with faculty, students, and academic support staff, the team confirmed that academic support services are sufficient to meet program and student needs. During meetings with various support services, the team confirmed the availability of numerous academic resources. For example, a student services coordinator works with the DNP/post-graduate APRN certificate program coordinator to support students from admission to graduation. There is a dedicated clinical placement coordinator to facilitate preceptor contracts and an entire team of technology experts to assist faculty and students in fully utilizing the scope of technology available in Signe Skott Cooper Hall. The university library is the main medical library for the state of Wisconsin and houses a remarkable collection. In an interview with the team, a SoN librarian described the breadth of support for DNP and post-graduate APRN certificate students, including weekly face-to-face and YouTube seminars on various topics such as searching databases. The many resources of the health sciences library, including dedicated library staff, are readily available to DNP and post-graduate APRN certificate students to support their achievement of expected outcomes. Academic support services are regularly reviewed by students in end-of-course surveys as well as by SoN faculty and staff.

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).

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
The dean of the SoN is the chief executive officer of the school and is highly qualified experientially and educationally to achieve the mission, goals, and outcomes of the program. The dean became the eighth dean of the SoN in July 2016 and was confirmed as a professor with tenure in September 2016. Through a review of the dean's curriculum vitae, the team confirmed that she holds the required academic preparation: a BSN from Michigan State University, a Master of Science in Nursing from Grand Valley State University, and a PhD from the University of Michigan. The dean reports directly to the provost and vice chancellor for academic affairs, as do the deans of the other schools and colleges in the university. She has 18 years of academic experience and more than 15 years in nursing practice and leadership. Her early involvement in community projects and their priorities earned her high praise from all affiliates of the community who were invited to meet with the team. “She hit the ground running,” and, “The dean has already forged relationships that will allow us to move ahead with exciting projects in the future,” were typical comments from the community of interest. The dean has already earned strong support from faculty and staff as well. Faculty described her as “being a champion for us,” “inspiring,” “transparent,” “community focused,” “organized,” “someone with an open door,” “someone who values clinical practice as well as research,” and “dynamic, able to forge relationships.”

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.

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
Faculty are sufficient in number to accomplish the mission, goals, and expected program outcomes and are academically and experientially prepared for the areas in which they teach. This includes holding national
certification and having practice experience specified by relevant regulatory bodies. Currently there are 13.2 total faculty full-time equivalents (FTEs) for the DNP program and 1.5 for the post-graduate APRN certificate program. This was clarified while the team was on site, as there is a discrepancy between the stated FTEs on pages 7 and 25 of the self-study document. FTEs are calculated by the percentage appointment with the school. For example, two faculty may teach in the post-graduate APRN certificate program, one with a 100% appointment and the other with a 56% appointment, thus equaling 1.5 FTE as an actual faculty headcount shown on page 7. The 0.5 FTE per semester shown on page 25 reflects teaching load. Two courses offered in the first-term fall semester accounted for 25% allocation per course, per the faculty workload policy. The current faculty workload policy is under review and revision, per the dean and acting associate dean. Tenured and tenure-track faculty are doctorally prepared, and clinical faculty are encouraged to pursue doctoral preparation. The team’s review of faculty curricula vitae confirmed that most of the DNP faculty are DNP-prepared. The provost commented that her major concern with the otherwise excellent SoN is that it is “too small”; growth is currently limited by lack of funding for much-needed faculty and staff.

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.

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Rationale:
Preceptors are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes. Faculty arrange clinical placements with carefully screened preceptors selected to be good fits for students’ needs and progression in the program. The clinical placement office maintains appropriate records and facilitates communication between preceptors, students, and faculty. Information in the self-study document was confirmed by the team through examination of a preceptor file, contents of a packet of information given to preceptors, site visits to a primary care and a mental health clinic, and interviews with preceptors, students, and faculty. Clinical preceptors are regarded as a very valuable unpaid resource critical to student success. Faculty make personal site visits and maintain open communication with preceptors, and preceptors are offered access to the university’s library resources. Students commented that the clinical experiences are “amazing” and “exactly what I had hoped for to help me become an expert practitioner and leader.”
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.

Compliance Concern? DNP: No  
Post-graduate APRN certificate: No

Rationale:
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. To support scholarship, tenured and clinical faculty are encouraged to pursue scholarly work and are awarded an annual sum of $1,500 to attend or present at conferences. Faculty praised the breadth and depth of support offered by the SoN and university to encourage new pedagogical practices. Examples include the teaching academy, the division of information technology, academic technology boot camp, intramural research funding opportunities available to clinical faculty, and on-campus colloquia on a variety of topics. A detailed list is available in the self-study document. Time is allotted per individual faculty contracts to maintain practice competence, particularly for faculty with national APRN certification. Faculty spoke of the importance they place on maintaining clinical skills, while students spoke to the value of having faculty that are clinical experts.
Standard III
Program Quality: Curriculum and Teaching-Learning Practices

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

This standard is met for the Doctor of Nursing Practice program.
This standard is met for the post-graduate APRN certificate program.

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program’s mission and goals, 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.

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
DNP
The DNP program is aligned with the mission of the UW-Madison SoN, stated in the self-study document as, “To develop leaders for the profession and society. We make discoveries, enhance systems, and improve health through research, education, and practice.” The SoN mission is represented in the DNP program through the preparation of students for innovative advanced nursing practice and clinical leadership. The DNP program began in 2010 with a post-master’s option, and in 2011 the SON added a post-baccalaureate DNP option. Both options continue to be available to applicants.

Specialty tracks in the DNP program are offered for AGPCNP, AGACNP, PPCNP, PMHNP, and AGCNS. The post-baccalaureate DNP option requires 71 credit hours and accepts full-time and part-time students. The post-master’s option requires 33 credit hours. The DNP learning outcomes are clearly stated. The courses in the DNP curriculum, the DNP learning goals, and SoN publications provide evidence of preparation of DNP students to assume roles as NPs or CNSs. The SoN has a clearly stated process for review and revision of the curriculum as needed to reflect the SoN mission.

Post-graduate APRN certificate
The post-graduate APRN certificate curriculum offers master’s-prepared nurses who are nationally certified or eligible for national certification additional education to enable them to sit for certification as PMHNPs. The program requires a minimum of 18 additional graduate credits beyond the master’s degree. Courses in the post-graduate APRN certificate program are the same as those taken by the PMHNP students in the DNP program. Faculty confirmed that the post-graduate APRN certificate program represents the mission of the SoN.
by improving health through research, education, and practice. The learning goals for the post-graduate APRN certificate program are derived from Doctoral Essential VIII: Advanced Nursing Practice.

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.

Compliance Concern? DNP: No  Post-graduate APRN certificate: No

Rationale:
DNP

The DNP program uses the *Doctoral Essentials* as a basis for all specialty tracks in the DNP program. In addition, the NP tracks use the National Organization of Nurse Practitioner Faculties (NONPF) *Nurse Practitioner Core Competencies (NONPF Core Competencies)* (2012, 2013) as a guide for clinical and theory courses. Population-specific standards such as the *Adult-Gerontology Primary Care Nurse Practitioner Competencies* (AACN, 2010) also provide guidance for the curricula. DNP course syllabi and objectives as well as the UW-Madison SoN DNP NP competency curriculum map, available for the team’s review, reflect integration of the *Doctoral Essentials, NONPF Core Competencies*, and population-specific competencies. One example is N761 Program Planning, Evaluation, and Quality Improvement. The course is mapped to program outcomes 1, 3, 4, 7, 8, and 9 and Doctoral Essentials I, II, III, IV, and VI. Faculty provided sample course assignments supporting achievement of the outcomes and *Doctoral Essentials*. Similar materials were provided for population-specific competencies. The team reviewed documents that mapped the expected student outcomes of the DNP AGCNS) track curriculum with the National Association of Clinical Nurse Specialists (NACNS) *Statement on Clinical Nurse Specialist Practice and Education* (2004) and *Clinical Nurse Specialist Core Competencies* (2010). However, the differentiation of outcomes and stated program standards for AGCNS students was not clear in the team’s review of didactic and clinical courses for the track. Faculty noted that the stated expectations in AGCNS courses could be clearer. The National Task Force on Quality Nurse Practitioner Education (NTF) *Criteria for Evaluation of Nurse Practitioner Programs (NTF Criteria)* (2012) are used as a professional nursing standard for all NP specialty tracks in the DNP program. Faculty provided a crosswalk table with evidence demonstrating compliance with the *NTF Criteria*.

In the self-study document and in interviews with faculty, the SoN provided descriptions of how the faculty altered course content in the DNP curriculum when they realized students did not clearly understand the expectations of the *Doctoral Essentials*. Faculty initiated a student poster session in which students presented their project proposals to faculty, staff, and other students as one method to improve students’ understanding of the *Doctoral Essentials*.

**Post-graduate APRN certificate**

The post-graduate APRN certificate program courses are identical to the PMHNP courses in the DNP program. The post-graduate APRN certificate program curriculum, because it is primarily clinical, is derived from Doctoral Essential VIII. Maps of the *Doctoral Essentials*, core competencies, and population-specific competencies as well as the *NTF Criteria* provided evidence of the program’s compliance with the stated professional nursing standards and guidelines.

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.

Compliance Concern?  
DNP: No  
Post-graduate APRN certificate: No

Rationale:

DNP
To achieve student outcomes, the DNP program uses instructional scaffolding to logically develop concepts and course content. DNP students, whether post-baccalaureate or post-master’s, take courses that progress from fundamental concepts to more complex ideas. One example is the requirement for post-baccalaureate DNP students to complete N706 Nursing Research prior to beginning the scholarly project sequence. The self-study document indicates that the research sequence is intended to build on undergraduate knowledge of research and also to form a basis for scholarly work. The self-study document includes similar examples for the sequencing of leadership courses and clinical practice courses. The team’s discussions with faculty and students included examples of how courses build on nursing knowledge gained from previous degrees such as increasing complexity of knowledge in health assessment, ethics, evidence-based practice, and leadership.

Post-graduate APRN certificate
Post-graduate APRN certificate students are required to hold bachelor’s and master’s degrees from an accredited nursing program, hold a Wisconsin RN license, and be nationally certified or eligible for national certification. In a meeting with the team, students described developing new knowledge in communication and pharmacology based on previous learning in their baccalaureate degree programs.

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.

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**Rationale:**

**DNP and Post-graduate APRN certificate**

The self-study document contains several illustrations of teaching-learning practices that support achievement of student outcomes for the DNP and post-graduate APRN certificate programs. These include active learning, cooperative learning, inductive teaching and learning, and simulation within a student-centered context.

Course syllabi include examples of such teaching-learning practices, including a data mining analysis in support of a quality improvement project in N764 Nursing and Health Informatics and a case study on assessment of anxiety and mood disorders in N726 Foundations for APN Clinical Practice I (PMHNP section). Course syllabi clearly state the relationship between course assignments and expected student outcomes. The self-study document includes an example of a suturing simulation to help students achieve clinical outcomes. The process and outcomes for this simulation were confirmed in the team’s review of course documents. Students reported the value of the face-to-face classes in learning new content at the DNP level.

The SoN is equipped with state-of-the-art equipment, simulation labs, and technology available for on-campus or distance education learning experiences. A variety of technologies are used to support achievement of student outcomes including podcasting, teacher-created videos, and collaborative tools such as Google Docs. The active learning classroom is one example of the teaching environment observed by the team that is available to help students achieve stated outcomes.

**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.

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**Rationale:**

**DNP**

Post-baccalaureate DNP students complete a series of four clinical courses (N728, N729, N828, and N829) encompassing 1,000 hours of clinical practice. Post-master’s DNP students complete only N828 and N829 for a
total of 500 hours of clinical practice. Clinical experiences take place in a variety of settings in rural and urban communities. Course syllabi include descriptions of clinical activities and expectations that support achievement of program outcomes such as case studies and clinical seminars in addition to direct patient care experiences. The final two clinical courses (N828 and N829) include experiences in leadership such as attendance at staff meetings or participation in shared governance or peer review. The team’s tour of a DNP clinical practice site for AGPCNP students at a primary care clinic showed numerous opportunities for development of knowledge and skills and attainment of program outcomes. The team reviewed samples of student and faculty evaluations of a variety of clinical sites. Although faculty and students described clinical experiences for adult-gerontology NP and AGCNS students appropriate to the roles, the specific experiences are not clearly outlined or differentiated in clinical course syllabi.

Post-graduate APRN certificate
Students in the post-graduate APRN certificate program complete three clinical courses, N728, N729, and N828. Although there are separate sections of these courses for post-graduate APRN certificate students, the courses are identical to those taken by DNP students in the PMHNP track and include the same assignments, clinical requirements, and evaluation methods. Students described clinical experiences that enhance their previous knowledge as a master’s-prepared nurse and clearly require the use of new knowledge in psychiatric/mental health practice.

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.

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Rationale:

DNP and Post-graduate APRN certificate:
The faculty of the UW-Madison SoN have developed curricula and used teaching-learning methods in response to their identified community of interest. The PMHNP track is the only such program in a public university in Wisconsin responding to an identified shortage of providers in this area. In response to the students, who are working adult learners, faculty designed a post-master’s DNP program that is available part-time using distance learning technology to accommodate students who remain active in practice. In developing the post-baccalaureate DNP option, faculty have attempted to schedule all face-to-face classes on a single day of the week. In the spring of 2016, faculty surveyed DNP students to determine their satisfaction, needs, and priorities in online learning. The results of the survey, such as the need for easily accessible directions for assignments and evaluation methods, resulted in changes to the online learning management platform. In
discussions with the team, alumni confirmed that the curriculum and faculty have been responsive to their needs as students and adult learners.

The faculty have also worked with external stakeholders and participated in professional groups external to the university. For example, the DNP program director serves as a member of the Advanced Practice Council at UW Health, and the lead faculty member for the post-graduate APRN certificate program participates in the Wisconsin Nursing Association’s APRN Forum and is a member of the Wisconsin Nurses Association Task Force on Prescription Drug Abuse. In conversations with the team, external stakeholders confirmed the responsiveness of the UW-Madison SoN to the needs of local healthcare systems and the community at large.

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.

Compliance Concern? DNP: No  Post-graduate APRN certificate: No

Rationale:
DNP and Post-graduate APRN certificate
The team’s review of course syllabi for the DNP and post-graduate APRN certificate programs confirmed that evaluation of student performance is clearly outlined for the overall course grade and for individual assignments. The grading scale used for final course grades is included in each course syllabus and is consistent with UW-Madison policies. The policies for satisfactory progression in programs are available and clearly stated in the StudentNet portion of the SON website.

Individual student performance in courses reflects achievement of learning outcomes specific to each course. The SoN provided a table linking program outcomes, the Doctoral Essentials, and course objectives with selected evaluations of student performance. For example, in N722 Adults and Older Adults, students complete a proposal identifying and applying a theory to address a specific concept or practice problem. As part of the proposal presentation, students describe how the theory might inform evidence-based practice. This assignment reflects the expected student outcome for the course, which is, “Examine diverse theoretical perspectives on health and illness in adulthood and old age.” The team’s review of assignments completed by students illustrated consistent application of evaluation methods outlined in courses.
Although faculty seek input from clinical preceptors, clinical course syllabi clearly state that the course professor is responsible for evaluation of students. Samples of evaluations of student clinical practice signed by faculty were available for the team’s review. In discussions with the team, preceptors confirmed that faculty evaluate students in clinical practice experiences with face-to-face site visits at least once per semester. Faculty may seek additional input through phone calls, emails, or joint meetings with faculty, students, and preceptors. Preceptors stated that faculty make the final decision regarding student success in clinical courses.

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.

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:

DNP and Post-graduate APRN certificate
The faculty at the UW-Madison SoN use a variety of methods to evaluate the DNP and post-graduate APRN certificate programs’ curricula and teaching-learning practices. The team reviewed tools used for student evaluations of courses and faculty, and the SoN provided a table of aggregate results for the two most recent years of evaluations. Faculty confirmed that such data are used by the DNP Subcommittee and Graduate Program Council to modify the overall curriculum and/or individual courses.

The self-study document includes descriptions of changes based on student, preceptor, and faculty evaluations. For example, student evaluations led to changes in the frequency of in-class meetings, standardization of content across all population foci, and development of a simulated suturing lab. The team noted these changes in the course syllabi available for review. The DNP Subcommittee, in conjunction with the director of academic technology, surveyed DNP students to determine the best ways to improve courses in the online platform. One of the results is a consistent online course template in the Learning@UW platform. The consistent use of this template was noted in the online courses reviewed by the team. Several changes were made to the post-baccalaureate DNP option based on faculty and student feedback. Because post-baccalaureate DNP students are inexperienced in advanced practice, there was an identified need for mentoring in leadership and a request for assistance in identifying agencies for completion of the scholarly project. This feedback resulted in changes to the sequence of courses in the DNP curriculum, creating more cohesive content in evidence-based practice and quality improvement. Faculty also re-sequenced one of the leadership courses, placing it immediately prior to the scholarly project course. Meeting minutes of the Graduate Programs Committee confirmed modifications made to the DNP program outcomes and methods for monitoring student progression as well as follow-up on the addition of a psychopharmacology course to the post-graduate APRN certificate program.
Standard IV
Program Effectiveness: Assessment and Achievement of Program Outcomes

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

This standard is met for the Doctor of Nursing Practice program.
This standard is met for the post-graduate APRN certificate program.

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

Elaboration: The program 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.

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
The team reviewed an assessment plan for the DNP program that is written, ongoing, and comprehensive. The plan identifies which quantitative and qualitative data are collected and includes timelines for collection, review, and analysis. The process is reviewed and revised every three years. The SoN’s commitment of information management resources demonstrates a commitment to continuous quality improvement. There are evaluation plans for each program that measure program completion rates, certification pass rates, and employment rates. Quantitative and qualitative assessment tools are used to provide a holistic evaluation process. Student satisfaction is measured using student and alumni surveys.

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.

Compliance Concern?  
DNP: No  
Post-graduate APRN certificate: No

Rationale:
Completion rates for the DNP and post-graduate APRN certificate programs exceed CCNE’s expected level of achievement in all periods. For the DNP program, 97% of students have graduated within the expected time to completion, which is three years for post-baccalaureate DNP students and two years for post-master’s DNP students. From 2013 to 2015, 100% of post-graduate APRN certificate students completed within the expected timeframe.

For attrition, of the 23 students who have enrolled in the post-graduate APRN certificate program since its inception in 2012, 61% have graduated and 17% are still enrolled, for a 21.7% attrition rate (n=5) or an average retention rate of 78%. The expected aggregate outcome for the DNP program is that 90% of students will complete the requirements for the degree, and at present it is at 89%. The SoN is working on conveying the rigors of the programs to prospective students to improve these retention rates.

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.

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
Certification pass rates for all programs exceed 80% and therefore meet the CCNE expected level of achievement.

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.

Compliance Concern? DNP: No
Post-graduate APRN certificate: No

Rationale:
DNP and post-graduate APRN certificate students are surveyed annually. Employment rates exceed the CCNE expected level of achievement. Communities of interest noted that graduates are highly valued and sought after for employment.

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.

Compliance Concern?

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Rationale:
Program outcomes include completion rates, certification pass rates, employment rates, faculty outcomes, applicant characteristics, and student/alumni satisfaction. Insights into student satisfaction have been collected using the Educational Benchmarking Inc. (EBI)/SkyFactor DNP exit assessment. The latter has been administered to two DNP graduating classes. Results demonstrate a mean of 5.0 out of 7.0 on all factors and favorably compared to Carnegie classification peers in 2015. Alumni satisfaction with the overall program is also measured by EBI/SkyFactor assessments. Student comments reflect overall satisfaction with faculty availability, program quality, and connections with communities of interest.

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.

Compliance Concern?

<table>
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<tr>
<th></th>
<th>DNP:</th>
<th>Post-graduate APRN certificate:</th>
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<tbody>
<tr>
<td></td>
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Rationale:
Faculty outcomes are monitored for individuals and for the aggregate using a cloud-based data collection system based in the SoN, along with information from a central database kept by the university. Faculty evaluation was discussed by the team with the provost and SoN and graduate school administrators. Annual reviews and guidance teams in research and teaching facilitate assistant professors on the path to tenure and promotion; all other faculty, both tenured and clinical track, also have annual reviews as well as a post-tenure review at five years. Faculty teaching evaluation results are monitored and are part of performance reviews. Three-year aggregate results for teaching in the DNP and post-graduate APRN certificate programs are satisfactory and meet the SoN benchmarks. More than 10 faculty have been inducted into the UW-Madison
Teaching Academy. Tenure-track and clinical faculty have expectations for research and scholarship, and that activity is monitored. For the last three years, that activity has held steady at 42% to 50% of faculty having productivity in research and grant funding, publications, and/or presentations. All faculty are expected to contribute to the SoN and wider 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.*

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</table>

**Rationale:**
Formal complaints are defined by the SoN, and the process for filing complaints/grievances is located in the graduate student handbooks on the SoN website. Student concerns that are reported anecdotally resulted in intentional listening sessions with program directors.

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.

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**Rationale:**
The SoN uses data for program improvement. One example of this is the creation of a standardized course template for the DNP program. A survey of DNP students in Spring 2014 illustrated their most pressing concerns about the design of DNP courses; having a clear delineation of required readings versus recommended readings received the highest ranking, followed by having clear grading rubrics. Other concerns included having true PDFs and video runtimes in the filenames. These data were used to create a standardized course template.
Enrollment in Graduate School Programs

This visualization was created by the UW-Madison Graduate School Office of Academic Planning and Assessment. Questions should be directed to Peter Kinsley, peter.kinsley@wisc.edu.
Graduate Student Funding

Select Term
Fall Term

Select Student Category
(All)

Degree Level
All

Disciplinary Division
Biological Sciences

Academic Plan
Nursing Practice DNP

Named Option
All

Fellows
Teaching Assistants
Project Assistants
No/Low/Other Funding

Fall, 2010
16
16

Fall, 2011
47

Fall, 2012
60

Fall, 2013
88

Fall, 2014
96

Fall, 2015
107

Fall, 2016
98

Fall, 2017
85

This visualization was created by the UW-Madison Graduate School Office of Academic Planning and Assessment. Questions should be directed to Peter Kinsley, peter.kinsley@wisc.edu.
Completion Rates: 2007-2015 Entrance Cohorts

Select Degree Level
- Doctorate
- Master's

Select Entrance Cohort Group
- 2010-2012 Cohort

Select Student Category
- (All)

Disciplinary Division
- All

Academic Plan
- Nursing Practice DNP

Completed Plan: 88.0%

Did not complete plan: 12.0%

This visualization was created by the UW-Madison Graduate School Office of Academic Planning and Assessment. Questions should be directed to Peter Kinsley, peter.kinsley@wisc.edu.