University of Wisconsin-Madison
Graduate Faculty Executive Committee
1:30 p.m. – 3:30 p.m., Room 52 Bascom Hall
March 9, 2018

AGENDA

(PDF of All Materials)

Introduction

1:30 Automatic Consent approval of the minutes from February 9, 2018  GFEC.20180309.01

Information Items

1:35 Governance Impact for Lumen Course, Curricular and Academic Programs and the Analog to Digital Transition (Michelle Young)  GFEC.20180309.02

Approvals

1:45 Request to change the admitting status of the Philosophy MA from admitting to non-admitting (Alan Sidelle)  GFEC.20180309.03

1:50 Request to discontinue the Capstone Certificate in Geodesign effective Fall 2018 (Ken Genskow, Travis Flohr)  GFEC.20180309.04

1:55 Request to discontinue the Doctoral Minor in Manufacturing Systems Engineering effective Fall 2018 (Parmesh Ramanathan)  GFEC.20180309.05.MSE

Approval Updates

2:00 Three-Year Progress Report Check-In for the MA Mathematics named option “Foundations of Advanced Studies” (Parmesh Ramanathan)  GFEC.20180309.06.Math

Program Reviews and Updates

2:10 Program Review Update from Physiology PhD (Parmesh Ramanathan)  GFEC.20180309.07

2:15 Five-Year Supplemental Review of the Doctor of Nursing Practice (Cynthia Czajkowski)  GFEC.20180309.08

2:35 Ten-Year Review of the MS/PhD/Doctoral Minor in Molecular and Cellular Pharmacology (Monica Turner)  GFEC.20180309.09

2:55 Ten-Year Review of the MS in Counseling (Kristin Eschenfelder)  GFEC.20180309.10
2017-2018 Meeting Schedule
April 13, May 11, June 8
1:30 p.m. – 3:30 p.m.
52 Bascom Hall
MINUTES

Members Present: Caroline Alexander, Alex Dressler, Kristin Eschenfelder, Yu Hen Hu, William Karpus, Steffen Lempp, Lisa Martin, Christa Olson, Nicole Perna, John Pfotenhauer (arrived after approval voting), Parmesh Ramanathan, Leslie Smith III, Steph Tai, Monica Turner

Members Absent: Lara Collier, Michael Graham, Christopher Livanos, Tracy Schroepfer, Earlise Ward

Guests: Cecile Ane, Sue Babcock, Elaine Klein, Sarah Kuba, Jocelyn Milner, Mary Trotter, Eric Wilcots

Staff: Judy Bauman, Katie Block, Meghan Chua, Marty Gustafson, Michelle Holland, Emily Reynolds

Dean William Karpus called the meeting to order.

The minutes of January 12, 2018, were approved as a matter of automatic consent.

Dean Karpus introduced new GFEC member Alex Dressler.

Approvals:

1. Dean Karpus introduced Professor Cecile Ane from the Department of Botany, who presented a request to discontinue the Doctoral Minor in Biometry effective Spring 2018. Only one student has ever earned the minor and the small interdepartmental group of faculty who oversee the Biometry M.S. do not have the capacity to vitalize and maintain the doctoral minor.

Motion: Moved and seconded to discontinue the Doctoral Minor in Biometry effective Spring 2018. The motion passed unanimously.

2. Dean Karpus introduced Associate Professor Mary Trotter from the Department of English, who presented a request to approve a new Doctoral Minor in Interdisciplinary Theatre Studies effective Fall 2018. When the Interdisciplinary Theatre Studies program parted from the Department of Theatre and Drama, the doctoral minor in Theatre and Drama was not transferred. The Theater and Drama minor was recently discontinued, and this new minor will continue the long-standing practice of serving doctoral students interested in pursuing breadth in their degree by gaining advanced knowledge of theatre and performance history, theory, criticism, and theater and performance in everyday life.

Motion: Moved and seconded to approve the new Doctoral Minor in Interdisciplinary Theatre Studies effective Fall 2018. The motion passed with 1 abstention.
Program Reviews:

3. Associate Dean Parmesh Ramanathan introduced the Institutional (10-Year) Review of the Mathematics M.A./Ph.D./Doctoral Minor. Ramanathan noted the strengths of the program, including highly competitive admissions, excellent career outcomes for students, regular surveying of student climate revealing minimal issues, guaranteed four-year funding for Ph.D. students, and a strong doctoral minor program. Dean Karpus also commended the College of Letters & Science for improving opportunities for teaching assistantships for Mathematics students. Ramanathan also discussed the review committee recommendations, which included improving gender diversity among domestic students and developing a long-term strategic plan. Both the review committee and the GFEC were deeply concerned that 70 percent of students who failed the qualifying examination were women and asked that the department investigate and take action. The review committee also evaluated the M.A. named option in Foundations of Advanced Studies, and found that while the named option meets its enrollment targets, it relies on personal recruiting by its faculty director, Professor Shi Jin from four institutions in China. Professor Jin also oversees admissions, advising, and student placement, and the committee is concerned with the long-term viability of a program dependent on a single professor. Programmatic diversity was also a concern and GFEC recommends the program expand its recruiting efforts to enroll a more diverse student population to ensure this program will continue to thrive and support future initiatives. The GFEC commends the program on its strengths and recommends it engage in efforts to address the review committee’s concerns.


4. Former GFEC Member Sue Babcock introduced the Institutional (10-Year) Review of the Botany M.S./Ph.D./Doctoral Minor. Babcock noted strengths of the program, including diverse faculty and students, a time to degree well below peer institutions, strong career placement for graduates into undergraduate teaching colleges (an articulated goal of the program), a supportive climate, well-funded, productive, collaborative, highly-ranked faculty with broad expertise, spacious and well-equipped laboratories and facilities. Babcock also discussed review committee recommendations, namely a need to address disparities across tracks in the program, which show inconsistency in types of student funding, degree requirements, expectations and format for examinations, and student experience. Babcock noted the doctoral minor had only been awarded 5 times in the last 10 years, with the last award being in 2012-2013. Other recommendations include considering and clarifying the degree to which heterogeneity in the program is desirable; clarifying among the faculty expectations regarding student committee membership and responsibilities; recruiting students from institutions they consider to be their peers; and establishing a Board of Visitors for input into both direction and resources. The GFEC commends the program on its strengths and recommends it engage in efforts to address the review committee’s concerns.

Motion: Moved and seconded to accept the Institutional (10-Year) Review of the Botany M.S./Ph.D./Doctoral Minor. The motion passed unanimously.

5. Former GFEC Member Sue Babcock introduced the Institutional (10-Year) Review of the Water Resources Management M.S./Doctoral Minor. Babcock noted the strengths of the program, including its workshop for students that embodies the Wisconsin Idea, an interdisciplinary student body, production of practitioners with broad-based perspectives and real-world experience, loyal faculty, students, alumni
and employers; and a program size that allows simultaneous interdisciplinary problem-solving and individual contribution. Babcock also noted review committee recommendations, including reevaluating the advising procedures for the program, developing a comprehensive strategic plan for the next 5 – 10 years, exploring collaboration with other water and Nelson Institute programs on campus, exploring different budget models for the program, and considering forming an outside board of visitors to better connect with industry and the public sector for program guidance and workshop opportunities. The GFEC commends the program on its strengths and recommends it engage in efforts to address the review committee’s concerns.

**Motion:** Moved and seconded to accept the Institutional (10-Year) Review of the Water Resources Management M.S./Doctoral Minor. The motion passed with 1 abstention.

**Discussion**

6. Associate Dean Parmesh Ramanathan introduced discussion of a policy proposal for annual assessment and feedback of Graduate Students on progress towards degree. Dean Karpus noted that many programs already conduct annual assessment of students, but the practice is not uniform. In addition to seeking feedback from Directors of Graduate Study and School/College Academic Planning Councils, Associate Dean Ramanathan requested GFEC’s comments. Members noted it is important for any proposal to recognize the differences among doctoral student life experiences, academic and personal needs, and research areas that may lead to discrepancies in satisfactory progress that are acceptable. For example, they recommended using the narrower term “doctoral students” vs. “graduate students” to ensure that part-time master’s students in their third year will not be included. Members also stressed concern over increasing anxiety for graduate students. Associate Dean Lisa Martin noted that involvement of a second faculty member in assessment is an issue for some Schools/Colleges. GFEC members were very interested in learning best practices from their colleagues in other Schools/Colleges with higher annual assessment rates noted on the Graduate School’s Doctoral Exit Survey as a precursor to policy decisions.

**Adjournment**

**Motion:** Moved and seconded to adjourn. The motion passed unanimously.
IMPORTANT 2018 MILESTONES

Jan 1 – Lumen Courses live (replaced legacy Online Course Proposal System)
Feb 2 – Timeline set for Lumen Programs
Feb 2 to March 20 – Vendor prepares draft forms
Feb 28, or sooner – School/college reps designated
March 20 – Vendor pilot with Lumen team
Late March/Early April – S/C approval of any program actions that need GFEC/UAPC approval for Fall 2018

April 2-6 – Lumen Programs preview for S/C contacts
April 10 – Specifications for Lumen Programs forms “substantially complete”
April 19 – Last UAPC meeting for June 1 Guide
April 27 – Last UCC meeting for June 1 Guide
April 30 – Deadline for all governance actions to be sent to RO for inclusion in June 1 Guide

May 7-21 – Lumen Programs TESTING, includes S/C reps
May 31 – Guide is published
June 29 – End of governance year; actions since April can be integrated ahead of migration; All actions must be communicated to RO.

June 29 – END OF ANALOG ERA
July 1 to Oct 1 – Governance sabbatical; planning can continue
July 2 – Lumen Programs TESTING, includes S/C reps
July 16-23 - Final Lumen Programs testing
July 23 – FINAL Lumen Programs SIGN OFF
August – Migration of governed content in Guide to Lumen Programs
Sept 1 – Lumen Programs is live for additional content migration, quality assurance, training

Oct 1 – Lumen Programs open for all campus use
Oct 19 – Guide mid-cycle update
Oct 22 – Next Guide editing opens

Short implementation window → Feb 2 to Oct 1, 2018
Analog era will end June 29 2018
July, Aug, Sept – Governance sabbatical, Lumen Programs building time
Digital era will open Oct 1 2018

We need each school/college to name a point person, and other contacts, if needed –

- Communication, testing, training
- Knowledgeable about academic program approval and curricular approval process in school/college
- Understand the academic structure as it relates to their school/college
- Communicate with colleagues in their S/C; participate in testing and training

The Guide content for an academic program that is governed (how to get in/admissions, curricular requirements, four-year plans (undergraduate), learning outcomes, accreditation, certification and licensure tabs) will be created, updated or removed based on what is entered on the Lumen Programs forms.

This project will be fast-paced.
Success depends on school/college involvement in testing, training and communication.

We are not changing any academic planning policy.
We may have to fill some policy gaps.

Lumen Programs will include both academic program changes and curricular changes.
This will change the way we work.
We are migrating about 30-40 approval processes into 4 forms.
Result will be streamlined, single-source-of-truth.

Find Lumen at https://my.wisc.edu/Lumen/
Information: https://registrar.wisc.edu/lumen/
Primary Contacts
Michelle Young, michelle.young@wisc.edu
Jocelyn Milner, Jocelyn.milner@wisc.edu
7 February 2018

TO: William Karpus, Dean
FROM: John Karl Scholz, Dean
RE: Request to change admit status for MA-Philosophy (MA 675L&S)
CC: Elaine Klein, Associate Dean for Academic Planning, L&S
     Sarah Kuba, Academic Planner, Academic Planning and Institutional Research
     Emily Reynolds, Academic Planning Specialist, Graduate School
     Susan Zaeske, Associate Dean for the Arts and Humanities

On February 6, 2018, the L&S Academic Planning Council considered and approved the attached request to change the admit status for the Department of Philosophy’s MA-Philosophy, from “admit” to “non-admit”. As noted in the attached memo, the department has never knowingly admitted students directly to this program.

We hope implementation of this change may be effected as soon as feasible, to reduce the possibility of confusing students who are applying to the program.
January 31, 2018

To: Susan Zaeske

Cc: Elaine Klein, Marty Gustafson

Re: Discontinuation of the M.A. applications in Philosophy

The Department of Philosophy is requesting that applications to the Master of Arts in philosophy no longer be accepted or processed in the application system. We have never, to any of our knowledge, admitted students directly to the MA program; this degree is only granted to students admitted to our PhD program, on the way to their PhD. It may also be conferred to students who have completed at least 30 credits of coursework (as is required of all master’s programs) and who choose not to continue in the doctoral program.

We request to make the discontinuation effective immediately.

The request was unanimously approved by the faculty of the Philosophy department.

Sincerely,

Alan Sidelle
Professor and Chair
Department of Philosophy
7 February 2018

TO: Sarah Mangelsdorf, Provost
FROM: John Karl Scholz, Dean
RE: Request to Discontinue Planning and Landscape Architecture Capstone Certificate in Geodesign (UNCS595)

CC: Greg Downey, Associate Dean for Social Science, L&S
Katy Duren, Associate Dean, Division of Continuing Studies
Ken Genskow, Professor and Chair, Planning and Landscape Architecture
Elaine Klein, Associate Dean for Academic Planning, L&S
Sarah Kuba, Academic Planner, Academic Planning and Institutional Research
Lisa Martin, Associate Dean, Graduate School
Jocelyn Milner, Vice Provost and Director, Academic Planning and Institutional Research
James Montgomery, Associate Dean for Fiscal Initiatives, L&S
Parmesh Ramathan, Associate Dean, Graduate School
Emily Reynolds, Academic Planning Specialist, Graduate School

On February 6, 2018, the L&S Academic Planning Council considered and approved the attached request to discontinue the capstone certificate program in Geodesign, which is in the Department of Planning and Landscape Architecture. Admissions to the program were suspended in 2016. Since there are no students enrolled in it, there is no need for a “teach out” plan.

We hope this discontinuation may be effected as soon as possible, since it may be best not to include this program in the Fall 2018 edition of the Guide.
February 5, 2018

Elaine Klein  
Associate Dean for Academic Planning  
College of Letters and Science  
UW-Madison

Dear Elaine,

I am writing to reconfirm our request for permission to discontinue the Capstone Certificate in Geodesign, effective at the earliest possible date. Admissions to this program were suspended in 2016, and there are no students enrolled.

Our Executive Committee voted unanimously to approve discontinuation at our meeting today, February 5, 2018.

The program was developed through the former Department of Landscape Architecture, now within the Department of Planning and Landscape Architecture. We have determined that the department does not have the capacity or market to support a separate capstone certificate program in Geodesign. Instead, we intend to offer the courses developed for the certificate individually, in support of advising pathways and through the Department of Geography’s Professional GIS programs. We are in the process of finalizing an agreement with Geography regarding those courses.

Thank you for considering our request.

Sincerely,

Ken Genskow  
Professor and Chair  
Department Planning and Landscape Architecture  
University of Wisconsin-Madison
Date: February 21, 2018

To: Sarah Mangelsdorf, Provost  
    William Karpus, Dean of the Graduate School

From: James P. Blanchard, Executive Associate Dean

Subject: Request to Discontinue Doctoral Minor in Manufacturing Systems Engineering

At its February 21st meeting, the College of Engineering Academic Planning Council unanimously recommended to approve the attached request to discontinue the PhD minor in Manufacturing Systems Engineering.

Please contact me if additional information is needed.

Cc: Parmesh Ramanathan, Associate Dean, Graduate School  
    Emily Reynolds, Academic Planning Specialist, Graduate School  
    Sarah Kuba, Academic Planner, APIR  
    Jocelyn Milner, Associate Provost and Director, APIR  
    Professor Frank Pfefferkorn, Director, Manufacturing Systems Engineering Program
To: Academic Planning Council, College of Engineering  
From: Frank Pfefferkorn, Director, Manufacturing Systems Engineering Program  
Re: Discontinue Ph.D. Minor in Manufacturing Systems Engineering  

Dear Academic Planning Council:

On behalf of the Manufacturing Systems Engineering Program I request to discontinue the doctoral minor in Manufacturing Systems Engineering. The Manufacturing Systems Engineering Program’s Executive Committee approved this request by email vote during the Spring 2017 semester.

Staff in the Graduate School confirm that there are no students currently enrolled in the doctoral minor in Manufacturing Systems Engineering. No students are being recruited for this doctoral minor. No student has ever been awarded this doctoral minor. The program’s faculty no longer wish to support the doctoral minor.

Because there are no students currently enrolled in or being recruited for the doctoral minor, the Manufacturing Systems Engineering Program Executive Committee requests that the doctoral minor be discontinued at the first available opportunity.

Sincerely,

Frank Pfefferkorn, Ph.D.  
Associate Professor, Department of Mechanical Engineering  
Director, Manufacturing Systems Engineering Program  
Email: frank.pfefferkorn@wisc.edu  
Office: (608) 263-2668
Three-Year Check-In for New Programs

The creation and maintenance of graduate programs and certificates represents significant resource commitments by faculty and staff. Given these investments, in 2014 the Graduate Faculty Executive Committee (GFEC) established a “check in” process for newly approved programs and certificates prior to their first formal university review (which occurs in the fifth year.) Through this “check-in,” the GFEC hopes program faculty and staff will assess the implementation of their new program and determine what mechanisms may be needed for sustained student success.

Progress reports will be included on GFEC agendas, and program representatives may be asked to attend GFEC if additional information is requested. *In the interest of brevity, please keep responses to 300 words or less.*

Program Name
Masters Program in Mathematics – Foundations of Advanced Studies

Term of First Enrollments
2014

Check-In Completed By
November 2017

Date Completed

Academic Quality and Student Success

1. **Provide an update on any changes to the program’s curriculum and learning outcomes.** Include a description of the program’s typical course modalities (face-to-face, online, asynchronous discussion, team or individual assignments) and if courses have evolved based on faculty or student feedback.

   The program structure and courses have not significantly changed since the program was introduced. A new probability course (Math 531) has been added to the list of available courses.

2. **Briefly explain the program’s learning outcomes assessment plan and discuss how you are or how you plan to evaluate student learning.** Summarize any data collected to date showing evidence of student learning.

   2A. Students who wish to enroll in our Ph.D. program after completion of the MA-FAS program are encouraged to take Ph.D. qualifying exams while attending the MA-FAS
program. This provides a fair and thorough assessment of the top students in the program.

2B. The department gathers information about job placements and placements into Ph.D. programs for all graduating students.

2C. Recently we introduced mechanisms to assess general learning goals formulated by the Math Department:

Learning goal 1: Students learn a substantial body of mathematics presented in introductory graduate level courses in mathematics.

Assessment: Responses on selected assignments or test questions will be analyzed.

Learning goal 2: Students select and utilize appropriate methodologies to solve problems

Learning goal 3: Students communicate clearly in written presentations

Assessment of 2/3: Responses on selected assignments/test questions will be analyzed.

Learning goal 4: Students recognize and apply principles of ethical and professional conduct.

Assessment: Instructors and advisors will report questionable ethical conduct to the Graduate Program Committee

3. The GFEC is interested to learn how departments balance faculty and staff teaching loads and responsibilities between new and existing programs. Discuss how the department or program is achieving balance, and what challenges supporting multiple programs may have created for teaching, student services, advising or funding. Also of interest is information on what if any assets are shared between programs, or additional benefits that have been realized.

Enrollment in some courses at the 500-799 level has increased, but the increase has not caused major problems.

There was an increase in workload for faculty and staff involved in the administration of the graduate program. New procedures have been established that can be repeated for each entering class.
4. Please describe how your program has ongoing and broad faculty commitment, including governance, to ensure its continued success. If applicable, reflections from faculty and staff can be included here or as an appendix. Also consider if implementation of this program is supporting the Department and/or School/College's current strategic goals.

All faculty share the teaching responsibilities for this program. Many colleagues have taken on advising responsibilities for students in the program.

**Operations and Administration**

5. Illustrate how the program has either brought in NEW and ADDITIONAL students (required for non-pooled programs), and/or how overall enrollment in your related programs has remained steady. If unanticipated overlap with existing programs has resulted, discuss steps to mitigate the overlap.

Almost all students in the program were undergraduates at some foreign university with whom UW has a partnership agreement. These students spend one year at UW Madison as special student and in their second year enroll in the MA-FAS program. Almost all of these students would not have enrolled at UW Madison were it not for the MA-FAS program.

6. **Funding Considerations**
   
a. For traditional/pooled programs – How is the program successfully funding its students?

   b. For non-pooled programs – Provide a brief summary of projected vs. actual revenues and expenses. Does the program have sufficient enrollment for sustainability? Discuss the current market outlook compared to the original marketing study, and plans to grow or change the program to become sustainable.

The program has enrolled 16 students in the first year (2014) (when it was a pilot program) and between 20 and 28 students in subsequent years, which is within the projected enrollment of 22-27 students per year. The program has been very successful at recruiting and it has been deemed stable enough by the College so as to allow hiring based on the 131 funds (the revenue to the department is around $500K per year). We have had no problem recruiting, in fact we have been able to maintain the high quality level of participants, needed to ensure that they will enter a high quality PhD program upon graduation - the stated goal of the program. We do not foresee any changes in the market, but we are discussing possible growth. The growth is not needed for the program to be sustainable, but it aligns with the College expectations that departments will try to grow their 131 programs if possible.
7. If the program admits international students, describe how program processes address length of stay visa issues, online course restrictions, and needing ESL services.

These issues have usually been taken care of when a student transitions from the VISP to the MA-FAS program.

8. Are there any issues impacting the program’s long-term sustainability? If so, what support would you like to help you succeed?

There are currently no issues.
February 8, 2018

Dear Dean Karpus:

This letter is in response to the 10-year review of the Physiology Graduate Training Program. Several questions arose about how students function as teaching assistants.

Students in our program are required to teach for one semester. Most students serve as Teaching Assistants in Physiology 335 or Physiology 435 after having taken one of these courses or an equivalent course at another institution. These courses are large undergraduate courses that have a discussion section and also a lab component. The courses are led by a seasoned staff of instructors that guides teaching assistants throughout the course. The Teaching Assistants are trained first by taking the course and then while they are teaching they meet with the instructors regularly. All students who have taught in these courses are appointed as TAs and receive the commensurate stipend.

One student served as a teaching assistant in Oncology 725 “Readings in Cancer Biology,” taught by Dr. Bill Sugden. This graduate course does not have a formal, funded, teaching assistantship but every year a student serves as Teaching Assistant. The students who do this are chosen from students who took the course in previous years. The course is a highly structured course in which students read and review 40 papers critically. Every week students are required to read about three papers and prepare questions that they send to the teaching assistant. The teaching assistant gathers the questions and together with Dr. Sugden uses them to structure discussions of those papers and also helps to write and grade two exams. The Teaching Assistant is trained by having taken the course in the previous year and by working closely with Dr. Sugden throughout the semester. Because there is no funding for a Teaching Assistant, the teaching assistant remains funded by the grant of the PI. This is not inappropriate because the course is so closely related to what the teaching assistants work on. It is akin to a lab meeting or journal club.

Please do not hesitate to contact me if you have any remaining questions.

Sincerely,

Donata Oertel
Director, Physiology Graduate Training Program
Professor and Mary Herman and Lucien Rubinstein Distinguished Chair
TO:    Sarah C. Mangelsdorff, Provost and Vice Chancellor for Academic Affairs  
       William J. Karpus, Dean, Graduate School  

FR:    Linda D. Scott, Dean and Professor, School of Nursing  

RE:    Doctor of Nursing Practice (DNP) Program Five-Year Review  

March 16, 2017  

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
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 (PPCNP), 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:}
Focusing a Great University on its Core Mission, Public Purpose and Global Reach, 2015). In the team’s conversations with the dean, administration, faculty, and students, it was evident how this is being lived out in the daily life of the SoN as individuals consistently referenced the Wisconsin Idea. For example, students stated that 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?

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

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.

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

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.

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**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 |
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.

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

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.

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

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.

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

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.

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

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?

DNP: No
Post-graduate APRN certificate: No

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?

DNP: No
Post-graduate APRN certificate: No

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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<th>Compliance Concern?</th>
<th>DNP:</th>
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<tr>
<td></td>
<td>Post-graduate APRN certificate:</td>
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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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<th>Compliance Concern?</th>
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<tr>
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<td>Post-graduate APRN certificate:</td>
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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

- **Select Term**: Fall Term
- **Select Student Category**: Minority/Non-Minority/International
- **Degree Level**: All
- **Disciplinary Division**: All
- **Academic Plan**: Nursing Practice DNP
- **Named Option**: All

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<th>Non-Targeted Student</th>
<th>International</th>
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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.
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.
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.
November 16, 2017

Sarah C. Mangelsdorf, Ph.D. 
Provost and Vice Chancellor for Academic Affairs

William Karpus, Ph.D.
Dean of the Graduate School

Sent electronically

Re: Review of the Molecular and Cellular Pharmacology MS (non-admitting) and PhD degree programs and doctoral minor

Dear Provost Mangelsdorf and Dean Karpus:

On behalf of the School of Medicine and Public Health, I endorse the ten-year review of the Molecular and Cellular Pharmacology MS (non-admitting) and PhD degree programs and doctoral minor.

After discussion at the November 15, 2017 meeting of the SMPH Academic Planning Council, APC members unanimously approved the report of the review committee, the recommendations of the committee for implementation, and the response of program leadership to the review committee’s report. Those reports are attached.

Strengths include the program director; program coordinator; a T32 award after several years without such funding; a focus on trainee quality; expanded professional development opportunities; and community-building events, including a newly established annual symposium and biennial program retreat.

The committee suggested areas of opportunities, and the program has responded:

1. **Declines in NIH funding may impact the number of trainers with the resources needed to train future graduate students.** By limiting the size of the incoming class (six students began in fall 2017, with over 70 trainers available), students are able to select from a large number of funded faculty.

2. **The expansion of the trainer pool (now over 70) may end up diluting its pharmacology focus.** The program has ensured that trainers have a pharmacology focus by requiring faculty to indicate how their research programs align with the Molecular and Cellular Pharmacology graduate program. The program also communicates regularly with its funding agency, NIGMS, to ensure that the research within the program aligns with the NIGMS mission.

3. **Efforts to broaden professional development opportunities may not be embraced by all trainers.** The program continues to work with trainers to make program expectations clear.

4. **MCP should employ a set of performance standards for faculty trainers.** Expectations for trainers are clearly outlined in communications and meetings.
5. **MCP should continue its efforts in URM student recruitment (currently has 13% URM students) and ensure that all students are aware of campus resources regarding cultural diversity.** URM recruitment continues to be a priority for the program, with many efforts underway.

6. **MCP should ensure that trainers commit to allowing trainees to participate in professional development activities.** The program continues to work with trainers to make them aware of the importance of student professional development.

7. **Continue to build its alumni network.** Outreach to alumni occurs frequently. Alumni participate in program events, and the director connects students with alumni who have careers of interest.

8. **SMPH should provide suitable office space for the MCP program coordinator.** Issues regarding office space are now settled.

Both the SMPH Academic Planning Council and I concur with the review committee’s recommendation to continue the programs. We recommend that the next review occur in ten years.

Thank you for your consideration. If you require additional information, please do not hesitate to contact my office.

Sincerely,

[Signature]

Robert N. Golden, M.D.
Robert Turell Professor in Medical Leadership
Dean, School of Medicine and Public Health
Vice Chancellor for Medical Affairs
University of Wisconsin-Madison

Copies to:
Anjon Audhya, Molecular and Cellular Pharmacology Graduate Program
Kristin Cooper, Molecular and Cellular Pharmacology
James Keck, School of Medicine and Public Health
Richard Moss, School of Medicine and Public Health
Andrea Poehling, School of Medicine and Public Health
Parmesh Ramanathan, Graduate School
Marty Gustafson, Graduate School
Emily Reynolds, Graduate School
Jocelyn Milner, Academic Planning and Institutional Research
Sarah Kuba, Academic Planning and Institutional Research
Attachments:
  1) Program response
  2) Review committee report
MCP Review Response
Submitted by MCP Program Director Jon Audhya to SMPH Associate Dean for Basic Science Jim Keck, June 6, 2017

We thank Drs. Shull, Boekhoff-Falk, and Turner for taking the time to meet with our program leadership and students. We appreciate the findings of the Program Review Committee and will briefly respond to the perceived weaknesses identified in the Committee Report, as well as the recommendations made.

Because of declines in NIH funding, MCP will be challenged to ensure that there is an adequate number of engaged training faculty with sufficient funding to support trainees throughout their entire enrollment in the program.

Currently, the MCP program faculty includes members of the Center for Training in Pharmacology and Drug Development (~77 participants in more than 15 departments). Of these, we have selected a subset to participate as MCP T32 trainers (~30 faculty). Our average incoming class size is 6, so we feel that the ratio of students to faculty is appropriate at the present time. Additionally, a major criterion for serving as a T32 faculty member is long-standing, extramural research support (with the exception of new Assistant Professors, who require time to initiate their research programs). We require that students discuss long-term funding with faculty prior to joining a thesis lab. In cases where there is potential for funding challenges, the leadership of the MCP program communicates with the faculty member to ensure that sufficient resources will be available to support a student for their entire time in the program. Since 2014, when Dr. Audhya was asked to become the director of the MCP program, only one student has encountered difficulty with regard to research support. In this case, we identified two additional co-mentors for the student, who could augment funding available for stipend and research supplies. Additionally, we identified a teaching opportunity to help offset costs related to stipend support and tuition. Moreover, we engaged directly with the student to produce an extramural fellowship application. In 2017, the student was successful in obtaining an award from the PhRMA foundation, which will cover the majority of his stipend for the remainder of his PhD work. Although NIH funding will likely continue to fluctuate in the future, we believe that mechanisms are in place to ensure students join well-supported research labs with the resources necessary for completing a PhD thesis.

Although the MCP strives to maintain a unique focus and identity (i.e., molecular pharmacology) among SMPH training programs, this focus is not clearly apparent when one examines the training faculty roster and the projects of the current trainees.

All faculty affiliated with MCP have indicated to us how their research relates to the discipline of Pharmacology. We define Pharmacology broadly: the knowledge of the biochemical and physiological actions of any chemical that affects biological processes. Many chemicals act on cellular signaling pathways. The molecular basis of cellular signaling and its control by various chemicals is a major aspect of modern pharmacology, and this aspect is emphasized in the MCP program. We have worked closely with program officials at NIH to ensure that the research focus of our program is in line with the mission of NIGMS, and we have received positive feedback regarding our connection to the discipline of Pharmacology.

Effort within MCP to broaden the professional development opportunities of its trainees may not be fully embraced by the training faculty.

Professional development takes time, and we have made a point to encourage faculty trainers in the MCP program to provide sufficient time for students to explore several career options and broaden their expertise outside of the academic laboratory environment. In the vast majority of
cases, faculty agree that successful outcomes for students require dedicated time for professional development, and we will continue to highlight the advantages of facilitating this type of exploration. Ultimately, our students must enter the workforce, and their successes can only reflect positively on the faculty with whom they train.

**MCP should continue the practice of accepting only the best applicants into the program. Student quality, not quantity, will over time most contribute to MCP program success.**

We completely agree with this line of thought. For fall 2017, we interviewed more than 20 applicants, but made offers to only a small subset of students, who we believe were the strongest with regard to previous research experience and diversity. We will have an incoming class of 5 students, including one trainee who received a slot on the MBTG training grant. This is the first MBTG trainee to ever participate in the MCP program, and we are pleased to have recruited him. Importantly, 2 of the 5 students recruited are under-represented minorities, who we believe will enhance the dynamic of the MCP program.

**MCP should continue to develop, communicate and adhere to a set of performance standards for trainees. The goal should be to focus on setting a high bar for these standards as opposed to communicating minimal expectations.**

The MCP program has high expectations for its students. As such, we provide a highly mentored environment, which encourages students to take full advantage of their time in graduate school. Not only do we expect excellence in the research laboratory, but we also push students to be pro-active with their careers. Starting in year 1, each student meets with the MCP program director annually to discuss issues regarding individual development plans, professional development, as well as progress in the laboratory. Students are encouraged to seek their own funding, and the MCP program offers a grant writing course to facilitate this. Many of our students are awarded extramural funding, including international students, who regularly compete well for fellowships from the American Heart Association and other agencies. All students graduate with a minimum of one first author research manuscript, but we strongly encourage a higher level of productivity, to ensure that they are most competitive after completing their PhD work.

**MCP should similarly develop, communicate and adhere to a set of performance standards for faculty trainers. MCP should use its program resources, including the slots on the T32 award, to maximize participation of dedicated and skilled trainers in the program. The current expectations for trainer participation are minimal and likely suboptimal.**

The MCP program outlines clear expectations of all faculty trainers in the program in writing, including expectations that they 1) attend student seminars, symposia, and faculty meetings, 2) participate in the teaching mission of the program, and 3) participate in other program events such as orientation and recruitment activities. In the case of T32 faculty, who have T32-supported trainees, we specifically ask that they correspond with us annually to outline how they participate in the program. To address whether our current expectations are suboptimal, we will conduct a survey, asking students to respond on this issue. Currently, based on verbal feedback, students have largely been pleased with the increased level of faculty participation that has been shown over the past few years.

**MCP should continue to invest effort in recruiting underrepresented minority (URM) students. Building upon its recent success in this area, MCP should work to ensure all trainees have knowledge of and access to institutional resources related to achieving cultural diversity. MCP should ensure all trainers and trainees possess cultural competency.**
Over the past year, we have made many advances in the recruitment of underrepresented minority students. For example, as part of our recruitment and orientation activities, we invite speakers to discuss the benefits of cultural diversity. Many of our faculty trainers volunteer to visit universities with historically high levels of URM attendance. Additionally, others participate by attending conferences directed toward URM undergraduates. We will continue to offer students and faculty opportunities to enhance their cultural competency.

*MCP should continue to work to ensure that trainers embrace the importance of allowing trainees to participate in professional development activities that are outside the laboratory. Success in this endeavor will require that MCP has the means to provide stipend support for trainees when they are participating in these extracurricular training activities to avoid charging stipend and tuition costs to trainer’s grants during those periods. MCP should carefully oversee each professional development activity to ensure that the students, sponsors and mentors understand the objectives and expectations that are associated with that activity.*

As discussed earlier, MCP strives to highlight the importance of professional development to its faculty and students. In some cases, significant time commitments for this purpose must be made, and we will continue to work with local biotech and pharmaceutical companies to offer training opportunities that benefit both the student and the faculty trainer.

*MCP should continue to build its alumni network. This network may ultimately enhance the ability of the MCP to secure financial support from the pharmaceutical industry in the form of fellowships, travel awards, etc. Interactions between MCP and its alumni network should be logged so as to build a knowledge base that facilitates future communications and interactions with alumni.*

Every year, we reach out to all alumni and encourage them to remain active participants in the success of the MCP graduate program. In response, we have had several alumni return to campus to give career talks and research talks. In other cases, our alumni provide our students with advance notification of job opportunities, so that they can have the most time to prepare an application. We continually update our website to include up-to-date information regarding each alumnus from the MCP program, and we encourage students to reach out to these individuals as they begin to explore future career options.

*SMPH should support MCP by providing suitable office space for the MCP Program Coordinator. This office space should provide convenient interactions between the Program Coordinator, students, training faculty, and MCP leaders.*

We appreciate this recommendation. Since the time of the program review, our coordinator has more permanent office space. Although the space assigned (L5 suite in WIMR) is not as conducive to interactions with students and faculty, it is far superior to space on central campus or HSLC.
March 23, 2017

James L. Keck, Ph.D.
Associate Dean for Basic Sciences
University of Wisconsin, School of Medicine and Public Health
6214A Biochemical Sciences
440 Henry Mall
Madison, WI 53706

Dear Dr. Keck:

Herein is the report of the Program Review Committee for the Molecular and Cellular Pharmacology (MCP) Graduate Program regarding the status of this graduate program within the School of Medicine and Public Health. This Program Review Committee is comprised of Dr. Grace Boekhoff-Falk (SMPH, Cell and Regenerative Biology), Dr. Monica Turner (LS, Zoology, GFEC representative), and James Shull (SMPH, Oncology, committee chair). Ms. Andrea Poehling provided staff support. Our committee was charged on December 19, 2016, held its organizational meeting on Wednesday, January 18, 2017 and convened with MCP leaders, faculty, students and staff on Tuesday, February 28, 2017 for the site visit.

Report Summary. The Program Review Committee finds the MCP to be very well organized graduate program that is ably directed by a highly dedicated leadership team, headed by Dr. Anjon Audhya. The MCP coordinator, Ms. Kristen Cooper, is highly qualified and fully dedicated to serving the needs of the MCP faculty and students. MCP Program strengths include a core group of highly accomplished and well-funded training faculty, strong institutional support from the SMPH and financial support derived from a T32 award from the NIH. By comparison, the perceived weaknesses are few. Although these weaknesses may be of modest consequence on the overall success of the MCP at this time, their impact could become magnified by changing climate within academic medical centers.

Materials Reviewed. Materials provided to the Review Committee included the 2016 MCP Program Self Study, a T32 application submitted to the NIH in May 2015 (T32 GM008688-16A1) and the Summary Statement from the review of that T32 application (dated December 21, 2015). In addition, a number of documents were provided to the Review Committee by the Graduate School, including demographic data on applicants and notes of exit interviews with students conducted upon completion of training in the MCP Program.

Changes to Program. Organizational changes at UW-Madison have directly impacted the MCP. First, the SMPH reorganized three basic science departments, resulting in the Department of Pharmacology being abolished with its faculty moving to other SMPH departments. Second, the
Center for Training in Pharmacology and Drug Development (CTPDD) was established in 2014, specifically to serve as an administrative base for MCP. The CTPDD director is Dr. Audhya, from the SMPH, and the co-director is Dr. Jeffrey Johnson, from the School of Pharmacy (SOP). Third, the SMPH established the Biomedical Graduate Program Consortium in 2016 in an effort to better coordinate graduate programs operating within the school and gain economies of scale in administration of these programs.

Multiple substantive changes have also occurred within the MCP. 1) Dr. Audhya assumed the directorship of the MCP from Dr. Keely in 2014. 2) A long-standing training grant from the NIH was successfully renewed in 2016 after a multi-year lapse in funding. 3) In response to a concern noted at the last program review, the pool of MCP trainers was expanded to include 72 faculty, representing 12 departments within 6 schools. Twenty-six of these faculty are listed as trainers in association with the NIH T32 award. 4) MCP developed an assortment of training activities that are intended to enhance and broaden the professional development of its trainees. 5) MCP organized an annual symposium and a biennial program retreat.

MCP Program Strengths. The MCP exhibits numerous strengths that should enable it to successfully recruit, train and place outstanding students.

One noted strength is the MCP director, Dr. Anjon Audhya. Dr. Audhya exhibits strong leadership skills and a willingness to invest the time and effort needed to ensure MCP meets the diverse needs of its students while achieving appropriate balance with the interests of the training faculty. Dr. Audhya meets annually with each student to learn of the student’s progress, goals and concerns. The MCP students identified their meetings with Dr. Audhya as a key element of their training and their identity within the MCP. Dr. Audhya strives to set and maintain high standards for student qualifications and achievement. He has instituted metrics for ensuring the training faculty are appropriately participating in and supporting the activities of the MCP. Faculty trainers noted that Dr. Audhya works to build consensus among trainers and trainees in setting the MCP agenda. It appears that Dr. Audhya directs the MCP in a manner that allows an appropriate level of transparency to all stakeholders.

Ms. Kristen Cooper, the MCP Program Coordinator, is a second identified strength. Ms. Cooper serves essential roles in student recruitment, placement and career advancement; provides students with time sensitive information on academic requirements, deadlines and professional development opportunities; administers human resources and fiscal needs associated with the NIH T32 award; tracks and communicates with MCP alums via annual newsletters; and supports the MCP director and committees.

The recently refunded NIH T32 award is a third essential strength. Drs. Keely, Dr. Audhya et al. are to be congratulated on the renewal of this award following department restructuring within SMPH. Now it is essential that the MCP utilizes this funding to build momentum and program achievements that will ensure the successful renewal of this award in four years.

A fourth noted strength is that MCP leadership recognizes the importance of focusing on the quality, not quantity, of students accepted into the program as well as the quality and dedication of the training faculty. As competition increases for declining NIH resources, it will become even more
important that we invest our time, effort and resources in training those students who are most capable of achieving success upon completing their training in the MCP.

MCP Program Weaknesses.

1. Because of declines in NIH funding, MCP will be challenged to ensure that there is an adequate number of engaged training faculty with sufficient funding to support trainees throughout their entire enrollment in the program.

2. Although the MCP strives to maintain a unique focus and identity (i.e., molecular pharmacology) among SMPH training programs, this focus is not clearly apparent when one examines the training faculty roster and the projects of the current trainees.

3. Effort within MCP to broaden the professional development opportunities of its trainees may not be fully embraced by the training faculty.

Committee Recommendations.

1. MCP should continue the practice of accepting only the best applicants into the program. Student quality, not quantity, will over time most contribute to MCP program success.

2. MCP should continue to develop, communicate and adhere to a set of performance standards for trainees. The goal should be to focus on setting a high bar for these standards as opposed to communicating minimal expectations.

3. MCP should similarly develop, communicate and adhere to a set of performance standards for faculty trainers. MCP should use its program resources, including the slots on the T32 award, to maximize participation of dedicated and skilled trainers in the program. The current expectations for trainer participation are minimal and likely suboptimal.

4. MCP should continue to invest effort in recruiting underrepresented minority (URM) students. Building upon its recent success in this area, MCP should work to ensure all trainees have knowledge of and access to institutional resources related to achieving cultural diversity. MCP should ensure all trainers and trainees possess cultural competency.

5. MCP should continue to work to ensure that trainers embrace the importance of allowing trainees to participate in professional development activities that are outside the laboratory. Success in this endeavor will require that MCP has the means to provide stipend support for trainees when they are participating in these extracurricular training activities to avoid charging stipend and tuition costs to trainer’s grants during those periods. MCP should carefully oversee each professional development activity to ensure that the students, sponsors and mentors understand the objectives and expectations that are associated with that activity.

6. MCP should continue to build its alumni network. This network may ultimately enhance the ability of the MCP to secure financial support from the pharmaceutical industry in the form of fellowships, travel awards, etc. Interactions between MCP and its alumni network should be logged so as to build a knowledge base that facilitates future communications and interactions with alumni.
7. SMPH should support MCP by providing suitable office space for the MCP Program Coordinator. This office space should provide convenient interactions between the Program Coordinator, students, training faculty, and MCP leaders.

Sincerely,

James D. Shull, Ph.D.
Professor, McArdle Laboratory for Cancer Research, Department of Oncology

Grace Boekhoff-Falk, Ph.D.
Associate Professor, Department of Cell and Regenerative Biology

Monica Turner, Ph.D.
Vilas Research Professor, Department of Zoology
Graduate School Applicants, Admits & New Enrollments

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.
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.
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 School Time to Degree: 2008-2017

- 33.8% in 5+ to 6 years
- 33.8% in 6+ to 7 years
- 23.1% in 5 years or less
- 4.6% in 7+ to 8 years
- 4.6% in 8+ to 9 years

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

- Completed Plan: 73.1%
- Did not complete plan: 7.7%
- Left with a Masters: 11.5%
- Still enrolled: 7.7%

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.
The MS-Counseling program review was completed by a review committee chaired by David Rosenthal, Rehabilitation Psychology and Special Education; Tracy Schroeper, Social Work; and Kristin Eschenfelder (GFEC Representative), Information School. The review committee was charged with assessing the strengths and weaknesses of the program, and making recommendations for future directions. The School of Education APC discussed and approved the review committee report and departmental response on October 4, 2017. Highlights of the review are summarized below.

Overview

The Counseling Psychology (CP) MS program is consistently ranked #4 by US News and World Report, with high graduate rates (83%) and average time to degree (2.2 years) competitive with peer institutions. The reviewers highlighted the Counseling Psychology Training Clinic (CPTC), an in-house clinic where first year MS students can observe live psychotherapy sessions and participate in clinical staffing. The clinic specializes in providing culturally-competent care to under-represented populations in the UW-Madison community.

The Wisconsin Licensure Board recently increased credit requirements for counseling psychology programs from 48 to 60, and the program review occurred toward the end of the first cohort of students meeting these higher credit requirements. As a result, many of the issues identified in the review relate to changes in program design to accommodate the new licensure requirements. These include collaboration with Rehabilitation Psychology (RP) to offer courses that meet both RP and CP needs. Differences in the focus and culture between the two departments led to some issues related to course cohesion, scope and focus, that are being addressed by the two departments.

In addition, students participated in the program design and chose an accelerated program design rather than increasing time to degree to complete the additional credits. As a result, students experienced high program demands and increased financial burden due to limited time to earn outside income. Students noted some chaos and confusion in the transition to the new program, and expressed concerns about how to obtain 100 hours of internship experience as dictated by the new curricular requirements.
Recommendations

Based on feedback from students and recommendations of the review committee, the program is working to address these challenges, through a more in-depth and structured orientation for students, changes in course sequencing, curricular options for meeting the internship requirement, and exploration of financing options.

Attachments:
Review Committee Report
Program Response

cc: William Hoyt, Chair, Counseling Psychology
    Carolyn Kelley, SoE Senior Associate Dean for Academic Programs
    Jocelyn Milner, APIR
    Sarah Kuba, APIR
    Bill Karpus, Graduate School
    Marty Gustafson, Graduate School
Program Review:
MS Program in Counseling Psychology
April, 2017

A. A summary of the activities of the review committee and materials reviewed

The MS Counseling Psychology (CP) external review committee consisted of David Rosenthal (Review team Chair), Rehabilitation Psychology-School of Education; Tracy Schreepfer, Social Work; and Kristin Eschenfelder (GFEC Representative), Library and Information Studies both in College of Letters and Sciences. School of Education Associate Dean Carolyn Kelley charged the committee.

The reviewers received self-study and other documents before the site visit including:

- The self-study review conducted by the CP Faculty
- The 2005 review of the CP program
- Graduate School data (including applicants/acceptances, and exit surveys)
- MS Counseling Psychology Handbook
- State of WI Licensed Professional Counselor (LPC) requirements
- Department and program web sites

The site review team conducted the review meetings at the Department of Counseling Psychology offices on Thursday, April 20, 2017. To accommodate one of the reviewer’s schedule, some additional meetings were held the subsequent week.

The primary meetings and interviews were conducted with:

- CP Department Chair, William Hoyt
- MS Program Co-Training Directors & Student Services Coordinator (Carmen Valdez, Steve Quintana, Andrea Palm)
- Other CP faculty (Travis Wright, Lynet Uttal, Corissa Lotta)
- MS students (1st and 2nd year cohorts)
- Dr. Stephanie Graham, followed by a tour of the Counseling Psychology Training Clinic (CPTC)
- SoE Associate Dean, Dr. Carolyn Kelley

Organizational Arrangement

The MS-Counseling Psychology program is housed in and administered by the Department of Counseling Psychology in the School of Education. The Counseling Psychology Department consists of 6 tenured faculty (Alberta Gloria, William Hoyt, Stephen Quintana, Mindi Thompson, Lynet Uttal, and Carmen Valdez), two pre-tenured faculty (Stephanie Budge and Travis Wright) as well as 1.5 academic staff, who serve as clinical faculty (Stephanie Graham and Corissa Lotta).

Beginning fall of 2015, the Masters curriculum was revised to be a 60-credit program designed to satisfy the new State of Wisconsin licensure requirements that will take effect in 2018. Thus,
the Program is no longer a 48-credit Master’s program; rather, newly enrolled students are expected to complete the new 60-credit curriculum. Students should expect to take two full academic years and parts of two summers to complete all the coursework and most of the required internship hours.

The program has stated learning outcomes and an assessment plan.

The 60-credit degree requires a 600-hour (240 direct service hours) supervised field-based internship in a community agency. MS Counseling graduates are eligible to complete post-degree requirements for licensure as a Licensed Professional Counselor in Wisconsin. Upon completion of a program of clinical instruction and intensive field experiences, approximately 12 students graduate each year.

The MS-Counseling Psychology is in the process of moving from CACREP accreditation (Council for Accreditation of Counseling and Related Educational Programs) to the more research-friendly MPCAC (Masters in Psychology and Counseling Accreditation Council) accreditation.

B. An evaluation of the strengths and weaknesses of the program

Strengths/Assets

The Counseling Psychology MS program is consistently ranked 4th in the nation by US News and World Report (2018). CP faculty members are highly committed to the success of their academic programs and have created a supportive academic community.

During the last 10 years, the Department added the Counseling Psychology Training Clinic (CPTC), which is an in-house clinic where first year MS students can observe live psychotherapy sessions and participate in clinical staffing. The CPTC specializes in providing culturally-competent care to under-represented students at UW-Madison and under-served populations in the Madison community.

The MS program graduation rate is strong (83%) and time to degree of students in the MS program comport with campus peers (2.2 years). Most students complete their degree in two years with a summer term. Due to licensing requirements in other states, many students enrolled in 60 credits before formal CP adoption of the new 60-credit curriculum.

The MS program is strong in the area of diversity. It’s 10 year degree completion rate for domestic targeted minorities (DTM) is very strong compared to campus peers (79%), and DTM comprise about 30% of the MS class, a higher ratio than peer programs on campus. At the same time the CP-MS is highly competitive with a 17% overall admit rate (42% for DTM). The CP-MS program emphasizes multiculturalism and social justice, broadly-defined, in its teaching, research, practice, and service. Many students described how they chose to attend Madison because of this emphasis.
The review team met with MS students from both the first year and second year cohorts. Reviewers perceived the students to be candid and comfortable in discussing the positives and challenges of the MS program. In general, the students expressed satisfaction with the quality, content, scope and sequence of the curriculum, student-faculty interactions, and mentorship.

In the most recent alumni survey, respondents who graduated in 2016 or earlier, all reported being employed in the counseling field (79%) or enrolled in further graduate studies (21%).

Challenges

Licensure Related Challenges:

The Program has faced a number of challenges due to the move from a 48-credit to a 60-credit MS program per WI Licensure Board requirements. In 2016-17, some CP courses were combined with Rehabilitation Psychology in order to meet the new licensing requirements without any new resources. This strategy was possible because Rehabilitation Psychology (RP) now has the same accreditor as CP and similar counselor program requirements.

License - Combined courses: According to interviews with the CP Department Chair and some CP students, integrating the two disciplines, as well as departmental and cohort cultures, has proven challenging. Students expressed concerns about courses in which RP and CP curricula were combined and courses taught by RP short term staff. One challenge created by combined CP-RP courses was that in taking combined classes in their first term, the incoming CP cohort felt that it failed to build cohesiveness as a cohort. In order to address this issue, the CP faculty told reviewers that for the 2017-18 academic year they will have only one combined class in the first semester. A second challenge of CP-RP combined courses was that the CP students felt that the RP courses were not as high quality (especially those taught by STS) as the CP courses and that they were too large in size. A final challenge with combined CP-RP courses was differences in training cultures and differences in student foci. The two groups wanted emphasis on different topics and preferred different terms. For example, CP focuses heavily on cultural identity while the emphasis for Rehabilitation Psychology is on disability. Students discussed the challenge of making the material relevant for both sets of students. One student identified, “We are all feeling what we aren’t learning.”

License - Cost: The new licensure requirement of 60 credits brings an increased cost for students. Most MS students, as professional students, are not funded. The CP faculty advise students to take sufficient plateau credits so they can get through the program as cost effectively as possible. The 60-credit program can be completed in two years and one summer, which is the same as 48-credit program before licensure changes. In order to accomplish this, however, students now need to increase the number of credits they take, meaning they cannot work part time or, if they have a TA position, it will result in their having a longer time to degree. Some students reported having part time jobs, and it may be increasingly difficult for students to work and complete degree requirements in a timely fashion. This could lead to either a longer time to degree or more debt. Further, faculty reported to the reviewers that they have concerns regarding whether curriculum is too limiting for the student in terms of clinical training. Now that students are taking 60 credits in the same time period as they did for 48, faculty feel there is a constant
tension for students in terms of meeting the required course credits and making certain that they still have time for the clinical training they need.

License - Communications: The change to the new licensure requirements created communication challenges for the first cohort of students having to meet the 60 credit mandate. Students reported miscommunication about curriculum changes and described how faculty provided different information about practicum requirements and course sequencing. Program faculty corrected problematic information and clarified uncertainties as they arose but students reported feeling frustrated and anxious. The students report that the content in the Handbook contains accurate “broad strokes,” however, they cautioned that they do not necessarily trust it for details because there have been so many recent changes. One student expressed “the Department has figured it out at the last minute so far. The trick is to not freak out and let the faculty figure it out. It is anxiety provoking.” The students acknowledge that they have had to adapt quickly to licensure changes and they remain concerned about potential future changes within the program. We expect the communications challenges to be short lived as CP adjusts to its new curriculum.

Accreditation:

The Department faculty feel that over the past 10 years their historical accreditor, CACREP, has become exclusionary in their practices. Consequently, the program is moving to the MPCAC (Masters in Psychology and Counseling Accreditation Council) as an accreditor. CP will be applying for the MPCAC accreditation in summer or fall of 2017 for the MS program. MPCAC is in the process of being accredited by the Council for Higher Education Accreditation (CHEA) as an accreditor.

Risks: The review committee did not see that the CP Program’s change in accreditors has negatively impacted students and program graduates to date. This is because most states’ licensing requirements allow for different accreditations (not exclusively CACREP), although CACREP is actively lobbying states to be written into state licensure requirements. Because of this, CP has tried to make their course titles and descriptions map to CACREP requirements so that if someone compares their transcript against CACREP requirements, they can easily see the match. Further, as one staffer noted, some students get confused because they don’t understand why CP is not CCREP accredited. The program faces minor risks associated with student confusion and associated with waiting for MPCAC’s approval as an accreditor.

Internship Sites:

Students voiced concerns and confusions to the reviewers regarding the difference between practicum and internship hours, and also how they can obtain their first 100 hours of practicum (with 40 direct hours) within their first year as dictated by the curriculum. Students reported that they were unable to complete their hours because of unexpected changes to the traditional venues for achieving the hours (i.e., undergraduate clients from the CP 650 designated class, and Diversity Forums). Moreover, they were not given other structured make-up opportunities. Later, students were told they could “roll over” unfinished direct hours from their first year to their second year.
A related problem is competition for field placements. This year’s first year class was a larger class and so there has more competition for limited site placements.

Students suggested that the department should pull undergraduate volunteers from more than one class in order to ensure enough direct hours for first years. Students also discussed being able to petition the department to count paid work toward hours. Students also suggested they would like a more formal placement for their first year practicum that did not require as much set up work for the student. Finally, students reported that the program did not inform the clinical site supervisors about the new hours requirement necessitated by the 60 credit MS, and so some sites were not well prepared to meet the student’s needs upon arrival.

Student Grievance regarding a faculty member:
In spring 2016, MS students filed a grievance with the CP Department against a CP faculty member. The Counseling Psychology Executive Committee, in conjunction with the School of Education Deans Office, has taken steps to respond to the grievance and the factors the led up to it. Students report that the Department was receptive to working with them on the issue and that in discussing the grievance with the other CP faculty, they were receptive and affirming. Steps taken by the CP Department have included: (1) providing peer evaluators who conducted mid-semester and end of semester listening sessions and generated reports based on the discussion. (2) Creating a report for the faculty member and discussed the concerns in a meeting with the faculty member. (3) Creating a 2 year teaching development plan for the faculty (3) Moving the faculty member to only teach undergraduates, and (4) removal of the faculty member from supervising the graduate students. Although the students do not report complete satisfied by the grievance process, the committee believes that the Department is doing what it can to address student concerns and be as transparent as possible, while abiding by HR policies.

C. Recommendations for future directions

Combining courses: Counseling Psychology, in concert with Rehabilitation Psychology, needs to be more strategic in integrating the two programs in order to maintain course efficiency while improving the students’ learning experiences. The program has indicated a desire to extend orientation to the program through the first two semesters of the program. These orientations could include an overview of RP and how RP student views and philosophies may differ from the Counseling students’ perspective. Each combined course could begin with an explicit discussion of the differences and potential friction points between CP and RP cohorts.

Advantages of combining the cohorts, beyond efficiencies, could be articulated in order to raise awareness and appreciation.

Accreditation: To reduce student confusion, develop clear and persuasive language for students and alumni about why CP is moving the MPCAC accreditation, how it will benefit the department, and how it should not impede student’s professional goals.

Communications: Update student handbook and advising materials to ensure program information is up to date given changes. Formalize “back up” mechanisms for students not able
to complete required field hours in first year. Consider conducting exit interviews to evaluate effectiveness of communications.

Internship Sites: Increase availability of internship and practicum sites. Provide increased structure for first year students seeking sites and hours. Ensure that all sections of 650 include Diversity Dialogs and inducements to encourage undergraduates to act as volunteers regardless of who is teaching.

Cost: Create more 33% Teaching Assistantships through undergraduate teaching and summer teaching in order to provide more funding for MS students while minimizing hours of work. Pursue EdGRS/AOF fellowships.
The program appreciates the careful and thorough review of the program by the reviewers and found the recommendations helpful. In response to the review as well as our general assessment of the program, we have already made important changes that address student concerns.

1) **Practicum hours and Internship sites:** We have made arrangements for students to receive their first-year practicum hours through CP classes as well as diversity dialogues, in line with what students and program reviewers have suggested. Specifically, students will interview for an hour undergraduate students in CP 225, which is a large Ethnic Studies undergraduate class that focuses on intersectionality of social locations, diversity issues, and experiences. Given the size of the CP 225 course (enrollment of 168 student for Fall 2017), each master’s student will accumulate 10 to 15 hours of direct practicum for the semester. The interviews will review the CP 225 students’ experiences with diversity and their sociocultural identity, with a specific focus on privilege and oppression. This addition involves each CP MS student interviewing approximately 10 - 15 students for each of two semesters, allowing them to obtain half or as many as 30 of their 40 direct service hours required for licensure. This addition along with the current opportunities to obtain direct services hours (diversity dialogues, counseling experiences, interviews through CP860, interviews at the School of School of Veterinary Medicine) will allow all students to obtain their necessary hours with program-arranged activities. This should reduce student anxiety and effort regarding the 40-hour practicum requirement.

The CP program was an early adopter of the revised curriculum that will affect other programs training students for mental health services. A side effect of being one of the first programs to move to the more demanding internship requirements is that we were the first program to ask internship sites to provide training for the new requirements. Last year, internship sites were in process of adjusting to the new expectations. As more area programs catch up to our program, the internship sites will more routinely structure their training to be aligned with the new licensing requirements and, thus, reduce the challenge for our program students.

2) **Combined CP and RPSE Courses:** Because of challenges students faced when the program offered joint courses with RPSE, we have reduced the number of joint courses taken in the students’ first semester from three to two. The new course now taught in the first semester is an orientation to the counseling profession. Consequently, first-semester students will enroll in three courses the first semester with only CP students and be provided with a stronger overview of the counseling profession, specific to their future careers. RPSE has been very cooperative in working out the challenges for offering a large portion of program requirements. The working relationship and
communication between CP and RPSE has been excellent in navigating any adjustments made to the original plan for offering joint courses. Faculty in joint taught CP/RSPE classes have also been in communication about how to best integrate course information that involves both areas of study equally in theory and practice. This level of cooperation and communication will reduce challenges students face in understanding and engaging in the joint course offerings.

3) **Student Orientation and Advising**: Due to student and program concerns with students’ orientation to the program, we will be offering a two-credit course in students’ first semester and one-credit course in the second semester, providing opportunities to: (a) update students about any future program modifications, (b) address student questions as they arise during the first year in the program, and (c) provide student and program support for the addition of the interview practicum that is mentioned in #1 above. Having this dedicated time with the entire cohort with a program director should increase accuracy and timeliness of program information and reduce anxieties to students about the program requirements. This new structure should facilitate a smooth transition to the new interview activities in a way that supports student learning and monitors student adjustment to the program in a proactive way.

4) **Communications and Program Handbook**: We have updated the program Handbook to reflect each of the program changes and have provided greater specificity about program requirements. The magnitude in changes for this year, compared to the previous two years, was substantially smaller. There will be, consequently, greater awareness of program requirements and consistency in student advising as program faculty and staff adjust to the new curriculum.

5) **Accreditation**: The program wishes to clarify that it is not currently accredited by any accrediting body. The program is ineligible for accreditation by CACREP but is eligible for accreditation by MCAC, which is a competing accrediting body. The program will be applying for accreditation by MCAC this Fall semester. Students’ interests and career viability will be enhanced by the program becoming accredited. As we proceed through the accreditation process, program students will have a better understanding of the differences in accreditation by the two accrediting bodies and why we are pursuing MCAC accreditation. Although MCAC is not currently accredited by CHEA, our understanding is that it is actively seeking accreditation and will be applying once CHEA eliminates its moratorium on accepting applications from new accrediting bodies.

6) **Student Cost**: The program works hard to support MS students to find assistantships within the university. The program had originally planned to schedule the degree requirements over 3 years in order to meet all the new licensing requirements. However, the program has worked hard to maintain the total number of semesters as the same as for the 48-credit program to reduce the costs of a third year of tuition and living expenses. The program appreciates the increased demands on students for meeting all program requirements in an 22-month long program, but has allowed students to take a reduced course load and take a third year of the program to accommodate those students who have outside employment or assistantships. Few students have opted for the three-year program plan. The program would appreciate
receiving additional assistanctships for MS students and has worked to acquire and leverage support for MS students through university resources.
Graduate School Time to Degree: 2008-2017

- **54.0%** for 1+ to 2 years
- **28.8%** for 2+ to 3 years
- **11.5%** for 3+ to 4 years
- **4.3%** for More than 4 years

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.