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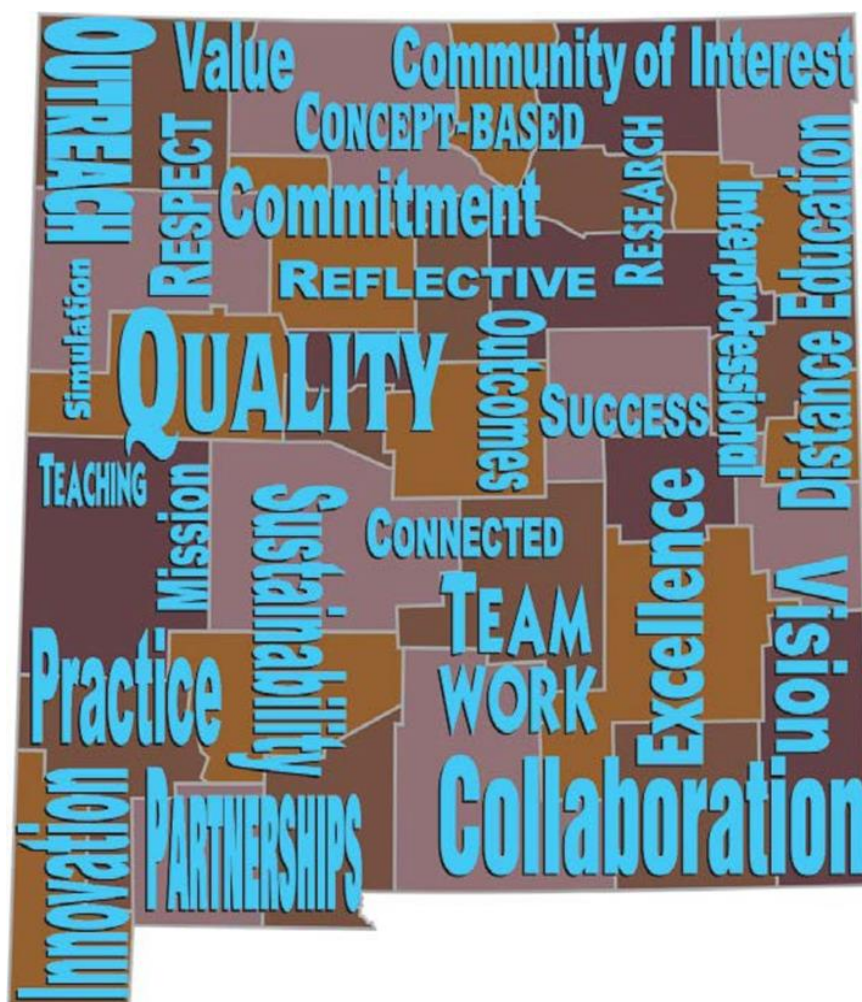Follow this and additional works at: https://digitalrepository.unm.edu/provost_acad_program_review

UNM
COLLEGE of NURSING

**Self-Study Report
To the Commission on Collegiate Nursing Educations for Accreditation of the
DNP "Nursing Executive Organizational Leadership" and
Post Masters Certificate in Advanced Practice Programs
College of Nursing, the University of New Mexico**

UNM College of Nursing Self Study Table of Contents

Introduction

Historical Overview

Administrative Structure within the University

The College of Nursing (CON) at the University of New Mexico (UNM) is housed within the wider UNM Health Sciences Center (HSC). The Chancellor for Health Sciences reports to the UNM President and the HSC Board of Directors, which is comprised of members of the UNM Board of Regents (BOR). The Dean of the CON reports directly to the Chancellor for Health Sciences. Appendix 1 presents the organizational charts for UNM, UNM-HSC, and the CON.

UNM Health Sciences Center

Established in 1994, the UNM-HSC (http://hsc.unm.edu) is the largest academic health complex in the state. As a nationally recognized leader in health sciences education, the HSC is also a major center for health care delivery and research. The HSC, located on the UNM North Campus, combines four mission areas (education, research, patient care, and community outreach) to provide New Mexicans with high quality evidence-based health care. The UNM-HSC is made up of the following academic and clinical entities; CON, College of Pharmacy (COP), School of Medicine (SOM), Health Sciences Library and Informatics Center (HSLIC), UNM Hospitals (UNMH), and the nationally-ranked UNM Cancer Research and Treatment Center (UNM-CRTC). The UNM-HSC received an award from the National Institutes of Health (NIH) in 2006, leading to the development of the Clinical & Translational Science Center (CTSC). The CTSC provides resources and infrastructure for cutting-edge clinical research. The staff, facilities, and resources of the CTSC are available to everyone involved in research at UNM-HSC. The Center is a member of the NIH Clinical & Translational Science Award (CTSA) consortium of medical research institutions (http://hsc.unm.edu/research/ctsc/index.shtml). Also included in the UNM-HSC, is the inter-disciplinary Robert Woods Johnson Foundation (RWJF) Center for Health Policy. This is a collaborative project between RWJF and the UNM. It is dedicated to increasing the diversity of health policy leaders in the social, behavioral and all health sciences (http://healthpolicy.unm.edu/about).

Governance and Leadership

UNM is governed by the Board of Regents (BOR), composed of seven members appointed by the Governor of New Mexico with the consent of the New Mexico Senate, for staggered terms of 6 years. Additionally, a student regent is appointed for a 2-year term. The Board's power to govern the University includes fiduciary responsibility for the assets and programs of the University, establishment of goals and policies to guide the University, and oversight of the functioning of the University. The BOR vests responsibility for the operation and management of the University in the President of the University. The President, Robert G. Frank, Ph.D., is responsible for UNM Main campus, UNM-HSC, and all UNM branch campuses.

The Chancellor for Health Sciences, Paul Roth, MD, MS, FACEP, reports to the University President and the HSC Board of Directors. In 2011, the UNM-HSC Board of Directors was created to oversee the patient care provided at all HSC clinical facilities for the UNM Health System. The Board of Directors conducts monthly meetings attended by the Chancellor for Health Sciences, UNM President, and the HSC leadership team. The HSC leadership team meets monthly to discuss key operational and policy issues. Members of the HSC leadership team are listed in Appendix 1. Issues with HSC Academic programs, legislative issues, and infrastructure and space needs are other items of interest on the agenda for the meetings. The Deans of the HSC academic programs also meet monthly.

The College of Nursing

The CON (http://nursing.unm.edu/) is a fully accredited component of the UNM-HSC with all Baccalaureate and Master's Programs have Commission on Collegiate Nursing Education (CCNE)

Accreditation through December 31, 2022). The CON Dean, Nancy Ridenour, PhD, RN, APRN, BC, FAAN, reports directly to the Chancellor for Health Sciences. The CON's organizational structure has been in place since 2010. Within this structure, all CON employees are assigned to work within one of six teams with a designated scope of work. Three teams are comprised of faculty and select staff. These are the Education, Research, and Practice teams. The other three teams are Student Services, Organizational Services, and Administrative Services, which consist of staff in association with the Dean and Executive Associate Dean. See Appendix 2 for the scope of work of each of these teams. The CON Leadership Team includes the Dean; Executive Associate Dean; Team Leaders (Chairs) for the Education, Research, and Practice Teams; Manager for the Student Services and Organizational Services Teams; and the Program Operations Director. The Leadership Team meets regularly throughout the week to maintain communication regarding events within the organization and to provide advice and input to staff and faculty.

As the flagship nursing school for New Mexico, the CON represents a vital resource for the state through its participating in each of the four missions of the UNM-HSC, i.e., education, research, practice, and community outreach. Providing nursing education since 1955, the CON offers a full range of programs. Undergraduate programs include a pre-licensure baccalaureate in nursing (BSN), and the RN-to-baccalaureate (RN-BSN) programs. Graduate master's-degree (MSN) concentrations include Adult-Gerontology Acute Care Nurse Practitioner, Family Nurse Practitioner, Nurse-Midwifery, Pediatric Nurse Practitioner, Nursing Administration and Nursing Education. Post Masters Certificates are available for all of these concentrations. Doctoral programs include a doctorate of philosophy in nursing (PhD), including a BSN to PhD option, and a Doctor of Nursing Practice (DNP) program. The DNP was launched in summer 2013 with the postmaster's Nurse Executive Organizational Leadership (NEOL) concentration. Its first student cohort will graduate in summer 2015. A second cohort was admitted in summer 2014 with graduation targeted for summer 2016.

Along with premier academic programming and innovative educational offerings, the CON has formulated many partnerships for education, research, and practice. The majority of these partnerships are interdisciplinary, and many involve community outreach. As one example, College of Nursing faculty collaborate with a rural Federally Qualified Health Center look-a-like for provision of primary care, midwifery, integrated oral health, and behavioral health services. An evolving relationship with UNM Dental Medicine incorporates inter-professional practice, scholarship, and education opportunities for both faculty and students. In 2014, adjunct faculty status was awarded to two Dental Medicine faculty and two CON faculty received adjunct faculty status in Dental Medicine. Copies of these memorandums are in resource file (Exhibit 1). Innovative practices have also supported several DNP projects for faculty and students. The development and implementation of a rural community engagement elective linked to this patient population for undergraduate students is now in its second year. Additional examples of CON practice partnerships include, but are not limited to, Geriatric Education and Health Maintenance (GEHM) clinics, Early Head Start, Albuquerque Healthcare for the Homeless, and ACE-Leadership School Based Health Care. A CON commitment to community engagement and faculty practice development provide opportunities for faculty practice, scholarship, educational sites for students, and revenue for the College.

The Self-Study

In preparation for the March 2015 CCNE accreditation visit, the UNM CON faculty used CCNE standards and key elements to conduct a comprehensive review of the: 1) Nurse Executive Organizational Leadership (NEOL) DNP program and 2) the Family Nurse Practitioner (FNP), Pediatric Nurse Practitioner (PNP), Nurse Midwife (NM), and Adult-Gerontology Acute Care Nurse Practitioner (AG-ACNP) Post-Masters Certificate (PMC) programs.

STANDARD I
PROGRAM QUALITY: MISSION AND GOVERNANCE

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

I-A. The mission, goals, and expected program outcomes are:
- **congruent with those of the parent institution; and**
- **consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.**

Elaboration: The program's mission statement, goals, and expected student 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 (AACN, 2008).*
- The Essentials of Master's Education in Nursing (*AACN, 2011*)
- *The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006)*
- *Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF, 2012]*
- Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee, 2008).
- Graduate-Level Quality and Safety Education in Nursing (QSEN) Competencies Knowledge, Skills and Attitudes (America Association of College dos Nursing, Education Consortium, 2012).

A program may select additional standards and guidelines.

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

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

PROGRAM RESPONSE

UNM, UNM-HSC, and CON Mission and Vision

The CON mission and goals are reflective of and congruent with those of the UNM-HSC, which are in turn reflective of and congruent with those of the parent institution UNM noted in Table 1 below. The statements are reflective of the entire College and not of the individual programs.

The *UNM Strategic Framework UNM 2020 (http://unm2020.unm.edu/)* reflects the mission, vision, values, strategies, priorities, and goals of the University (Exhibit 2). Articulating a shared mission and vision that flow from UNM, to the HSC and CON for faculty, staff, and students is a high priority. The core values of the institutions describe the principles that guide decisions, actions, and behaviors. From these

beliefs, the HSC vision, mission, and program goals, as well as the HSC strategic plan, known as Vision 2020, arise. These are located on the HSC websites http://hsc.unm.edu/about/mission.shtml and http://hsc.unm.edu/Vision2020/ respectively. To fulfill the vision, all colleges, schools, departments, and programs at the UNM-HSC have incorporated into their annual performance plans how their education, research, and service enterprises will measurably improve the health of New Mexico.

Table 1: Institutional Context: UNM, UNM-HSC and CON Mission Vision, and Core Value Statements

University of New Mexico

Mission:

The mission of UNM is to serve as New Mexico's flagship institution of higher learning through demonstrated excellence in teaching, research, patient care, and community service. UNM's ongoing commitment to these cornerstones of purposes serves to:

- Educate and encourage students to develop the values, habits of mind, knowledge, and skills that they need to be enlightened citizens, contribute to the state and national economies, and lead satisfying lives.
- Discover and disseminate new knowledge and creative endeavors that will enhance the overall well-being of society.
- Deliver health care of the highest quality to all who depend on us to keep them healthy or restore them to wellness.
- Actively support social, cultural, and economic development in our communities to enhance the quality of life for all New Mexicans.

Vision:

UNM's vision describes the future state to which we, as an institution, aspire. Our aim is for this to be a vision that is "alive" serving to inform and align all of our goals, activities, decisions, and resources, as well as inspiring and encouraging initiative, innovation, and collaboration. The University aspires to a future in which we are known for strength through diversity, student success through collaboration, a vital academic climate, excellence through relevance, research for a better world, health and wellness leadership, and international engagement.

Core Values:

- Excellence demonstrated by our people, programs, and outcomes, as well as by the quality of our decisions and actions;
- Access with Support to Succeed that gives all who desire the opportunity to take full advantage of the wealth of resources at UNM and to be fully integrated in the UNM community;
- Integrity that holds us accountable to our students, the community, and all who serve UNM's mission, to manage our resources wisely and keep our promises;
- Diversity that enlivens and strengthens our university, our community, and our society;
- Respectful Relationships that build on trust, inspire collaboration, and inshore the teamwork that is essential to UNM's success;
- Freedom of speech, inquiry, pursuit of ideas and creative activity;
- Sustainability so that as we meet the needs of the present, we are not compromising the well-being of future generations.

Health Science Center

Mission:

Our mission is to provide an opportunity for all New Mexicans to obtain an excellent education in the health sciences. We will advance health sciences in the most important areas of human health, with a focus on the priority health needs of our communities. As a minority-majority state, our mission will ensure that all populations in New Mexico have access to the highest quality health care.

Vision:

The UNM-HSC will work with community partners to help New Mexico make more progress in health and health equity than any other state by 2020.

Core Values:
- To fully embrace the tenets of professionalism as faculty, staff and students;
- To demonstrate integrity, accountability and decisiveness in our commitment to excellence;
- To support collaborative practices and personal growth; and
- To honor and respect our diversity in people, thinking and cultural heritage

College of Nursing

Mission:
The mission of the CON is to provide exemplary and innovative education, research, practice, service, and leadership that improve state, national, and global health. The college's efforts focus on the scholarship of nursing education, research, practice, and policy to inform and lead in the delivery and analysis of nursing and health care.

Vision:
The vision of the CON is to develop solutions for the most important nursing challenges pertaining to human health and health equity in our communities through education, scholarship, practice, and service.

Core Values:
The College of Nursing supports the HSC core values:
- To fully embrace the tenets of professionalism as faculty, staff and students;
- To demonstrate integrity, accountability and decisiveness in our commitment to excellence;
- To support collaborative practices and personal growth; and
- To honor and respect our diversity in people, thinking and cultural heritage.

http://catalog.unm.edu/catalogs/2013-2014/colleges/nursing/index.html

CON Programmatic Goals

The vision, Mission and core values of the CON are congruent with those of the University and the HSC. The CON also has overarching programmatic goals designed to provide tangible outcomes to ensure that the vision, mission and core values are implemented. The HSC Vision and Mission speak to the commitment to improve the health care of all New Mexicans. The DNP and PMC programs are directly linked to the institutional mission because of the impact they will have on health care leadership, primary care access, and quality of health care delivery in the state. CON programmatic goals:

1. Fully participate in UNM, HSC, and the UNM Health System governance and policy-making bodies to achieve our vision, mission, and strategic goals.

2. Produce graduates with the nursing expertise to improve health and promote health equity of New Mexicans through leadership, research, policy, and the provision of exceptional healthcare.

3. Provide outstanding educational programs to diverse student populations.

4. Lead in state and national baccalaureate and graduate education in nursing.

5. Expand and support a scholarship base consistent with being the flagship graduate nursing program in New Mexico and with the University of New Mexico's designation as a Research University with high research activity.

6. Implement nursing and inter-professional faculty practice models that provide innovative, scholarly solutions to improve health.

7. Provide statewide leadership and advocacy in nursing and health policy.

8. Diversify the College of Nursing to increase representation to better reflect the communities we serve across the state of New Mexico.

9. Develop entrepreneurial and innovative strategies to attract and efficiently manage CON resources (fiscal, physical, and human) in a changing economic environment.

Programmatic Goals are available on the CON website at: http://nursing.unm.edu/about/index.html

Program Outcomes

Student objectives for each program reflect the organizational Mission and Vision, and the CON Programmatic Goals. For the NEOL DNP, additional guidelines and principles (see list under Outcomes Link to Professional Nursing Standards below) were used to guide curriculum development and program outcomes. As key guiding principles for the NEOL DNP on the service side, these guidelines were chosen to promote relevance of the curriculum; to support inter-professional relationships with health care organizations within our community of interest; and to enhance the employability of our graduates. Program outcomes for each advanced clinical practice concentrations (NM, FNP, & PNP) reflect the CON mission to improve health outcomes by focusing on primary care. While the ACNP concentration focuses on the management of complex clients in the acute care setting. Students in the PMC program are held to the same level of competency as the master's students and are expected to achieve the CON and the concentration specific outcomes and objectives respectively.

Outcomes Link to Professional Nursing Standards

The CON adheres to several relevant professional standards, guidelines, principles, ongoing published literature, and professional recommendations, to ensure congruence of student learning objectives with the Mission and Vision statements of the CON to serve two purposes: curriculum design and program evaluation. These standards, guidelines, and principles include:

- *The Essentials of Master's Education In Nursing (AACN)*
- *The Essentials of Doctoral Education For Advanced Nursing Practice (AACN)*
- *The American Organization of Nurse Executives (AONE) Nurse Executive Competencies,*
- *American Nurses Credentialing Center (ANCC) 14 Forces of Magnetism* (NEOL DNP)
- *Robert Wood Johnson Foundation (RWJF) Nurse Executive Scholars Principles* (NEOL DNP)
- *National Task Force (NTF) on Quality Nurse Practitioner Education's Criteria for Evaluation of Nurse Practitioner Programs*
- *Advanced Practice Registered Nurses (APRN) Consensus Model*
- *The National Organization of Nursing Practitioners Faculties (NONPF) Nurse Practitioner Core Competencies*
- *The NONPF Nurse Practitioner Primary Care Competencies in Specialty Areas: Adult, Family, Gerontological, Pediatric, and Women's Health*
- *The Adult-Gero Acute Care Nurse Practitioner (ACNP) Competencies,*

- *The AACN Adult-Gerontology Primary Care Nurse Practitioner Competencies,*
- *The American College of Nurse Midwives (ACNM) ACNM Standards for the Practice of Midwifery, Graduate-Level Quality and Safety Education in Nursing (QSEN) Competencies Knowledge, Skills and Attitudes (America Association of Colleges of Nursing, Education Consortium, 2012).*

These guidelines, standards, and principles are congruent with the mission of the University, "to educate and encourage students to develop the values, habits of mind, knowledge, and skills that they need to be enlightened citizens, contribute to the state and national economies, and lead satisfying lives". They are aligned with the mission of the HSC, to "provide an opportunity for all New Mexicans to obtain an excellent education in the health sciences. We will advance health sciences in the most important areas of human health, with a focus on the priority health needs of our communities". These provide a broad and inclusive opportunity to foster development of future nursing researchers, teachers, healthcare delivery experts, and leaders, all with an underlying sense of community and its foundations.

I-B. The mission, goals, and expected program 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 CON and 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 recruitment, program improvement and placement of graduates.*

PROGRAM RESPONSE

College of Nursing Vision, Mission, Values and Programmatic Goals

The Student Learning Objectives for the NEOL DNP and PMC programs are periodically reviewed by CON faculty as part of strategic planning and when there are changes to national standards and/or guidelines. The CON strategic plan is revised when changes occur with the UNM or HSC vision, mission, or goals. At a College-wide retreat, held in June 2013, and at the subsequent faculty retreat in June 2014, (Exhibit 3) the CON faculty discussed overarching strategic goals and direction in relation to the HSC Vision 2020 Strategic Plan. The CON mission and vision are presented in Table 2 along with the student learning objectives for each of the individual programs being surveyed. These are consistent with relevant professional nursing standards, guidelines, principles and relevant literature. Program mission/SLOs/essentials/curricular guidelines of each program are located in resource file (Exhibit 4).

Table 2: Congruence of CON Student Learning Objectives to Mission and Vision Statements

CON Mission
The mission of the CON is to provide exemplary and innovative education, research, practice, service, and leadership that improve state, national, and global health. The college's efforts focus on the scholarship of nursing education, research, practice, and policy to inform and lead in the delivery and analysis of nursing and health care.

CON Vision
The vision of the CON is to develop solutions for the most important nursing challenges pertaining to human health and health equity in our communities through education, scholarship, practice, and service.

Graduates of the **NEOL DNP** program will:
- Assume the role of the doctoral prepared nurse in teaching, scholarship, leadership and service.
- Apply analytic methods to create, evaluate, and adopt effective innovations to improve health.
- Analyze, translate, and apply evidence to improve health outcomes.
- Engage individuals and communities to develop, implement, and evaluate interventions to address their health disparities.
- Facilitate optimal health outcomes through delivery of culturally sensitive care, including clinical prevention strategies, identification of risk, individualized interventions, and formation of therapeutic relationships with clients.
- Apply clinical, community, and health policy interventions to reduce health inequities.
- Evaluate and critique social policy relevant to the organization and delivery of health care.
- Integrate and evaluate information systems in patient care technology for clinical, research, and administrative best practices.
- Apply leadership and advocacy skills in the development, implementation, and evaluation of health policy.
- Utilize effective management and organizational skills to assume a leadership role in health care delivery, policy, and systems.
- Practice nursing reflectively, guided by theory, based on best evidence and integrating creative and critical thinking.

Graduates of the **FNP** program will:
- Provide full scope primary care, utilizing both independent and collaborative approaches, to individuals and families across the lifespan, including management of acute and chronic health problems, health promotion, disease prevention, and support for transitional and end of life needs.
- Integrate ethical principles in decision-making and evaluation of care related to individuals, families, populations and systems of care.
- Coordinate health care through interdisciplinary collaboration with members of the health care team.
- Empower and motivate individuals and families to be full participants in their own health care.
- Advocate for systems and policies that reduce health disparities, facilitate access to care, and address cultural diversity and rural populations.
- Assume professional responsibility for maintaining and advancing clinical practice competencies.
- Participate in quality assurance and evaluation of health care delivery.
- Use and articulate evidence-based research as the basis for practice.
- Contribute to existing knowledge through participation in research.

Graduates of the **PNP** program will:
- Provide full scope primary care, utilizing both independent and collaborative approaches, to children and families including management of acute and chronic health problems, health promotion, disease prevention, and support for transitional and end of life needs.
- Integrate ethical principles in decision-making and evaluation of care related to children, families, populations and systems of care.
- Coordinate health care through interdisciplinary collaboration with members of the health care team.
- Appropriately empower and motivate children and families to be full participants in their own health care.
- Advocate for systems and policies that reduce health disparities, facilitate access to care, and address cultural diversity and rural populations.
- Assume professional responsibility for maintaining and advancing clinical practice competencies.
- Participate in quality assurance and evaluation of health care delivery.
- Use and articulate evidence-based research as the basis for practice.
- Contribute to existing knowledge through participation in research.

Graduates of the **Nurse-Midwifery** program will:
- Analyze theoretical and empirical knowledge from the sciences and humanities, and apply this knowledge to the care of women and their infants within a family and community context.
- Identify the influence of economic, social, and political trends on the effectiveness of health care delivery to women and infants.
- Provide safe and satisfying primary health care that supports individual rights and self-determination in a variety of settings, with emphasis on underserved and rural client populations. This includes clinical management of normal labor and delivery, care of the neonate, and well-woman care.
- Apply skills in health assessment, teaching, and counseling, with emphasis on self-help, wellness, and the prevention of illness and disability.
- Communicate both verbally and in writing with various members of the health care delivery system, including keeping adequate documentation of nurse-midwifery care.
- Demonstrate collaborative relationships with other health team members and with community groups for the planning, management, and provision of health care for women and their infants.
- Demonstrate the socialization and conceptual awareness of the role and responsibilities of the nurse-midwife.
- Demonstrate a commitment to personal and professional growth and the growth of the profession through participation in professional organizations, community, and scholarly activities, such as research, writing, and teaching.
- Participate in quality assurance activities in the health care setting.
- Exemplify the ethical and moral obligations of professional service while interacting with clients and society in general

Graduates of the **AG**-**ACNP** program will:
- Provide full scope care utilizing both independent and collaborative approaches, to the adult/gerontology population including management of acute, critical, and/or complex chronic health problems, health promotion, disease prevention, and support for transitional and end of life needs.
- Integrate ethical principles in decision-making and evaluation of care related to the adult/gerontology population with acute, critical, and/or complex chronic health problems.
- Coordinate health care through interdisciplinary collaboration with members of the health care team.
- Empower and motivate the adult/gerontology population and families to be full participants in their own health care.
- Advocate for systems and policies that reduce health disparities, facilitate access to care, and address cultural diversity and rural populations.
- Assume professional responsibility for maintaining and advancing clinical practice competencies.
- Participate in quality assurance and evaluation of health care delivery.
- Use and articulate evidence-based research as the basis for practice.
- Contribute to existing knowledge through participation in research

Collaboration from Community of Interest

The nursing programs across New Mexico have historically collaborated to improve nursing education. In 2013, the New Mexico Nursing Education Articulation Task Force completed the development of a statewide articulation plan for registered nurse (RN) to BSN education. Collaboration among New Mexico nursing programs continues through the efforts of the New Mexico Nursing Education Consortium (NMNEC). Goals of NMNEC include developing a quality and resource-efficient statewide plan for nursing education delivery and increasing the number of nurses in New Mexico with baccalaureate and graduate nursing degrees (http://www.nmnec.org/about-nmnec.aspx).   This plan will provide a stream of nurses from all areas of the state eligible for graduate education in Master of Science in Nursing (MSN), Post-Masters Certificate Programs, and DNP programs.

In 2012, we were able to procure funding for three years from our communities of interest to begin the DNP. This funding was specifically earmarked to begin the Nursing Executive Organizational Leadership (NEOL) concentration. Based on our community of interest feedback, the CON is in the final approval stage for offering the Masters in Nursing Administration core courses as a "bridge" to the NEOL DNP. This will allow students a pathway to the DNP who have a Master's degree in clinical, educational, or other relevant nursing foci, but are working in a management or leadership role and wish to obtain their DNP in these areas. The core MSN courses were revised based on the new American Association of Colleges of Nursing (AACN) Masters Essentials and the American Organization of Nurse Executives (AONE) competencies. In addition, admission criteria to the NEOL were revised to be able to offer these courses as a "bridge" to the NEOL DNP. A motion was passed by the appropriate CON committees for these course revisions and change in admission criteria. These changes, once final approval is obtained, are scheduled to take effect in summer 2016. Exhibit 5 contains the NEOL Bridge Approved Motion and Rationale, the Presentation & comparison syllabi.

In 2014 the New Mexico legislature approved recurring funding of 1.6 million dollars to increase the number of students in the primary care nurse practitioner concentrations of, FNP, PNP, and Midwifery to increase the number of primary care providers in the state. These three concentrations typically admit between 8-12 students including 2-4 PMC students. Overall, the three concentrations constitute a cohort of 24 primary care students. Beginning in 2015, The CON will increase the primary care cohort to 40 and continue to accept 8-10 ACNP students, for a total cohort of 50 advanced clinical practice students. It is expected that within this cohort of 50, a minimum of five will be PMC students. In order to accommodate this increase in students, the CON has hired two additional faculty (as of 11/2014) and has resources for an additional four full time faculty positions. In addition, 6 new staff positions have been funded to provide additional program support, student advisement, informational technology support, human resources and financial aid support.

The increase in students has also necessitated curriculum changes in the core courses of research, theory, and health policy. All three primary care concentrations are also in the midst of curriculum changes involving their clinical courses. In addition to modifying the sequencing of core courses, some clinical course descriptions and objectives are being updated; pediatric and adult content is being modified for the FNP concentration; the balance between didactic and clinical content is being revised; and concentration objectives/outcomes are being modified to reflect the changes in the respective curricula. The implication for the PMC students is that they will also meet the revised concentration specific objectives/outcomes.

As part of our process improvement, we examined our workload (mentoring new faculty), physical plant, technology, and the impact on advisement, student, and organizational services, as well as other current academic programs to carefully manage the impact this would have on the CON. Outcomes of this analysis were that while the practice team has been working on the development and implementation of a clinical DNP track, this was postponed for final development and implementation until summer of

2016. Much like the clinical DNP, a decision was made to hold admissions to the MSN in Nursing Administration to allow enough resources to begin the NEOL DNP. This was done with the knowledge that we have a well-defined working relationship with our sister school, New Mexico State University, whereby we collectively try not to offer the same programs so that we are fiscally responsive to the state. One of the few concentrations we both had was an on-line MSN in Nursing Administration so we felt in the short-run this was a sound financial decision.

Student Outcomes, Standards, and Guidelines

The Executive Associate Dean is organizationally accountable for CON academic effectiveness. The 3 Team Chairs for Education, Research, and Practice are responsible for implementation of the CON academic evaluation processes, and work closely with the Executive Associate Dean to meet academic evaluation standards to assess academic effectiveness. Expected student outcomes reflect the chosen professional standards and guidelines, as well as the active contribution from the school's defined community of interest, which includes students, faculty, the HSC, UNM, UNM alumni, the New Mexico Board of Nursing (BON), employers of nurses, external sites for clinical education, professional nursing organizations and education programs, and advocates for the nursing profession. The outcomes are annually reviewed by the Program Evaluation Committee and the Education, Research, and Practice Teams, along with subcommittees of faculty members and the Curriculum and Graduate Committee. A revision of student outcomes is also triggered by changes in curriculum in response to changing standards, aggregate student outcomes, input from the community of interest, or input from faculty committees. Members of the CON faculty are elected annually to the standing faculty committees, with equal representation from each Team and at- large members from the CON voting faculty. This mechanism assures input from the faculty of the whole into the curriculum and program evaluation process. Committee members report back to their teams monthly.

Revisions to the NEOL DNP curriculum/program outcomes were made in response to CCNE's requirement for 1,000 clinical/practice hours post BSN. (Exhibit 6 Form C). In addition, each course in the NEOL DNP underwent a revision based on student and faculty feedback as the courses were taught for the first time. Appropriate approvals were obtained when necessary.

The CON also utilizes internal processes to evaluate and modify curriculum. Faculty from the NEOL DNP consistently attend national conferences related to doctoral education, the DNP, and the AONE national conference. The faculty who teach in the NEOL DNP are supported by the CON to attend these conferences and are frequent presenters. Like the NEOL faculty, the advanced Clinical Practice faculty consistently attend national conferences related to NP and Midwifery education. The CON provides funding for two faculty to attend the annual NONPF conference and the annual Midwifery conference. All faculty from the NEOL DNP and Advanced Clinical Practice provide either a written or verbal report to their respective concentrations as well as to the Practice Team regarding changes and/or trends in education. The most recent example of a significant curriculum change in the NEOL DNP occurred when the concentration changed their curriculum to include practice hours in the core NEOL courses, revised each

course after it was taught for the first time based on student and faculty feedback, and developed a "bridge" of Masters level core administration courses to meet the needs of prospective students. In the advanced clinical practice concentrations, the ACNP concentration changed their curriculum in 2011 to include more gerontology content and changed their concentration to Adult Gerontology-ACNP. The first group of students eligible to sit for the AG-ACNP exam will be graduating in May 2015. Currently, the FNP concentration is modifying their curriculum to increase the emphasis on primary care skills, gerontology, and chronic diseases in adults.

Community of Interest

The community interest definition, revised August 2014 by CON faculty, is as follows: *The ability of the CON to fulfill its mission is intimately related to the needs and expectations of diverse internal and external communities of interest, which are regularly considered in program development and improvement. The primary internal communities of interest are those most directly connected to the mission of the College: students, faculty, staff, the HSC, the UNM, and alumni. The external communities of interest are patients; their families and communities; and components of the larger professional nursing community: The New Mexico BON, employers of nurses, external sites for clinical education, professional nursing organizations and education programs, and advocates for the nursing profession.*

To ensure input from the primary internal community of interest, information is obtained from a variety of sources. The CON also has an ongoing close relationship with UNMH, and the administrative groups of each entity have formed the Nursing Leadership Alliance (NLA). This group meets biannually to discuss common issues and concerns, and to express the needs of the College and the hospital. In addition, the DNP Program Director meets quarterly with the Chief Nursing Officer of UNMH and members of the faculty participate in UNMH nursing committees as requested. The director of the DNP program serves as a board member on the New Mexico AONE (NMONE) which provides a consistent opportunity for dialogue concerning the NEOL curriculum and outcomes with senior nursing executives across the state.

Our Advanced Clinical Practice students, including our PMC students, have clinical rotations in a variety of sites throughout New Mexico and at times in bordering states. Faculty visit these students in their community settings at least once per term. Part of the site visit process is to obtain feedback from our community preceptors regarding our programs and the need for any improvements. Specific requests from preceptors regarding curricula is presented and considered at concentration specific and Practice Team meetings. This same mechanism for preceptor feedback is used in the NEOL DNP in which students receive one site visit during the residency.

Input from our community of interest on curriculum and teaching can be seen in CON committee participation. The Graduate & Curriculum Committee has three community representatives from large healthcare systems. The Administrative Curriculum Task Force (ACT-Force) committee for NEOL has one member from UNMH and a second from the external community who both hold executive and organizational leadership positions. Exhibit 7 contains

sample of committee agenda/notes. To assure that the education and development of future nurse leaders is comprehensive and current; the CON employs temporary part-time faculty (TPT) through an Executive Nurse Scholars program as part of the faculty. These Executive Nurse Scholars are current or former nurse executives with a minimum of both a doctoral degree and five years of experience in senior nursing management, leadership, and executive-level positions. To date, we have three such nursing leaders teaching in the NEOL DNP program and all bring current real-world experience to our program. These faculty received extensive orientations to teaching including co-teaching a Masters level course in nursing administration with a seasoned faculty member, followed by co-teaching in the DNP with current NEOL faculty. These faculty are now developing curriculum with a CON faculty mentor. Currently there are plans to expand this program to include executive academic scholars as we have plans to admit these individuals under the "bridge courses" option.

The Advanced Clinical Practice programs also hire TPT faculty from the community to perform site visits as necessary. These faculty are hired based on their clinical expertise and provide additional insight regarding the effectiveness of our programs through their exposure to student clinical performance.

The clinical sites and preceptors who work with DNP and PMC students are evaluated by faculty; students also provide evaluations of their clinical sites and preceptors. Preceptors receive an orientation packet providing them with course and clinical objectives relevant to the student they are precepting as well as contact information regarding a faculty liaison. In addition to providing verbal feedback to the faculty at the time of the site visit, preceptors also provide written evaluations of student progress.

Community of Interest Participation in the New Program

The CON solicited public opinion for comments about the NEOL DNP program from the community of interest in 2009 related to program development. These communities were defined as all nurse managers and leaders whose health care entity belonged to the New Mexico Hospital Association (NMHA); all nurse manager and leaders who were members in the New Mexico Organization of Nurse Executives (NMONE); and Chief Nursing and Chief Executive Officers of other health entities in the state of New Mexico. In addition, community nursing leaders from around the state were sent surveys; this included school systems, managed care organizations, Kirtland Air Force Base, New Mexico Department of Health, and New Mexico Public Health Division.

Formal presentations with questions and answers were done at the New Mexico Health Association (NMHA), and the NMONE annual conference (2011) and individual letters were sent to all Chief Nursing Officers or Nursing Leaders in the state. We continue to present and solicit feedback on an ongoing basis from our communities of interest including our internal community of interest, the CON faculty, through our committee structures and faculty teaching in the program.

As discussed earlier, from the start of the program, several revisions including a revision of The CON solicited public opinion for comments about the NEOL DNP program from the community of interest

in 2009 related to program development. These communities were defined as all nurse managers and leaders whose health care entity belonged to the New Mexico Hospital Association (NMHA); all nurse manager and leaders who were members in the New Mexico Organization of Nurse Executives (NMONE); and Chief Nursing and Chief Executive Officers in the state of New Mexico. In addition community nursing leadership from around the state were sent surveys and included school systems, managed care organizations, Kirtland Air Force Base, New Mexico Department of Health, and New Mexico Public Health Division. Formal presentations with questions and answers were done at the NMHA, THE NMONE annual conference (2011) and letters were sent to all Chief Nursing Officers or Nursing Leaders in the state.

As discussed earlier, several revisions, including a revision to core NEOL courses to include practice hours to help students attain the AACN's 1000 hour requirement, were done in May of 2013. Presentations on the proposal for the "bridge" courses were given to communities of interest around the state and surveys were sent out to managers and leaders requesting interest in the "bridge" as well as the preferred method of delivery. Program of Study changes (including sequencing of courses) was done by the ACT-Force committee in December 2014 for 2015 admissions based on student, faculty and constituent feedback. Finally, a report was given to the NMONE Board of Directors on Jan 9, 2015 to keep nursing leaders in the state informed. Survey Monkey was used extensively to allow input from our community of interest, faculty and students. Survey Questions & Data results are located in resource file (Exhibit 8).

Preparing NEOL DNP and primary care PMC graduates for practice in New Mexico will strengthen the depth and breadth of the primary care infrastructure in the state. Currently, 32 out of 33 counties in New Mexico have severe health care provider shortages (HRSA: HPSA Shortage Areas by State/County 2014). The fact that New Mexico ranks 45th for the number of citizens living in poverty underscores the need for improved primary care services in the state (Census Bureau 2010). The DNP program will result in the expansion of care in new practice settings and the creation of new models for effective delivery of care for the state, while the expansion of the primary care concentrations will provide more primary care providers for the state. The trend with our PMC students is to be dually certified in more than one concentration in order to provide comprehensive care in rural areas. Midwifery and FNP serve as the best examples of dual certification. Over the past three years (2012-2014) four students have completed PMC to become dually certified as Midwives and FNPs thus allowing them to provide full scope of practice to our constituency and the citizens of our state. College of Nursing graduates have historically served the needs of New Mexicans. In the past five years, approximately 90% of Nurse Practitioner graduates from the College of Nursing have stayed in New Mexico for advanced clinical practice with 33% in rural settings outside of Bernalillo County.

Alumni & Professional Nursing Community

The CON Alumni Officer promotes and advances the interests of the CON by building strong and mutually beneficial ties between the CON and its diverse alumni. The Senior Alumni Officer has created a

dynamic alumni program that aims to stimulate interest, build loyalty, increase involvement, and generate support for the CON. This includes newsletters, reunions, alumni awards, volunteer opportunities, an online job board and the use of social media outlets for connecting with alumni and sharing information. In addition the Senior Alumni Officer works closely with the UNM alumni office and UNM career services to ensure that there is no duplication of efforts nor competing events. The CON works with the alumni office and awards an annual Outstanding Alumni award. This is done through a committee of our community of interest throughout the state. Recently the University as a whole added a new special alumni award for the "Up and Coming" graduates called the "UNM Alumni Association's Inspirational Young Alumnus Award." This award went to one of our students, Michael Chicarelli from the inaugural NEOL DNP program, who will be graduating this May.

The CON Dean, Nancy Ridenour, promotes and advances the interests of nursing in her service on boards and committees of both national organizations and those internal to UNM (Appendix 3). To promote the Dean's Scholar Program Awards, a review committee of community based doctorally prepared RNs advises the Dean on recipients for Dean's Scholar Program Awards.

The New Mexico (BON) and other nursing programs in the state are also important sources of information on how well the standards and outcomes of the program are met. BON approval is required every 10 years. The next CON Undergraduate and Master's program approval will be in 2022 from CCNE; upon approval, the NEOL DNP and post-masters programs 5 year accreditation would be in 2020 with 10 year reaccreditation eligibility in 2025. Annual reports are submitted to the BON; the most recent reports to the BON can be found in the resource room in Exhibit 9.

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

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

PROGRAM RESPONSE

The CON has clearly specified faculty outcomes based on the rank of the faculty member which include Lecturer, Instructor and Professorial ranks for both tenured and Clinician Educator (CE) faculty. These expected outcomes are written, communicated, and accessible to faculty and support the mission and values of the University and the CON.

Faculty Evaluation

An evaluation process for each permanent, probationary and tenured faculty member occurs annually, and resulting documentation becomes part of the faculty evaluation as they review their goals and accomplishments from the previous year, and develop goals for the upcoming year. These goals are based on the CON strategic plan, mission of the college, their individual interests, and the programmatic needs in terms of teaching, scholarship, practice and service. In collaboration with the Team Chair, the faculty member reviews their productivity and makes plans for future success. The Faculty Evaluation Form is Appendix 4.

CE professorial ranks, Instructor, and Lecturer criteria for performance expectations are clearly communicated verbally and in writing and are delineated in the CON *Faculty Handbook.* Current Faculty Handbook *(*Exhibit 10) is under revision for 2015. The criteria are periodically reviewed by clinical faculty and by the Appointment and Promotion Committee of the Faculty Affairs Committee. Minutes of the committee decisions are circulated and can be found in the resource room file (Exhibit 11). Each faculty member at a Lecturer, Instructor, or Assistant Professor rank receives an individual contract renewal annually. Associate and full Professors are eligible for a 3-year rolling contract and must maintain a minimum set of performance criteria to maintain the second and third year of the contract in addition to their goals. Senior faculty members who are eligible for three-year rolling contracts undergo an annual review process in which their performance is also evaluated against the stated minimum criteria for maintaining their rank. These processes provide the basis upon which the faculty prepares for promotion (Exhibit 12*).* If faculty do not meet minimum criteria, the Chair meets with the faculty and a plan is developed and monitored by the Chair. Contracts are housed at the HSC; an example can be found in Appendix 5.

The Clinician Educator documents are congruent with faculty outcome expectations and with the *Faculty Handbook* from UNM. Appointment and Promotion faculty guidelines are included in the CON *Faculty Handbook*. Appendix 6 notes the exemplars of faculty expected outcomes.

Appointment

As part of our process improvement, the CON has developed an Appointment and Promotion committee specifically for CE classifications. CE senior faculty are now responsible for Appointment and Promotion (AP) for CE-track Lecturer, Instructor and Professorial ranks. The chair for this group is an elected senior CE faculty member. Faculty who are hired in the CE Track are either hired in as Lecturers (MSN terminal degree), Instructors (evident progress towards completing a doctorate) or in the Professorial Ranks (Doctoral Degree).

Lecturers are appointed to the position of Senior or Principal Lecturer I, II, or III. These appointments are for professionals with appropriate academic qualifications, who are demonstrably competent in the relevant areas of their disciplines. Appointment occurs within the position based on successful completion of appointment criteria and years of service. While not eligible for tenure, faculty in the Lecturer series have the opportunity to be appointed to a senior rank based on a portfolio review conducted by the CE AP committee. Lecturer, Instructor, and Professorial categories are identified in the UNM Faculty Handbook http://handbook.unm.edu/. Faculty roles and responsibilities are outlined in this handbook, and available for review in the resource files. The handbook is a key resource for faculty and provides relevant information for development in academia.

All faculty also must meet New Mexico BON requirements. BON requirements state that all faculty members must be currently licensed in New Mexico or a compact state and hold a graduate degree in nursing. For faculty teaching in specialty concentrations, the appropriate specialty certification is also required (see files for verification of licensure and certifications). The Organizational Services team maintains records of the currency of licenses and certifications.

Promotion

Lecturer: The primary role of the Lecturer is teaching, although a record of professional service is also required. Lecturers who are eligible for promotion will prepare a dossier that reflects attainment of advancement in the areas of scholarly teaching, service, and/or scholarly practice reflective of the work assignment. The dossier will be reviewed by a joint group consisting of two senior faculty from the tenure/tenure-track, two from the CE senior faculty and two senior faculty from the CE education team using the criteria listed in sections for the Senior Lecturer or the Principal Lecturer.

Instructor: Like the lecturer, the primary role of the instructor is teaching, but as they are on a clearly defined track to complete their doctoral education and become Assistant Professors, they are reviewed for promotion by either the APT committee for tenure/tenure-track or the AP committed for CE, depending on their identified career goals and academic trajectory upon completion of their doctorate.

Professorial Ranks: Promotion in the professorial ranks is based on teaching, scholarship, practice, and community service at the appropriate level based on rank. In addition, for those in the professorial ranks, the dossier for promotion to Associate Professor is submitted for both internal and external review after completion of five years as an Assistant Professor. Faculty in the Associate Professor rank are then eligible to submit a dossier for promotion to Full Professor following a full 5 years in that rank. Dossiers are submitted for both internal and external review. All senior tenured faculty and CE senior ranked faculty review all documents submitted for promotion based on the candidates' academic trajectory and make a recommendation to the Dean based on the stated expected faculty outcomes. Recommendations for appointment and promotion from the Dean of the CON are finalized by the Chancellor for Health Sciences and then reported back to the faculty. To be promoted, two of the four missions in addition to service must be demonstrated to be meeting expectations, although most are above average or exceptional.

Teaching

The CON values excellence in teaching as its main priority; to assure that the teaching endeavor produces excellence. Every course in the University is evaluated using a standardized tool, Individual Development & Educational Assessment (IDEAS), to gauge teaching effectiveness and student satisfaction. The findings are normed against national, university and school standards. These data are shared with the faculty and the team chair so that outstanding data may be recognized and, if needed, steps can be taken to improve teaching outcomes.

The CON has a peer review process; faculty seek out peer review from other faculty. This is typically done if they are co-instructors, or one serves as a TA for the other, or a faculty member provides a guest lecture. Our evaluation is formative as we use a standardized rating tool to independently rate the instructor's performance; the results are shared only with the faculty being reviewed. Although most faculty include peer review forms in their evaluations, currently they are not required to be used as part of

his/her overall evaluation. This is part of our process improvement initiative as we currently have plans to develop a formalized Peer Review Program. Our plans are to include both summative and formative data, review faculty on an on-going rotational basis, and use these data in performance appraisals. The Peer Review Form is Appendix 7.

All faculty members are expected to teach regardless of rank and track specifications. Teaching expectations are outlined in the Faculty Workload Document (discussed later). Most Practice Team faculty members have practice responsibilities along with teaching in the MSN concentrations as well as some courses in the BSN or RN/BSN programs. Nurse administrator Practice Team faculty teach in the NEOL DNP along with MSN, BSN, or NEOL DNP Bridge Courses when applicable. All faculty are can also be involved in scholarship. For all faculty, teaching assignments may be reduced based on percentage of effort from funded grants or contracts, or for special assignments. Faculty members of each team develop their annual goals at their evaluation each spring, and from these goals, percentage of effort is determined for total work load effort. Faculty teaching performance is demonstrated through appropriate criteria for each level based on a record of progressive teaching effectiveness and expertise, academic leadership, and collaboration.

Scholarship

Scholarship is a critical component of academic endeavor and is supported by the University, and the HSC through the UNM Clinical & Translational Science Center (CTSC). As a member of the National NIH CTSA Consortium https://www.ctsacentral.org/ctsa-consortium, this prestigious designation ensures New Mexico remains a leader in the biomedical research field. It also fuels our culture of scientific discovery and its impacts on health. Research endeavors at the CTSC focus heavily on collaboration. The CON has faculty who serve on CTSC committees, and engage in research in this prestigious environment where the strongest scientists available come together to accelerate the pace of discovery, innovation, and excellence in health care practice. While scholarship is only a requirement of tenured and tenure- track faculty, the CE professorial ranks do their best to maintain a trajectory of scholarship. This is not easily accomplished as tenured and tenure track faculty receive three units of release time every semester to pursue their scholarship; CE faculty only receive release time when their time is bought out by a grant.

In keeping with our process improvement endeavor of trying to establish parity between the two professorial designations, we have developed an educational leave policy for the CE faculty that mimics the sabbatical. CE professorial faculty must have a demonstrated record of progressive scholarly contributions in education or clinical practice that is disseminated at the appropriate level based on rank and a specific project proposal to apply for an approved educational leave.

Practice

All faculty who teach in the advanced practice clinical concentrations are required to have their

national certification and all students must sit for their national certification following graduation from their program of study. While it is only required for these faculty, many PhD faculty who maintain a practice as part of their research activities are also nationally certified. As part of our process improvement initiatives, we are now supporting faculty who engage in advanced practice in a leadership role to also obtain their national certifications and it has recently been made a part of the NEOL DNP. The UNMH hospitals on the HSC campus also pay for both their clinical practice and leadership practice nurses to obtain these national certifications.

Practice is a high priority for the CON and teaching assignments are made to facilitate faculty practice opportunities. These practice opportunities enable us to meet our mission of providing care to underserved populations. They also provide key experiences for student trainees that are linked to student learning outcomes. With the addition of Dr. Stephen Van Roper, Interim Practice Coordinator, our focus has moved from maintaining a faculty practice plan to developing academic- practice partnerships that expand our outreach services to our vulnerable and underserved populations. A listing of the CON academic-practice partnerships is available for review in Appendix 8.

Service

All faculty must demonstrate a record of progressive participation and initiative in institutional, professional, and community service at the appropriate level based on rank. All faculty members are expected to be involved in service within the CON; HSC and UNM service are also included at senior ranks.

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

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

PROGRAM RESPONSE

As part of the shared governance process, members of the CON faculty have chosen to assemble as a "faculty of the whole" for making decisions every month. The *Faculty Bylaws* describe how faculty are governed and how decisions are made (Exhibit 13). The *Bylaws* are accessible to faculty on the protected CON intranet. Faculty members review the document and suggest changes as necessary via the Faculty Affairs Committee. This structure is designed to include meaningful faculty and student participation in governance of the CON and its programs.

Full-time faculty members all serve on committees within the CON. Specifics of how faculty members are elected to the committees of the College are in the *Faculty Bylaws.* Members of the committees are elected annually by the voting faculty. The three main faculty committees of the College are: Curriculum and Graduate Committee, Faculty Affairs Committee, and Program Evaluation Committee. Additionally, there are two advisory councils (the Dean's Advisory Council and the Web/IT Advisory Council) that consist of both faculty and staff members, with representation from each of the six

CON teams previously described. Each committee or council has a specific role in the governance of the program and may bring forth motions at the faculty meetings. Members of the faculty committees are expected to bring forth information from their teams to the committee members and information from the committees is to be shared with team members. By design, this process keeps faculty and staff informed of CON activities. Committee membership rotates yearly. Some of these committees are more active in program governance than others (e.g., Faculty Affairs Committee). Frequently subcommittees are organized to carry out specific tasks that assist in meeting the overall goals of the committee. Minutes for each of these committee and council meetings, as well as minutes for former committees are stored in the protected CON intranet.

A consistent pattern of data collection and analysis has been in place since 2010 with oversight from the college-wide Program Evaluation Committee. Faculty who are course coordinators are required to submit a course evaluation form annually to the Concentration Coordinator. Concentration Coordinators complete an annual concentration report which is submitted to the Chair of the Practice or Education Team and the Evaluation Committee. The Practice or Education Team Chair summarize these reports for an annual report which is given to the Evaluation Committee. This process allows for curricular change at three levels: Concentration Coordinator, Practice Team Chair, and Evaluation Committee. Examples of course evaluation and concentration annual reports are located in Exhibit 14.

DNP and PMC students provide input into programs by participating in curriculum evaluation and revisions, by participating in interviews or focus groups conducted by faculty members, course evaluations and through advising sessions. Students are invited to participate on both the Curriculum and Graduate Committee and Program Evaluation Committee. The students solicit information from other students; as advocates for their classmates, their valuable feedback is considered in curriculum revision and other policy decisions. Students are also represented by the Graduate Student Nurses Association (GSNA), which provides another mechanism for input through the faculty liaison serving each group.

Faculty and staff members also have the opportunity to provide input into the strategic directions and governance of programs through the development of strategic plans within their respective teams. Appendix 9 provides examples of strategic plans. Presentations for Student Services and Organizational Team Strategic Planning and CON & HSC strategic planning in resource file Exhibit 15. In addition, team meetings are held each month. Other governance issues are brought forward at these meetings and may result in a motion to the overall faculty meeting. Meeting minutes are circulated; examples can be found in the resource room Exhibit 16

Faculty, staff, and students are also given the opportunity to participate in the wider University governance by participation on the many committees and other task forces of the University. Many faculty and staff serve on UNM or HSC committees, such as the HSC Faculty Council, UNM Faculty Academic Freedom and Tenure Committee, the University Graduate Studies Committee, the University Curriculum Committee, the Athletic Council, the Provost Committee on Assessment, and the Faculty Senate.

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 fess 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 documentations specify the APRN role and population focus of the graduate.*
>
> *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)."*

PROGRAM RESPONSE

Documents and Publications

The *UNM Catalog*, updated annually, is available to all faculty, staff, and students at the UNM website http://catalog.unm.edu/catalogs/2014-2015. All documents related to academic delivery are on the CON website http://nursing.unm.edu. These documents include information about academic program offerings, program outcomes, application requirements and processes, student handbooks and academic calendars.

The CON has operated on a three equal terms per year schedule for all of its programs since 2006 in tandem with the University's traditional two semesters and summer sessions schedule. Starting in Summer 2014, as a 3 year pilot, the CON PhD and NEOL DNP programs transitioned back to the two semester and summer session format (16 weeks-8weeks-16 weeks). This was done to allow doctoral students the ability to participate in UNM HSC multidisciplinary courses which are offered only in semester formats. Preliminary data from students and faculty show an overwhelming support for this change. This creates a unique academic calendar situation for the CON. The Practice and Education Teams are exploring returning to the traditional semester system and have committees engaged in this process.

The CON and UNM academic calendars are located on the CON web site http://nursing.unm.edu/resources/calendar/index-2014.html (Exhibit 17). All posted documents are continuously monitored for accuracy by the Administration Services Team, student advisors, and the Student Services Team. The Web/IT Advisory Council meets monthly and also monitors the CON website for inconsistencies. If changes are needed, the appropriate team or committee is alerted. Final approval for website changes is granted by the Web/IT Advisory Council.

Admitted students follow the catalog under which they were admitted. If academic policy changes are made while they are progressing in their program of study, students are alerted to changes via the e-

mail system. Every student is on the College-wide e-mail system, as well as on a list-serve for their particular cohort of students (e.g., MSN-NP). If a change is to the student's advantage, he/she can agree to progress with the new change or remain with the specifications of the catalog of their admission year. Program offerings and website information are available to current and prospective students alike. Students are also made aware of the UNM Pathfinder, which speaks to university-wide student expectations (e.g., academic honesty and code-of-conduct issues). The Pathfinder is on the UNM website http://pathfinder.unm.edu/. The CON student handbooks (MSN, NEOL DNP) are on the CON website and hard copies are distributed to students during orientation and residency week, respectively. Within the handbooks are academic policies specific to the program, such as grade requirements, progression policies, attendance policies, policies on dropping courses, and clinical/practice requirements. Degree completion requirements are located with the description of each program and concentration objectives are included on the curriculum worksheets. Copies of the *UNM Catalog*, CON student handbooks, UNM Pathfinder, which include admission policies, grading policies, and degree completion requirements are available in the resource files (Exhibit 18).

Transfer-of-Credit Policies

Transfer-of-credit policies are available to prospective and admitted students in the *UNM Catalog.* CON Academic advisors work with prospective students to assist them in determining whether courses are transferrable. Most general education courses are transferrable through transcript review. A statewide articulation agreement is in place for in-state student transfers. Transfer of nursing courses undergoes further review to ensure that the student has the content to progress in CON courses and to complete degree requirements. The CON academic advisors work with lead faculty to determine whether credit can be granted. Transfer-of-credit policies for graduate students are in the *MSN and NEOL DNP Student Handbook* on the CON website http://nursing.unm.edu.

An individualized program of study (POS) for NEOL DNP students builds upon their master's degree and is determined based on faculty review of official transcripts, course descriptions, and the feedback from schools. In order to be considered, these courses must be from a nationally accredited institution and must demonstrate scholarly rigor and critical engagement with the subject matter. Employment experience and continuing education hours are not considered. After review by the faculty and approval by the DNP Program Director, students will be notified in writing regarding the number of clinical/practice hours that will be awarded. These hours will be used to determine the courses and number of practice hours required in the student's program of studies to complete the necessary 1,000 practice hours. However, all students must complete a minimum of 500 practice hours within the UNM CON program to be eligible to graduate. All students must complete at least one hour of residency and five hours of Capstone. During their course of studies, students will maintain a Portfolio through the Typhon system tracking their courses in conjunction with the *Essentials*, their assignments and scholarly work.

The POS for PMC students is individualized for each student and must include a minimum of 15 graduate level credits. The MSN student handbook clearly states that students interested in a PMC must arrange an appointment with the appropriate Concentration Coordinator in order to develop a POS. A gap analysis is performed to determine which courses the student will need to complete in order to obtain a PMC. As part of this accreditation process it was noted that no specific form was being utilized to guide Concentration Coordinators in this process. A PMC Gap Analysis form has subsequently been developed and is included in the resource files (Exhibit 19).

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

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

PROGRAM RESPONSE

Congruence of Policies

The College's academic policies are congruent with those of the University and support its mission, goals, and stated student outcomes, as well as the educational quality of the academic programs. The CON is represented by a faculty member on the University Curriculum Committee and the University Graduate Committee; therefore, the CON has input into policies of the parent institution. The CON also has two faculty representatives to the UNM Faculty Senate and the HSC Faculty Senate Council, where motions regarding university academic policies are voted on. Dr. Carolyn Montoya, Interim Chair of the Practice Team is the current Chair of the UNM Faculty Senate Curriculum Committee and was also elected as a Senator-At-Large to the UNM Faculty Senate. General university admission requirements and academic policies are in the UNM Catalog (Exhibit 18). The CON academic policies are updated yearly with the revision of the UNM Catalog, found online at http://catalog.unm.edu/catalogs/2014-2015.

The office of the Executive Associate Dean at the College of Nursing interfaces with the UNM Registrar's office to ensure that policies related to academic admissions, student progression, and program delivery are maintained. The Executive Associate Dean also oversees the number of courses offered and the impact of course delivery and student enrollment on resources needed to deliver such courses. Faculty and academic advisors monitor student progression to ensure students are following the program of study and successfully progressing through the program.

Within the CON, the majority of academic policies specific to recruitment, admission, retention, and progression originate within the three teams and/or the Curriculum and Graduate Committee. NEOL DNP and the primary care PMC programs fall under the CON Practice Team responsibilities. Examples of advertising and promotional materials are located in the resource file (Exhibit 20); the minutes of the committees are also available (Exhibit 21).

A minimum of once per year, the admissions criteria are reviewed by the Practice Team to determine whether changes are needed. When changes are desired, a motion for the change is forwarded from the Team to the Curriculum and Graduate Committee. If approved, the motion is brought by the Curriculum and Graduate Committee to full faculty for approval. Applications are completed online from the CON website. The actual process for admission varies by program.

Availability of Information to Students, Faculty, and Community of Interest

The overall program outcomes for the NEOL DNP and the PMC programs are available on and off-campus to both prospective and current students on the CON website http://nursing.unm.edu/prospective-students/index.html . These are also presented in the student handbooks, which are online and downloadable from the CON web site http://nursing.unm.edu/current-students/Student-Handbooks.html ; print versions are distributed to students at orientation (Exhibit 18).

NEOL DNP & PMC Recruitment, Admission, Retention, and Progression Policies
Recruitment

The faculty of the University of New Mexico, College of Nursing, is committed to excellence and diversity in its student body. Our admission policy for the master and doctoral degree programs is congruent with the mission statement of the College of Nursing and the Health Sciences Center. We are committed to achieving student enrollment and graduates that reflect the ethnic diversity of the state and believe that diverse backgrounds, experiences, and perspectives among the student body help to insure a dynamic, productive, and positive learning experience. In seeking to achieve diversity, the admissions committees for each degree program may consider a wide range of factors in evaluating applicants for admission. Competency in the English language is required.

Since this college is a publicly funded institution, New Mexico residents are given preference. Geographical distribution from within the state also may be a factor in selecting the entering class as part of our search for diversity. It has been our experience that a large percentage of the applicant pool is qualified to be admitted, and if admitted would succeed in the course of studies. Doctoral programs and students admitted as PMC are capped at a specified number of applicants each year to match resources. Many qualified applicants are regrettably denied admission.

The NEOL DNP program targets master's-prepared nurse executives and organizational leaders while the PMC program targets students for a specific concentration who are looking to expand their scope of practice. Although the DNP program and the PMC concentrations accept applications from

anywhere in the United States, preferential admission is given to New Mexico applicants, especially those from rural and underserved areas. Access to the DNP program for individuals from rural communities is enhanced through the commitment to a fully on-line content delivery and the option to complete residency experiences in home communities. Access to the PMC program for individuals from rural communities is enhanced through a commitment to providing non-clinical courses as totally on-line courses and facilitating clinical rotations in the students' home community whenever possible.

Admission Policy

 General requirements for a doctoral degree or a PMC are set forth in the UNM catalog. Admission policies and processes are also located on the CON website http://nursing.unm.edu/prospective-students/index.html . The DNP degree at the College of Nursing requires that doctoral applicants have either a BSN and a Master's degree in a related field (MBA, MPA, MPH, MSA) or a Master's degree in Nursing with a Nurse Administration Concentration. A minimum of three years of progressive management/leadership experience, or equivalent (determined by the admissions committee) is required. A letter of intent and a scholarly writing sample must be submitted as part of the application packet. Applicants are evaluated for their potential to meet program goals. Applicants must have at least a 3.0 GPA at the master's level (with a 3.5+ GPA preferred) in order to be considered for admission to the doctoral program. Applicants to a PMC concentration must also have a minimum GPA of 3.0. Beginning with 2015 summer admissions, the NEOL admission criteria will include MSN's in Nursing Education, Clinical, Health Policy, Informatics, or other relevant degrees for individuals who are in executive leadership positions

Students applying for a PMC in an Advanced Clinical Practice Concentration must have either an MSN with a certification in one of the four roles identified by the APRN Consensus Model (2008), Nurse Anesthetist, Nurse Midwife, Clinical Nurse Specialist, and Nurse Practitioner or an MSN in another concentration (i.e. education, administration, etc.). An individual appointment with the appropriate concentration coordinator is required in order to perform a gap analysis and develop a specific program of studies containing not less than 15 credits of graduate courses. The Concentration Coordinator reviews their transcripts and determines an appropriate POS.

Applicants to the NEOL DNP degree program or a PMC Concentration with less than a 3.0 GPA for their master's degree must specifically petition the College of Nursing DNP or PMC Admissions Committee to review their materials for admission. The petition must accompany the application. It should address the reasons for the low grade point average and provide evidence of potential for academic success at a doctoral level. The appropriate Admissions Committee will consider the petition when making admission decisions. Such applicants may be required to complete coursework in a non-degree status prior to consideration for admission to the DNP program or the PMC concentration.

Applicants to the doctoral program and the PMC concentration are considered for summer admission only. All required application materials must be received by the application deadline. These

include (but are not limited to) the application form, registration form, transcripts, three letters of reference, letter of intent, and for DNP applicants, a scholarly writing sample. DNP Applicants must agree to sign a commitment to enroll in the program of studies course sequencing and attend the annual DNP residency week held in the summer term of each year (Exhibit 22 agendas). PMC applicants who accept admission must agree to sign a memorandum of understanding that they will spend a minimum of two clinical rotations in a rural setting

A screening committee, comprised of at least two members of the DNP Subcommittee, reviews the application materials and interviews each applicant. The process is the same for PMC applicants with the exception that the screening committee consists of two faculty members from one of the Advanced Clinical Practice concentrations. Specific screening criteria are used in all student evaluations. The Concentration Coordinator recommendations for admissions are taken to the Practice Team for a vote. Screening criteria used are reviewed annually by the DNP ACT-Force or in the case of PMC students by the appropriate Concentration Coordinator.

Retention

Retention of the NEOL DNP cohorts is vital to the organization and the program. To ensure that students are successful and retained in the program, students attend an on-site residency week in each of their two years of the program. Students have taken the lead in establishing student led support groups during this time using a combination of Roy's Adaption Model (Roy & Andrews, 1999) and the National Disaster Alert System (white, yellow, orange, and red). In their model, each student continually assesses themselves on meeting their self-care needs, and if one or more pieces are out of balance, they send a text message to all their student colleagues and it can be as simple as "safety need moving from yellow to orange" and the whole group responds. In addition, they have very formalized study groups whereby questions related to the topic or assignment are posted ahead of time, and students hold each other accountable to come prepared to the study group. If students do not meet these criteria, the student group and the Program Director support the student to try to resolve their issues. Students also meet weekly in person or on Google/Zoom hangouts to support one another.

There is also a constant feedback loop with the faculty and DNP Program Director that solicits feedback from students in one-on-one meetings, focus groups, and anonymous survey monkey surveys. These data are used to change elements of the program that are not working well for the students and provide a level of support that keeps them feeling personally involved and invested in their education. To date we have admitted 16 students to the NEOL DNP; 8 each in the first and second cohorts, and we have had no attrition. We are on track to graduate our first eight students in our inaugural cohort in May of 2015.

Retention for the PMC students is consistent with our retention polices for all Advanced Clinical Practice students. Retention begins with a mandatory, on site orientation. The decision was made to conduct the orientation at approximately two weeks after the beginning of the students' first term as the

first term includes only on-line courses. In addition to the orientation conducted by the Concentration Coordinator, this on-site orientation provides students with the opportunity to meet with their on-line professors to discuss any concerns or issues related to these courses and to meet their fellow students in person. Currently, the Concentration Coordinator acts as the advisor for all students in the concentration; however, given the fact that we are increasing the number of students we are looking at a model of assigning students to a specific faculty member who teaches in their concentration to act as their advisor. Like the DNP model, students are encouraged to form study groups. Up until December 2015, the CON had a student success manager who was available to assist all students who were struggling academically. The Education Team has designated an undergraduate faculty to assume the responsibilities of the success manager for undergraduate students and starting in Summer 2015, a Practice Team faculty member will take on the role of student success coordinator for all advanced practice students. Early identification of students who are not meeting objectives is essential in order for a learning contract to be initiated with specific goals and strategies for success. These learning contracts are developed by faculty in consultation with the appropriate Concentration Coordinator and when applicable with the community preceptor.

Progression

Students' progression in the program is carefully monitored by the PMC Concentration Coordinators, DNP Program Director and NEOL Concentration Coordinator, other faculty, and student advisement. The process for the PMC student is essentially the same for other students in the concentration: the Concentration Coordinator monitors their progress. All faculty have open door policies and office hours and meet frequently with the students to assure they are progressing according to the program of studies. It is not uncommon for students in our NEOL and Advanced Clinical Practice Concentrations, including PMC students, to experience family emergencies. Beginning with orientation students are repeatedly informed that faculty realize emergencies do occur and in most cases we can make accommodations in order to help the student succeed.

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STRENGTHS OF STANDARD I

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1. Strong congruence of the mission, vision, programmatic goals, and expected student and faculty outcomes between the UNM, HSC, and CON.
2. AACN standards, other defined standards, and the community of interest provide the basis for continuous improvement in undergraduate and graduate curricula.
3. Faculty expectations are clearly stated for teaching, research, service, and advanced practice faculty practice expectations; and they are congruent with the mission, vision, programmatic goals, and strategic plan of the CON.
4. Faculty, staff, and students have a myriad of opportunities for participation in the governance of the College to assure program quality.

5. The program offerings and other information about the College and UNM are reviewed frequently and are accurate and easily found on the web sites.

6. Clear academic policies that are readily available to all students and faculty and are consistently applied.

7. Emerging and ongoing partnerships with community and educational groups are solidifying practice, research, and educational opportunities for students and faculty and are becoming an additional revenue source for the College.

8. Strategic planning is ongoing, with all teams/groups having a strategic plan for their work.

9. Concerted effort is put into retention of both students and faculty.

10. Tenured senior faculty and CE senior faculty have made a concerted effort to achieve parity between the tracks. This has fostered an environment of collegiality and mutual respect.

Table 3: Standard I Continuous Improvement Areas and Action Plans

Continuous Improvement	Action Plan	Outcomes
• Evaluate faculty expectations of increasing interdisciplinary activities with resources and strategic initiatives	• Integrate CON faculty into IPE HSC initiative	• HSC wide interdisplinary events with CON participation Feb & April 2012 & 10/27/14 • CON faculty appointed to HSC IPE Committee • Doctoral Programs on semesters to offer greater potential to take IPE courses via UNM and HSC campuses (May 1013)
• Update criteria for appointment and promotion. Need enhanced clarity for greater consistency in decision making.	• APT Committee for Tenure/Tenure Track, and AP Committee for Clinical Educator professorial ranks instructor and lecturer to revise appointment tenure and promotion criteria for all faculty ranks in AY 13-14	• New APT criteria adopted and approved by faculty, the HSC and legal 9-14-2014
• CE track rolling contract	• Faculty affairs committee to draft policy to allow senior faculty on the clinical educator track parity in a rolling contract to increase retention and	• New policy adopted and approved by all levels per document 9/2014
• Non-tenure track academic leave policy	• Faculty Affairs to generate policy to send to senior faculty to improve retention of faculty in the senior CE track	Approved 9/14
• Recruitment of students to serve on the Curriculum and Program Evaluation Committees remains difficult	• Include the need for participation in all student orientations and as announcements in online	• There is a graduate student representative from UNMH, the VA, and the larger community as a whole on the

due to student work, home obligations, and the distance of students in online programs from campus	courses. Brainstorm mechanisms of input for these students.	Graduate and Curriculum Committee
• Continue to improve the GAP analysis for PMC students.	• GAP analysis form developed to be used by all concentration coordinators for consistency with the analysis.	• GAP analysis is standardized.
• Improve the orientation process for Advanced Clinical Practice Preceptors	• Develop a section of the CON Web site specifically for preceptors where they could find orientation materials as well as the CON nursing forms related to preceptor evaluation of students.	• Create web page and newsletter for clinical preceptors to enhance communications and training, build stronger educational partnerships and promote a more vibrant practice community by fall term of 2015
• Develop plan to address community of interest's need for non-nursing admin MSN working in leadership positions to obtain the NEOL DNP	• An extensive interaction and data collection will be done to determine the feasibility and demand for this request.	• Multiple surveys, presentations and interactions with key informants were conducted and a programmatic change "bridge" courses to NEOL DNP were done.

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, enables the achievement of the mission, goals, and expected program outcomes.

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

> *Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the program's mission, goals, and expected outcomes.*

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

PROGRAM RESPONSE

Fiscal Resources

The University of New Mexico College of Nursing (CON) has seen significant growth in the last few years and will expand even more in FY 2015. UNM, the UNM-HSC and the New Mexico Higher Education Department have been very supportive of the needs of the CON and have provided resources to allow for a budget that supports the development of new programs and the implementation and evaluation of the existing programs. Just this year, the New Mexico Legislature awarded the College of Nursing an additional $1.6M to expand the primary care nurse practitioner and midwifery programs, as well as another $274,000 to expand the BSN program. The budgets shown below do not reflect an additional amount of approximately $2.4 M which is held in a pooled account by the Chancellor.

The CON budget consists of money allocated by the New Mexico state legislature, tuition differential, and fuds transferred in for tuition received for on line courses. Revenue is supplemented by gifts, clinical contracts and grants. UNM is on a formula-funded system that is dependent on the generation of credit hours and number of graduates. The UNM-HSC recently negotiated an agreement with the University of New Mexico which will allow the HSC to receive all increases to tuition and formula funding over a certain base amount. The CON will be sharing in these additional revenues.

In 2011, the CON implemented a nursing tuition differential in all programs. MSN tuition differential is currently $249/credit hour and the doctoral program differential is $366/credit hour. Tuition and tuition differential rates were not increased in FY 2015. The projected increase in tuition revenue for FY 2015 is due to our projected increase in student credit hours. In addition, many classes have course fees. For example, a fee is charged for clinical courses in the FNP, PNP, and Nurse Midwifery

concentrations to cover expenses associated with Objective Structured Clinical Examinations (OSCE). All collected course fees are for specified uses and all fees are returned to the CON to support the teaching mission.

Table 4 illustrates the CON's budget summary for the past 4 years. Programs have been expanding as new revenue is received. The most significant increase in revenue is in Instruction and General (I&G) State funding described above. There has been a significant increase in contract and grant revenue with accompanying Facilities and Administrative (F&A) income, as well as associated salary and operating expenses due to an increase in new clinical contracts. FY 2012 ended with a net operating margin of ($513,087) which is mainly due to a transfer to the UNM Foundation of $1M for an Endowed Chair. The funds were received late in FY 2011 and could not be transferred to the Foundation until FY 2012. The FY 2014 net operating margin of ($124,153) is due to shifting funds for current remodeling needed by the College of Nursing to build out new office space for CON in another UNM building.

Table 4: CON Combined Unrestricted and Restricted Budget Summary, FY 12-15

Fiscal Year	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual	FY 2015 Budgeted
I & G Revenue (State funding)	$5,501,210	$5,749,900	$5,525,800	7,080,500
Grant/Contract Revenues	2,834,237	3,439,457	3,715,179	3,642,217
Patient Service Revenues	167,164	163,811	148,045	147,116
F & A Revenues	136,426	143,699	153,404	139.600
Tuition Differential/Fees	1,500,022	1,824,404	2,316,354	2,651,546
Other Revenues	3,519	1,350	0	0
Allocations & Transfers	(458,768)	1,030,699	344,019	720,475
Net Revenues	9,683,810	12,353,320	12,202,801	14,381,454
All Salaries/Fringe	7,868,120	9,645,422	9,678,166	11,674,670
General Operations Expense	2,152,590	2,384,481	2,445,604	2,450,058
Travel Expense	176,187	236,142	203,184	256,726
Net Expenses	10,196,897	12,266,045	12,326,954	14,381,454
Net Operating Margin	$ (513,087)	$87,275	$(124,153)	$0

Note: I & G = Instruction and General; F&A=Facilities and Administrative. Net operating margin does not include balance forward.

State funds are dedicated to support permanent faculty lines and key staff positions. Other faculty and staff members are funded on grant or research contracts, which provide salary savings and travel monies. Salary savings are retained by the school for replacement faculty salaries, other immediate needs for temporary part-time faculty to cover courses, and select operation costs. Private support and fundraising through the UNM Foundation are essential to enhance excellence in educational offerings and to support students within the programs. Grants have also supported learning and simulation equipment and scholarships for students.

Budget Process

The Dean is responsible for generating a budget based on the current year's revenue stream. The budget is prepared in collaboration with the CON Academic Operations Officer (who serves as the Organizational Services Manager) and in consultation with other members of the CON Leadership Team.

The CON Academic Operations Officer is an accountant with many years of experience preparing and managing academic budgets. The Dean makes regular budget presentations to the CON faculty, particularly when situations arise that could potentially impact future budget projections.

The Dean and the Academic Operations Officer meet with the Chancellor for Health Sciences and key HSC leadership team members twice a year to discuss budget progress and need for resources. These meetings occur after the first quarter and then again at mid-year, when the next budget is proposed. An example of the budget calendar is in the resource file (Exhibit 23). The Board of Regents (BOR) holds a budget summit each year and examines all proposals. Guidelines are then sent out, and the budget calendar is established.

Faculty Compensation

For the past several years CON faculty members have consistently earned salaries in the 50th percentile per the AACN Salary Table for Full-Time Nurse Faculty at Schools which are part of an Academic Health Center in the West benchmarked for their rank and the type of program as noted in Table 5 below. The CON has been able to recruit qualified faculty and add positions that were determined to be necessary.

Table 5: Faculty Salaries

	FY 2012 Average Salary	FY 2013 Average Salary	FY2014 Average Salary	FY2015 Average Salary	AACN Academic Health Centers in the West 50th Percentile 2012
Non-Tenure Track Faculty Titles					
Lecturer	73,287	78,234	78,628	80,784	76,588
Senior Lecturer	84,695	87,520	82,235	83,864	76,588
Principal Lecturer	88,142	88,142	91,136	94,307	76,588
Clinician Educator - Instructor	77,666	80,002	79,593	81,892	76,588
Clinician Educator Assistant Professor	83,449	88,250	88,509	95,367	89,418
Clinician Educator Associate Professor	104,567	104,760	99,976	105,829	100,562
Clinician Educator Professor	115,281	124,752	133,651	146,006	141,753
Tenure/Tenure Track					
Assistant Professor	89,833	105,000	105,875	108,521	89,418
Associate Professor	109,847	112,882	115,837	121,012	100,562
Professor	135,243	136,829	139,182	146,006	141,753

Physical Space

Student Life: Students on the HSC campus have several places where they can eat, study, and connect with other students. There are vending machines in many of the buildings' lounges, and there is a small cafeteria on campus. UNMH has a full-service cafeteria, with expanded hours beyond those of the on- campus cafeteria. There is a workout room in the Basic Medical Sciences Building and showers in the Domenici Center. The Domenici Center also is home to the North Campus UNM bookstore, a coffee

shop, and a student lounge, open 24 hours per day, 7 days per week. Adjacent to the HSC is a golf course, where many faculty, staff, and students walk or run. The HSLIC also manages three adjacent educational buildings, which house classrooms and group-study rooms. There are also many individual study carrels throughout the 3rd and 4th floors of the library. Eight group study rooms are equipped with flat-screen projectors that allow students to plug in their laptops and display their work for collaboration. The HSLIC provides an open computer lab, consisting of 50 computers for use by all HSC faculty, staff, and students. The CON Research Team faculty moved to a new UNM location off the HSC campus in November 2014 which includes space for doctoral students; also extended research space is now available for students in the HSC campus Surge building.

Domenici Center for Health Sciences Education: An interdisciplinary education building, the Domenici Center for Health Sciences Education, opened in 2006 with classroom and meeting space, serving all education programs at the HSC. Domenici Center Phase II incorporates state-of-the-art classroom and laboratory technology to facilitate interdisciplinary education. Select classrooms are equipped with video broadcast technology for distance learning, as well as lecture capture technology. There are traditional classrooms, seminar rooms, rooms equipped for taping and debriefing rooms, as well as student study cubicles. Within the Domenici Center complex is the Inter-professional Healthcare Simulation Center (IHSC), which provides state-of-the art learning space for high-fidelity simulation, nursing labs, and a simulated clinic for standardized patient experiences. Nearly all didactic and laboratory courses are held in either the Nursing/Pharmacy Building or the Domenici Center. Phase III of the UNM HSC building plan begins is scheduled to begin in 2015, and includes additional classroom, lab, and seminar space.

College of Nursing/Pharmacy Building: The CON shares a 35-year-old building on the HSC campus with the College of Pharmacy (COP). The CON is located on the first, second, and third floors of the building. A total of 22,000 square feet is allotted to the CON and is used for classrooms, offices, and storage space.

The first floor houses the administration offices of the Dean, Executive Associate Dean, and Information Technology (IT) services including a dedicated Blackboard Learn (UNM's online learning technology) Instructional Media Specialist for faculty and students, and key administrative personnel: Program Planning Officer, Program Operations Director, Program Analyst III, and Data Manager. A 10-seat conference room is also located on this floor. Additionally, the first floor has a 1,636-square-foot lounge for student, faculty, and staff use, which is shared with the COP.

The second floor includes faculty offices, meeting space, and classroom space and is home to the Student Services Team and the Organizational Services Team. The second floor also has shared workroom/break room space, which houses basic office supplies, work space, a copy machine, and faculty/staff mailboxes. The room also has a refrigerator, microwave oven, and small tables, serving as a break room for faculty and staff. Adjacent to the workroom is a 10-seat conference room with audiovisual technology and telephone. The third floor has faculty offices and evaluation work space, space for

support services staff, and classroom space.

Classrooms renovated in 1999 continue to be upgraded on a case by case basis; most recently, moveable tables and chairs have replaced outdated furniture in the large classrooms to better facilitate classroom needs. The most recent classroom technology upgrade occurred in 2013 with funds from an HRSA grant. The technology upgrade consisted of replacing the computer, DVD/VHS player, camera, projector, screen and audio equipment in each classroom. In addition, each room was equipped with a document camera that will allow instructors to share non-electronic content. An upgrade of audio/video web conferencing technology, which allows for recording was also included. These upgrades will enhance the user technology experience and, most importantly, provide better service to our students.

A recent CON space renovation in 2011 vastly improved key office space for the Student Services, Organizational Services, and Administration Teams, and included the creation of a new shared office space area on the 3rd floor to be used by faculty or staff. Sufficient physical space has been a challenge as programs have grown and additional faculty and support staff have been added. The UNM Physical Plant Department is responsible for maintenance and cleaning of the facility.

Faculty and Staff Work Space: Adequate faculty and staff office space within the CON is a constant challenge. Nearly all full-time faculty members have an individual office; two full-time faculty members who primarily work in practice sites outside of the CON share an office. Staff members have either individual office space (as deemed required for their job, e.g., as identified in the Family Education Rights and Policy Act) or shared space in which to work. Money has been allocated by the HSC, and it has been determined that renovations of old spaces are needed to accommodate new activities and functions.

Each faculty office is equipped with a computer, desktop printer, and private phone. Each office work station is connected to the Internet, UNM network, UNM University Libraries system, and University e-mail. Computers are used extensively for work-related projects and for communication with students and colleagues. Standard software on each system includes Microsoft Office (MS Office including Microsoft Exchange), and Adobe Acrobat. Individual faculty members have access to research software (such as SPSS) via the CON servers. Computers are on a 3-year exchange rotation in faculty and staff offices and are serviced and maintained by the IT staff. Faculty and staff members also have access to Internet-based meeting software, such as Blackboard Collaborate, Adobe Connect, and Skype, for teaching support and conferencing.

Other Equipment and Supplies: Multiple desktop computers are available for CON student or faculty to use in the CON/COP Student Lounge, as well as at HSLIC. These computers are equipped with the standard MS Office, Adobe Acrobat, and SPSS software; all are connected to the Internet and have access to a centrally located printer. Technology support is primarily provided by CON IT staff but Nursing relies heavily on HSLIC IT for infrastructure services. HSLIC maintains the computer network, servers, e-mail, and other enterprise level applications. Additionally, the entire HSC campus has free wireless connections available to faculty, staff, students, and visitors. Faculty and staff members have access to

portable audio/visual equipment, video equipment, an audience response system for instructional use, and laptops for check-out.

Administrative support staff members assist faculty and staff members with obtaining office and instructional supplies. Supplies are ordered by the administrative assistant for each team on a monthly basis; additionally, miscellaneous supplies are in the workroom/break room on the 2nd floor. Copiers and fax machines are also located on each floor. An outside vendor provides shredding services for the entire HSC to dispose of confidential materials. Locked bins for shredding service pick-up are located on each floor.

Classroom and Conference Spaces: All classroom spaces in the CON, as well as in the Domenici Center, are equipped with computer consoles linked to the Internet and to LCD overhead projectors. These computers are equipped with the standard MS Office software package, and Adobe Acrobat. Electronic screens are mounted in each room and are integrated into the computer console. Select conference spaces in the CON and at HSLIC have the capability to use Skype for conferencing with colleagues or for distance student presentations. These rooms also have telephone conferencing capability with bigger speakers to project sound and microphones to capture sound.

A new interdisciplinary education building, the Domenici Center for Health Sciences Education, serves all of the education programs at the HSC, including Medicine, Nursing, Pharmacy, Diagnostic and Therapeutic Sciences, Public Health, and Biomedical Sciences. The Domenici Center incorporates state-of-the-art classroom and laboratory technology to facilitate interdisciplinary education. Select classrooms are equipped with video broadcast technology for distance learning, as well as lecture capture technology. Within the Domenici Center complex is the Inter-professional Healthcare Simulation Center, (IHSC) which provides state-of-the art learning space for high-fidelity simulation, nursing labs, and a simulated clinic for standardized patient experiences. Nearly all didactic and laboratory courses are held in either the Nursing/Pharmacy Building or the Domenici Center. Since the didactic core courses for the NEOL program will be delivered online, the primary focus of on-campus learning will be on laboratory and clinical experiences. There are adequate space and resources to accommodate students in the NEOL DNP and PMC programs.

Issues Related to Space and Planning Future Space Needs

One of the greatest issues facing the CON, along with the rest of the HSC, is the challenge associated with growing programs and the need for more space. The physical space needs of the UNM-HSC are constantly evaluated by the Planning and Campus Development Department. Some physical space needs at the College were relieved in 2010 with the opening of Phase II of the IHSC in the Domenici Center. Phase III of the interdisciplinary education building (part of the Domenici Center complex) is scheduled to begin in 2015 and will provide additional learning space to be shared by the HSC programs. Enrollment in several HSC programs has been expanded, based on Phase III expansion.

The CON room scheduler meets regularly with the schedulers from the COP and the School of

Medicine (SOM) to plan space needs. This level of collaboration is necessary because of the need for all HSC programs to share classroom space to meet the academic mission. Scheduling of space is also enhanced through the Event Management System, software used by all three HSC schedulers to coordinate space use.

Following a 20-year Master Plan permits evaluation of the impending needs of the campus to accommodate future goals and the changing needs of the University to meet the stated mission. The UNM Master Plan of 1996 was updated in 2009. A significant portion of this plan is devoted to the HSC and North Campus, which includes all the clinical care and academic buildings. The 20-year master plan calls for a new CON building, which is needed to accommodate the growing space needs of the CON organization and to provide an opportunity for the Education, Practice, and Research Teams to have functional space.

Through leadership meetings at the HSC, the CON Dean and Executive Dean are involved in continuous review and monitoring of space needs and progress on the UNM Master Plan Update (UNM MP, 2009). A recent policy among HSC Executive Leadership mandates that any plans for new programs or significant changes to academic program delivery (such as increases in enrollment or changes in teaching) that would impact space requirements will first be discussed by the group. Regular meetings are held with the University Planning Officer, Chief Information Officer, Executive Director of HSLIC, Executive Associate Dean for Nursing, Executive Dean for Pharmacy, and Education Dean for the SOM to discuss ongoing space issues that impact educational delivery. The CON Dean discusses CON needs with the CON Leadership team and faculty

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

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

PROGRAM RESPONSE

Because the CON is an integral component of the UNM-HSC, faculty and students have access to multiple support services that are essential for quality teaching and learning. All faculty and students are provided with an e-mail account and access to multiple resources on the UNM campus. The e-mail system serves as a learning resource in enhancing communication with advisors, faculty members, fellow students, and professional colleagues. The services are more than adequate to achieve the mission, goals, and expected student and faculty outcomes.

Library Facilities

The UNM Health Sciences Library and Informatics Center (HSLIC) is a state-of-the-art center located in the heart of the HSC campus (http://hsc.unm.edu\library). The HSLIC is the only federally

designated resource library to serve the health information needs of New Mexico. The library is instrumental in assisting the CON in meeting its mission, vision, and stated programmatic goals.

- The HSLIC serves the CON, COP, and SOM, Biomedical Sciences Graduate Program, and Diagnostic & Therapeutic Sciences Programs.
- The library serves approximately 9,000 individuals, including faculty, students, staff, and preceptors across the state.
- The HSLIC provides technology support services to the entire HSC, including wireless Internet access, email/calendaring, a Microsoft Office SharePoint Services collaboration system, and more than 28 terabytes of centralized shared file space.

Library Resources: The HSLIC resources include comprehensive and current collections comprised of books, journals, media materials, and online subscription resources that are available to all CON students and faculty. Holdings within HSLIC include a broad health sciences collection consisting of 32,527 monograph titles, 1,033 media titles, and 2,309 current journal subscriptions. Many more titles are available through shared subscriptions with the University Libraries. A large number of HSLIC resources directly support nursing education and research. Specific to the nursing discipline, HSLIC has more than 2,273 book titles and a journal collection of an estimated 383 nursing titles.

Faculty and students have access to HSLIC in person or online, including from home computers via Internet proxy. Doctoral students in nursing require library resources from the most recent publications in professional and research journals. Other services offered by HSLIC include more than 371 seats for individual or group study purposes and a designated Nursing Services Librarian to ensure that student and faculty members' needs are met. The Nursing Services Librarian has created a unique online resource that outlines all resources the students need to be successful (http://libguides.health.unm.edu/content.php?pid=191251)

In addition to HSLIC, students and faculty have access to all UNM libraries. The UNM University Library system is made up of four libraries: Zimmerman Library, Centennial Science and Engineering Library, Fine Arts Library, and William J. Parish Business and Economics Library. Both the Law Library and the HSLIC are separate from the University Library system – although all libraries share resources. Zimmerman Library, with resources in education, government, humanities and social sciences, and HSLIC are the primary libraries used by the nursing students.

In addition to books, media, and journals, HSLIC provides learning materials and bibliographic, factual, and point-of-care resources. For example, three Apple iPads, three laptops, a wide selection of anatomical models, and an online 3-D anatomy program are available. Databases and electronic resources are available to nursing students that are sufficient to meet the educational and research objectives of the academic programs. Specifically, HSLIC has a subscription to the Cumulative Index of Nursing and Allied Health Literature (CINAHL), PubMed, Cochrane Database of Systematic Reviews, UPtoDate, and a number of other clinical and research databases. These databases provide the full text of the material they index or link to the full-text options.

An interlibrary loan service is available to faculty, staff, and students, and is a necessary resource for students completing research as part of their program of study. This pattern of supplementing onsite collections in varying degrees typifies many programs at UNM and at other institutions. Interlibrary Loan is provided free to all HSC students from funding through the HSC Library and Technology fee.

Bibliographic Instruction and Library Liaison: The CON program includes many hours of library and informatics skills training in a number of its courses throughout the various degree programs. Training in information literacy occurs specifically in the BSN and MSN programs (NURS 332 and NURS 552). A Nursing Services Librarian (who has a primary appointment with HSLIC) has a secondary faculty appointment to the CON, and serves as a dedicated library resource. The Nursing Services Librarian is responsible for integrating information literacy skills into the CON curriculum, providing reference assistance, providing training to faculty, staff, and students on efficient use of library resources, and selecting the HSLIC collection for nursing and other areas. She serves on numerous committees at the College to stay informed of educational and research initiatives. In addition, she is available to all students in the NEOL and PMC programs for consultation on literature search instruction for research projects, posters, and papers. She also maintains a web resource specific to nursing. The Librarian has a presence on the homepage of every online course, with an "Ask the Nursing Librarian" icon, and provides instruction in some online classes to assist in student outcomes for computer literacy.

Distance Education (Fiscal & Physical Resources)

Faculty use innovative technology to provide distance education for graduate-level courses, and to enhance teaching. Distance education offerings are made available through New Media and Extended Learning (NMEL) on the UNM main campus using the Black Board Learn online platform. Distance education support is provided for faculty and students. A key member of the CON technology support staff is a full-time Media Specialist Instructional Designer. This Specialist provides support for faculty, staff, and students in online courses. The IT staff are cross-trained in Blackboard support, so the Instructional Designer has first-level back-up support within the CON and second-level back-up support from NMEL on the Main Campus when support is unavailable at the College. Students in online courses also have a link to technology support provided in all online courses by NMEL. The HSLIC electronic resources are easily linked with distance education features, and students are able to also purchase needed texts from the UNM-HSC bookstore from a distance. A variety of learning strategies are used with distance education, depending on the class. Features within Blackboard include the posting of syllabi, assignments, and learning units; discussion boards; webinars through Blackboard Collaborate, Kaltura, chat rooms; video lectures; and Internet links to other key resources. Other distance technologies include the use of Skype, Zoom and Google Hangouts, and Typhon Group's NPST™ Student Tracking System Group: Health Solutions. The Typhon Group's NPST™ Student Tracking System is used for NP clinical logs and tracking patient encounters, and has been expanded since 2013 for NEOL student portfolio

development and tracking and site visits. The Typhon Group's NPST™ Student Tracking System also offers a program to crosswalk the AACN Essentials of Master's Education in Nursing with advanced practice curricula. Plans are in place to trial this feature with one or two concentrations in 2015.

Faculty members frequently evaluate the adequacy of the library and distance education support, along with the CON Curriculum and Graduate Committee and the CON Web/IT Advisory Council. Faculty members are requested to give input to the Nursing Librarian, and a faculty member participates in the Knowledge Management and Information Technology Advisory Council (KMIT) within the HSC. The CON Librarian also regularly attends CON Organizational meetings, and is readily accessible to students, faculty, and staff.

Research Support (Fiscal and Physical Resources)

Faculty members have many resources available to support their research and scholarship endeavors within the College and at HSC. Through the CTSC, faculty members are allotted 15 hours of statistical consultation without charge for their projects. The CTSC also has a pilot projects program that awards significant intramural funds for pilot projects three times per year. Additionally, the CTSC provides grant writing workshops and other training programs for new investigators. A task force is currently working on enhancing mentorship of new investigators across the HSC, including a new web-based mentor training program, supplemented with on-the-ground case-based seminars. Faculty members also have access to funds from the HSC Research Allocation Committee that support competitive pilot projects within the HSC. All CON faculty have access to statistical support and guidance provided by a tenure-track faculty member, Blake Boursaw MS, BSM, PhD(c) who receives workload credit to assist doctoral students and faculty with research Faculty expertise.

Student Services Support

Under direction from the Student Services Manager, the Student Services Team brings together academic advising, financial aid, academic support, and alumni activities to collaboratively support students from before admission until after graduation.

Academic Advising: Graduate students are advised by the CON from the pre-application period forward through graduation. The Office of Graduate Studies is also available to assist with applications, posting of application deadlines, and to answer questions from students pursuing Post Masters Certificates in advanced practice nursing. The CON advising team consists of an Administrative Assistant III staff member, who answers questions about how to apply and make appointments to see one of the academic advisors. There are two additional Academic Advisors who focus on support of our graduate programs with one specifically dedicated to the NEOL DNP program although all advisors within Student Services are cross trained to provide support when needed. Due to the Primary Care Expansion funding from the New Mexico Legislature, a permanent 1.0 FTE Graduate Student Advisor position was added; this person was hired in Summer, 2014. The advisors also support faculty with questions regarding

programs of study or grade submission. NEOL DNP and PMC students also receive advisement from the Concentration Coordinator for their specific program of study. Once admitted, there is a week-long residency and orientation for the DNP students and an orientation session for the PMC students that occurs in tandem with all nurse practitioner and midwifery students.

Financial Aid: Further student services support is also available to all students from the Financial Aid Officer located within the College, as well as from others at the HSC. The Financial Aid Officers on the HSC campus meet once a month to look at scheduling issues and deadlines, and to cross-train with each other so that students are not left without support if a member of the team is away. The additional legislative funding for Primary Care Concentrations increased Financial Aid advisement by an additional .5 FTE position hired in the Summer of 2014. The CON admits a larger percentage of students who are economically disadvantaged; therefore, financial aid support is crucial to their success. Typically, about 33% of graduate students apply for some federal financial aid. The breakdown of the types of support available to students, including the federal financial aid awarded, can be found in the CON Annual Reports (Exhibit 9).

The CON has been very fortunate to have departmental scholarship funding through private donors. Table 6 shows financial aid distributed during the past 3 fiscal years for both departmental scholarships and federal funding sources. In 2014 the College applied for and received a $350,000 Advanced Education Nurse Traineeship (AENT) award from the U.S. Department of Health and Human Services and Human Resources Services Administration (HRSA). This award allowed the College to provide support for 39 students enrolled in the FNP and Midwifery concentrations.

Table 6: Financial Aid Distributions to Students

Type of Support	FY 2011-2012	FY 2012-2013	FY 2013-2014
Departmental Scholarships	$355,952	160,805	215,330
U.S. Dept. of Health & Human Services Scholarships for Disadvantaged Students -Baccalaureate -Graduate	$93,849 9,653	0	0
Advanced Education Nursing Traineeships	$38,333	0	0
Nursing Faculty Loan Program for Graduate Students	91,044	93,675	105,372
Federal, State, Institutional and other Third Party Student Financial Aid -Baccalaureate -Graduate	$2,162,993 1,087,693	3,637,791 2,412,415	*$2,790,072 *$1,622,291
Total	**$3,839,517**	**$6,304,686**	***$4,733,065**

*Estimated as of 9/18/14

Academic Support: NEOL DNP and PMC students are directed to either the appropriate Concentration Coordinator, the Director of the DNP Program, student advisors in Student Affairs and/or their capstone chair.

II-C. The chief nurse administrator:

- **is a registered nurse (RN);**
- **holds a graduate degree in nursing;**
- **holds a doctoral degree if the nursing unit offers a graduate program in nursing;**
- **is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes;**
- **is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and**
- **provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.**

> *Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale and a plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).*

PROGRAM RESPONSE

Nancy Ridenour, PhD, RN, APRN, BC, FAAN, joined the UNM-CON as Dean in December 2008. Dr. Ridenour is well-known in faculty and academic circles and among AACN Deans. Her educational background includes a Bachelor of Science in Nursing from the University of Colorado, Denver; a certificate as an Adult Nurse Practitioner from the University of Colorado, Denver; a Master of Science in Nursing, Family Nurse Clinician, from the University of Colorado, Denver; a Doctor of Philosophy in Human Development and Family Studies from Texas Tech University, Lubbock; and a Certificate in Fundraising Management, Center on Philanthropy, from Indiana University.

She arrived in New Mexico with 8 years of experience as a Dean from Illinois State University College of Nursing in Normal, IL. Prior to that, she had several years of faculty and administrative experience at Texas Tech University in Lubbock and the University of Colorado Health Sciences Center (Exhibit 24-CV). Dr. Ridenour has also held many practice positions. Along with her academic and experiential qualifications, Dr. Ridenour is exceptionally prepared in health policy, having served the year before arriving in New Mexico as an RWJF Health Policy Fellow in Washington, DC. In 2008, she served on the U.S. House of Representatives Committee as a Policy Analyst. During her career, Dr. Ridenour has received many honors, including the 2011 New Mexico Nurse of the Year. She has authored numerous publications and is widely sought after as a speaker, particularly on the subject of health policy. She has served widely as an external consultant and has been active in many community service projects.

Dr. Ridenour is exceptionally qualified to accomplish the mission, goals, and expected student and faculty outcomes of the CON, which she is empowered to do as a Dean within the UNM-HSC. She has full administrative authority over the CON budget, decision-making within the College, and evaluation of progress toward CON goals. She frequently consults with other Deans, HSC constituents, faculty, as well as the nursing community in making decisions. Dr. Ridenour is a respected colleague in

the nursing community in New Mexico. She is inclusive of the faculty and staff of the CON regarding internal decisions that will affect their well-being and the goals of the College. She is effective in addressing the mission and goals of outreach for the College through collaboration and is attuned to the community of interest and its comments or concerns.

II-D. Faculty are:
- **sufficient in number to accomplish the mission, goals, and expected program outcomes;**
- **academically prepared for the areas in which they teach; and**
- **experientially prepared for the areas in which they teach.**

    Elaboration: The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The overall faculty (whether full time or part-time) is sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

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

    Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

PROGRAM RESPONSE

Teaching Faculty

The College of Nursing currently has many faculty members who have the expertise and qualifications to teach in the NEOL DNP & PMC programs. Current faculty teaching in the NEOL DNP and PMC programs are listed in Exhibit 25. All CON faculty are listed in Exhibit 26 and their curricula vitae (CV) are provided in Exhibit 27. Faculty have a variety of teaching, practice, service, and/or administrative responsibilities in the College of Nursing and thus are not solely dedicated to teaching.

NEOL DNP Core courses are primarily taught by doctorally prepared (DNP or PhD) faculty. Although DNP preparation is ideal for the teaching faculty, the reality is that there are currently few faculty with DNP degrees compared with PhD degrees nationally. According to AACN criteria, PhD-prepared faculty and some MSN-prepared faculty are appropriate for instruction in DNP programs as long as the faculty have the required clinical and/or content expertise. As the DNP program grows, it is expected that more DNP-prepared faculty will be needed. Currently, there are five master's-prepared faculty who are enrolled in DNP programs; three faculty have recently graduated and two of the five are expected to finish in 2015. One MSN-prepared faculty is attending a PhD program. Of the five faculty currently enrolled in DNP programs, one will be teaching in the NEOL program upon completion. Additional DNP-prepared

faculty have been recruited through faculty hires, joint appointments, or articulation agreements.

The number of faculty at the CON continues to grow based on the opening of practice sites, which does not necessarily increase teaching capacity. All faculty are required to have a graduate degree in nursing. Table 7 specifies the number of faculty in each of the last 5 fiscal years.

Table 7: DNP/PMC Faculty Permanently Funded with State Funds, 2010-2015

	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15
Full-Time NEOL DNP	0	0	0	3	5
Part-Time NEOL DNP	0	0	0	3	3
Full-Time APN Masters & PMC	14	15	17	17	Proposed 22
Part-time APN Masters & PMC		1	1	2	2
Total	14	16	18	25	32

As of January 19, 2015, of the 24 faculty members teaching in the NEOL DNP and PMC programs, 3 are Temporary Part Time teachers in the NEOL program. The difficult element in faculty recruitment is finding faculty with the needed specialty backgrounds. After hire, faculty members are assigned to teach in areas for which they have clinical or practice experience, national certifications, or post-graduate specialty work. Faculty members are qualified for their roles and have obtained academic degrees from respected institutions of higher learning across the country, demonstrating a diversity of philosophies and views as they are applied to scholarship, curriculum, and service within the College. Individual faculty curricula vitae (CVs) are on available (Exhibit 27) in the resource files. Faculty members are provided a means to retain their certifications according to the need for clinical practice hours.

In addition to full and part-time faculty, the college utilized TPT faculty to supplement or provide temporary replacement for a faculty member on leave. TPTs are often retired faculty or former graduates who have teaching experience and content expertise in the area they are teaching in. TPTs receive a one-term/semester contract and are evaluated by the Concentration Coordinator, which includes student feedback.

Each faculty team has a Team Chair that oversees the academic offerings led by the team. The Practice Team Interim Chair is Carolyn Montoya, PhD, CPNP, a faculty member with 19 years' experience teaching in the advanced practice programs at the CON. Each of the concentrations in the MSN program is led by a concentration coordinator who has qualifications and skills to lead the academic program (see Table 8 below).Each of the major programs has a Program Director, e.g. P.J. Woods, PhD, MBA, RN is both the Concentration Coordinator for the NEOL and the DNP Program Director as we are offering a single concentration at this time. All of the advanced practice tracks have lead faculty who are nationally certified in their specialty area, as required by the NTF criteria.

Table 8: Post Masters Certificate Concentration Coordinators

Concentration	Coordinator/Licensure/Degrees/Certifications/Qualifications
Family Nurse Practitioner	Joanne Bartram (Interim), MSN, FNP-BC
Pediatric Nurse Practitioner	Carolyn Montoya, PhD, PNP-BC
Nurse-Midwifery	Kristen Ostrem, MSN, FNP-BC, NM-BC, (DNP student)
Adult Gero Acute Care Nurse Practitioner	Sharon Schaaf, DNP, FNP-BC, AG-ACNP-BC

Teaching Workload

Teaching workload for faculty is guided by the *UNM Faculty Handbook* (but adapted to a 12-month assignment and also to the need for faculty to practice, which is not a requirement for the UNM Main Campus faculty) and the CON workload document (Exhibit 28). Tenured and tenure-track faculty members are expected to teach 15 credits during an academic year (6-6-3 during the three terms), unless they have research or grant funding buyout. Clinician educator faculty members are expected to teach 24 credits during an academic year (9-9-6 during the three terms). The teaching mission is supplemented for buyout by temporary part-time faculty who are offered new contracts each term they are needed and by master clinicians in the clinical areas who work under the guidance of a permanent faculty member. Teaching assignments are coordinated by the Chair of the Practice Team in concert with the Education and Research Chairs. If qualified, faculty members may be assigned to teach across programs and team areas, as needed.

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

> *Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are:*
> - *clearly defined;*
> - *congruent with the mission, goals, and expected student outcomes; and*
> - *congruent with relevant professional nursing standards and guidelines.*
>
> *Preceptors have the expertise to support student achievement of expected outcomes. Preceptor performance expectations are clearly communicated to preceptors and are reviewed periodically. The program ensures preceptor performance meets expectations.*

PROGRAM RESPONSE

Graduate Program Use of Preceptors

The graduate concentrations have used community clinical program preceptors with their students since the programs' were initiated. All clinical program preceptors in the advanced practice concentrations are certified in their specialties. In the other concentrations, preceptors are very experienced in their roles as administrators or educators. For the NEOL DNP, preceptors have obtained doctoral degrees. These preceptors are located throughout the state and, in some instances (e.g., nurse-midwifery and in the on-line programs), out of state. The NEOL DNP preceptor evaluations are collected electronically in Survey Monkey (by students) and in Typhon Group's NPST™ Student Tracking System by site visitor. The advanced practice preceptor evaluations are electronically entered into the Typhon Group's NPST™ Student Tracking System. Typhon Group's NPST™ Student Tracking System keeps clinical logs, faculty and student evaluations of the preceptor sites, and preceptor evaluations by students and faculty. If requested, access to the Typhon Group's NPST™ Student Tracking System or electronic files will be provided to evaluators and some examples of the evaluations will be found in the resource files (Exhibit 29). The preceptors for the advanced practice concentrations are carefully oriented and supported, as they

are a prime commodity in the state. All the NP programs in the state compete for clinical preceptors, with several in-state and out-of-state institutions also trying to place students in clinical placements in the state. Faculty members make site visits to each student and preceptor a minimum of once per term to observe the progress of the student and obtain input of the preceptor and status of the site. The Nursing Administration MSN and now NEOL have typically not used the Typhon Group's NPST™ Student Tracking System as we do not "do patient assessments and encounters". Although it has been used for NEOL student portfolios, Survey Monkey web-based survey system has been used to collect student evaluations on preceptors and clinical/practice sites. Preceptors are given an evaluation for the student that is sent to the Concentration Coordinator and stored electronically. However, as part of our process improvement, we see the efficacy of having all data tracked in one system and have been working with the Sr. Program Manager, Robyn Mintz to migrate all our data into Typhon Group's NPST™ Student Tracking System much like the Advanced Practice Concentrations do. In appreciation of the preceptor role, Practice Team staff assist preceptors to receive benefits developed for them within UNM (Exhibit 30).

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 which require it.*
> * *If service is an expected faculty outcome, expected service is clearly defined and supported.*

PROGRAM RESPONSE

Institutional support to promote faculty development of pedagogy, research, practice, and service is included in the CON budget. Over the past several years, significant funds have been used for faculty development in all areas of the tripartite roles of teaching, research, and service. In addition, individual faculty members can choose to participate in many other supportive activities offered within the College, at the HSC, and on the UNM Main Campus.

Faculty Orientation

All new faculty members attend a 2-day faculty orientation on Main Campus. The faculty role of teaching is examined in this orientation, and faculty members are introduced to the mission and vision of the University. In addition to the Main Campus faculty orientation, new faculty members attend a CON faculty orientation during which presentations are offered about faculty roles and expectations. New

faculty members are introduced to the CON mission and vision, and are provided with an overview of the academic programs offered, including the goals, expected student outcomes, and curriculum description. The CON orientation also includes information about resources at the CON, the HSC, and UNM Main Campus. Library services, information technology issues, and faculty documents (e.g. *Faculty Handbook*) are introduced, and questions are answered. New faculty members meet all members of the Leadership Team, and each administrator provides an overview of his or her role.

Mentoring Junior Faculty

The CON has a formal Nursing Mentoring Program that was developed to respond to a need for more junior faculty to benefit from the guidance of more senior faculty on issues of professional development, research, problem-solving and teaching. The CON Faculty Mentoring Toolkit is Exhibit 31 in the resource file. New advanced practice faculty are assigned to the Practice Team Chair for orientation. As they get to know faculty, they are welcome to identify a specific faculty member as a mentor.

In addition to the university and college-wide orientation, additional orientation and mentoring of new faculty occurs within the teams. As an example, clinician educator faculty members have a reduced teaching load for the first one or two terms, and are partnered with an experienced faculty member to develop teaching expertise. The experienced faculty member also serves as a mentor on other aspects of the faculty role. Each new faculty member is assigned a senior faculty mentor upon hire; this senior mentor meets periodically one-on-one with the mentee to assist with individual issues around teaching, research and service and more often as necessary to review progress towards portfolio development in teaching, scholarship, practice, and service for annual evaluations and meeting promotion criteria.

As part of our process improvement for development of a formal mentorship program, a pilot program to mentor new faculty into executive leadership and organizational roles along with our routine academia mentorship criteria is being conducted. This pilot was specifically designed to support succession planning for the administrative roles faculty assume through targeted leadership development skills. The pilot group are new faculty who have been at the CON for at least a year, are enrolled in a doctoral program and have career goals that include academic leadership. Mentees meet as a group with the faculty sponsor two times a month and have both leadership and organizational development sessions, policy and politics, academic life and how to succeed in this environment, Journaling is used for self-reflection and deep change, creating personal leadership plans, getting to goal setting and creating a personal mission and vision statements, etc. Role playing is used to give experiential experiences. The sessions are run much like a seminar class; the agenda and content are flexible depending on the group's needs. There are five junior faculty in the pilot group and as this is part of the faculty sponsors' practice, we hope to standardize this program and content and continue to offer this type of mentoring in the future

Faculty Development in Teaching

UNM Resources for Improving Teaching

In 2001, UNM made a strengthened commitment to the role of teaching on campus. The University instituted the Center for the Advancement of Scholarship in Teaching and Learning. The Center was reorganized and emerged as the Office of Support for Effective Teaching (OSET) in 2006. This has now become the Organization, Information and Learning Sciences Program (OI&LS) http://oils.unm.edu/ , part of the College of University Libraries & Learning Sciences. This office provides an array of support services for faculty. Since 2006, there has been an annual Success in the Classroom: Sharing Practices That Work conference. The Office also provides the UNM Faculty Network for Exchange of Teaching and Learning Expertise (FACNET). Any faculty member can volunteer his or her expertise or obtain peer mentoring from this site and there is an OSET listserv available to faculty.

Faculty members are expected to use the Individual Development and Educational Assessment (IDEA) each term to gain direct individual feedback from students on teaching-learning satisfaction and their course (Exhibit 32). The survey has a Likert scale of specified items and also a place for written comments. Faculty members select the survey items and provide the results to their Team Chairs for annual evaluation. These survey summaries can be used for formative as well as summative evaluation. Plans for an individual faculty member's improvement in teaching can be devised from the IDEA feedback. However, the IDEA is structured for large classes, not small groups, such as exist in many graduate courses, so there is limited utility for some faculty.

Development of Teaching—Conferences, Seminars, Webinars

Travel monies are provided every year for faculty to update and learn new pedagogies. These monies come from Instruction and General (I & G) funds, the HSC Chancellor's Office, RWJF funding, and private donors. Some examples of conferences that faculty have attended over the past 4 years include: American Association of Colleges of Nursing (AACN); National Organization of Nursing Practitioners Faculties (NONPF); American Organization of Nurse Executives (AONE); American College of Nurse-Midwives (ACNM); American Association of Nurse Practitioners (AANP); National Association of Pediatric and Neonatal Nurse Practitioners (NAPNAP); and Western Institute of Nursing (WIN). In addition, many opportunities to support pedagogy occur locally (e.g., Annual Faculty Education Conference sponsored by the New Mexico Center for Nursing Excellence (NMCNE), and within the CON, through AACN-sponsored faculty development Webinars. In addition, faculty members have many opportunities within the CON to share ideas, develop teaching methods, and discuss relevant literature. Examples include: the Annual Research Day, the monthly CON Colloquium, the Annual Care at the Bedside conference, and the monthly Qualitative Café.

Consultants and Other HSC Forums

Consultants and speakers have been brought to the CON for consultation with and presentations to faculty. This group includes Dr. Cathy Crabtree, from Oregon Health Sciences

University; Dr. Gail Houck from University of Washington Family and Child Nursing, to discuss the overlap of DNP/PhD courses, and Dr. Carol Lockhart, Lockhart Associates, to discuss the issue of having more policy content in graduate courses. The College of Nursing also has a collaborative relationship with the UNM SOM, Assessment and Learning Department. Dr. Carolyn Montoya, Interim Team Chair of the Practice Team, has worked closely with Nancy Schneider, RN, MBA, PhD (c) and Director of Assessment and Learning to implement performance assessments in the College of Nursing, including Objective Standardized Clinical Examinations (OSCEs). Dr. Montoya and Ms. Schneider conducted a two part workshop on performance assessment for the CON faculty this fall. Each of these 2 hour sessions was taped and is currently being edited for viewing by faculty who were not able to attend.

Resources to Support Faculty Research/Scholarship and Successful Grant Awards

Support is provided to faculty members for scholarship endeavors. A faculty statistician position was created and filled to support faculty across teams. An additional source of support comes from funds generated from F & A revenues for intramural grants for pilot projects to secure data to use for applying for external funding. An example of this is a study on postpartum women's weight changes in group and individual nurse-midwifery care authored by a Nurse Midwifery research faculty. Within the CON, a full-time grants coordinator (a staff member on the Research Team) and an accountant (on the Organizational Services Team) assist faculty with the submission of grants to the HSC Preaward office. Faculty members have ongoing support from the accounting office for post- award management.

Additionally, the HSC provides many resources to support faculty research. The HSC Office of Research (http://hsc.unm.edu/research) publishes grant opportunities, manages preawards, oversees the Human Research Protections Office and the CTSC programs and opportunities, provides education programs, and monitors compliance issues.

CON Faculty and Program Support

The CON also has several Endowment Funds That Are Available To Faculty. These Include:

- The Ridenour Staff and Faculty Development Endowment. The application and budget should specify the purpose of the request and a detailed description of how the activity enhances faculty or staff expertise, strengthens the reputation of the UNM College of Nursing and supports the dissemination of knowledge, newly acquired skills and/or valuable innovations for the college.
- The Carlson/Petty Endowment for Innovation in Nursing Education. Supports work that is innovative and/or technologically enhanced, cutting-edge teaching pedagogies (e.g. simulated learning experiences, computer enhanced learning, or new innovations for teaching yet to be available) within the College.
- Giddens' Neighborhood Endowment. Supports and recognizes the scholarship of teaching and learning, specifically, innovative teaching practices, educational research, education-related projects, or ideas within the College of Nursing.

- Idolia Hawkins Endowed Award in Nursing. Supports a College of Nursing faculty and student engaged in the various aspects of nursing education. Candidates (students and faculty) will be expected to prepare applications discussing how their work will address the education needs of the college while meeting the priorities of the academic program and the college mission to provide nursing education.
- Aladino and Nellie Matteucci Faculty Fellowship. Supports a College of Nursing faculty and student engaged in the various aspects of nursing education, discussing how their work will address the education needs of the college while meeting the priorities of the academic program and the college mission to provide nursing education.
- Julie Gorwoda Endowed Nurse-Midwifery Fund. Provides financial support for the midwifery program.
- The CON Foundation Office is currently working with two donors who will be establishing an endowed fund to support NP students.

Faculty Development for Research/Practice Expertise and Dissemination of Findings

Faculty members are supported monetarily to present at and/or attend conferences for the purposes of developing research, inter-professional practice projects, scholarship expertise and for the dissemination of findings. Examples of meetings attended and/or presentations made by one or several practice faculty members over the past 3 years include: Institute for Nursing (WIN) Research conference; National Primary Oral Health Conference Sponsored by National Network for Oral Health Access (NNOHA); Annual Meeting of the American College of Nurse-Midwives; Doctor of Nursing Practice Conferences; The Annual Meeting of NONPF; and others. Faculty CVs list presentations (Exhibit 27). In addition to attending external conferences, faculty members are encouraged to attend events and presentations offered at the CON, the HSC, and on Main Campus, as well as periodic-webinars. Announcements for these arrive over faculty email. Additionally, the CON has initiated a qualitative interdisciplinary research seminar known as Qualitative Café. This monthly seminar has grown to be a regular group of faculty members who share ideas, methods and support each other. A monthly CON Colloquium began in the Fall Semester of 2014 to advance scholarly inquiry across the practice, education, and research missions of the College. A Research Day is held during the doctoral residency week to allow students and faculty an opportunity to hear from an invited renowned researcher. In addition, there is an HSC-wide Research Day that allows students and faculty to present their research. Students are supported by the CON for poster fees to encourage participation.

Resources to Support Faculty Practice

Faculty members who need to maintain their clinical certification to succeed in their faculty roles are also supported. The CON supports Practice Team faculty to develop individual areas of interest. Several faculty members work in local clinics and at UNMH as part of their faculty workload under a salary agreement with the CON. Appendix 8 provides a list of contracted sites

With the arrival of Dr. Ridenour in 2009, and creation of the Practice Team in 2011, faculty practice has taken on a stronger focus. Several new nursing practice clinics and practice contracts have been established for the provision of health care services by CON faculty. Examples of these sites include: Family Health Partnerships, El Pueblo Health Services, Architecture, Construction, and Engineering (ACE) Leadership School Based Health Center, and the UNM Dental Medicine Ambulatory Surgery Center. Other opportunities include the Geriatric Education and Health Maintenance (GEHM) clinics and the Early Head Start Program. One barrier that had to be overcome was the negotiation of medical bylaws to allow advanced practice RNs to work within the full scope of their capacity while working in on campus locations. Faculty members also work in outpatient clinics at UNMH. Travel funds have also been available to allow faculty members to attend state and national conferences.

Support for Faculty Service

An expectation of all CON faculty members is service to the organization (at the CON, HSC, or UNM). Because it is an expectation of faculty, service is included as a portion of a faculty member's workload. Faculty members engage in service at the CON in various ways, such as serving on CON committees, being active within their Team, serving on subcommittees or task forces, or involvement in faculty leadership positions. Service is also encouraged externally through professional organizations. Examples include being a member of professional organization committees, a Board, or a review panel, or doing policy work at the state or national level. Service expectations vary by rank and team; in the senior ranks, faculty members may take leadership roles in professional organizations at a national or international level. Specific service is negotiated by faculty members with their team Chairs. Service expectations are outlined in the Workload Document (Exhibit 28) and the criteria for appointment and promotion (Exhibit 12). A listing of the kinds of service faculty have participated in is shown with aggregate faculty data in Standard IV.

STRENGTHS OF STANDARD II

1. Successful leadership by the Dean of the College for the past 5 years, as the CON assesses and refines the strategic mission, based on fiscal resources and available faculty.
2. A proactive approach to space planning and management at UNM and the HSC that support student, faculty, and staff growth.
3. Excellent new teaching spaces for skills labs, simulation, and competency testing in the new Domenici Center education building.
4. Partnerships with outstanding preceptors, who contribute their expertise to the curriculum and enhance the teaching of courses, contributing to the achievement of the College's mission, goals, and expected student outcomes.
5. Many faculty members engage in practice with underserved populations, which provides a richness and credibility to the teaching mission of the CON.

6. A strong history of faculty development opportunities and resources for the tripartite missions.
7. Dedicated Blackboard Learn CON personnel and a dedicated Librarian for the CON. The strong IT presence within the College is a great asset to the success of expanded distance learning programs.
8. A legislative mandate to increase primary care resources for New Mexico through Advanced Practice Nurses now provides funding to enable the CON to increase the number of students, faculty and staff to support this mandate. The fiscal support comes from line item funding from the New Mexico Legislature.
9. The Typhon Group's NPST™ Student Tracking System Database software provides excellent tracking and reporting capabilities for Advance Practice preceptor evaluation, NEOL and PMC student evaluation, curricular assessments, & student clinical experiences.

Table 9: Standard II Continuous Improvement Areas and Action Plans

Continuous Improvement	Action Plan	Outcomes
Many new faculty hires arrive without previous teaching experience.	Need for mentoring of junior faculty into academic roles.	• Mentorship Toolkit implemented July 2013 • Team Leader (Chair) for practice does initial mentoring with new faculty then they can choose another mentor. • Pilot Nurse Leadership Mentorship Program
Lack of support for non-tenured track faculty to engage in scholarship activity	Develop a plan	• Have an approved policy for non-tenure track academic leave similar to a sabbatical • Statistical support within CON from Research Team • Opportunity to negotiate release time for CON special projects that are research driven
Preceptor stewardship	Develop mechanisms to enhance & nurture preceptor experience to improve retention	Adding to what is already available to preceptors; plans are in place to develop a CON web site for preceptors.
Growth of students, faculty and staff have strained the current resources in IT support services	Conduct analysis of IT staff support needs and classroom hardware assets	• Position created and filled for Instructional Media Analyst • Additional support position pending to add CON support for faculty and students for distance learning.
Utilize Typhon Group's NPST™ Student Tracking System for NEOL DNP, student and preceptor evaluations and site visits	Work with the Program Manager over Typhon Group's NPST™ Student Tracking System to make system capable for student and preceptor evaluations and student capstone practice logs and migrate them from Survey Monkey and paper documentation.	• Student Portfolios track DNP Essentials and SLO's per course with exhibits demonstrating accomplishment. • Site Visits captured in Typhon Group's NPST™ Student Tracking System • Continue to work on migration of student and preceptor evaluations and capstone practice logs into

		Typhon Group's NPST™ Student Tracking System • Plans in place for 2015 to trial the Typhon crosswalk feature of AACN Masters Essentials with the curricula from one or two advanced practice concentrations.

STANDARD III
PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES

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

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates.

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

PROGRAM RESPONSE

The mission of the University of New Mexico (UNM) College of Nursing (CON) is to provide exemplary and innovative education, research, practice, service, and leadership that improves state, national, and global health. The College's efforts focus on the scholarship of nursing education, research, practice, and policy to inform and lead in the delivery and analysis of nursing and health care. The curricula of the Nurse Executive Organizational Leadership (NEOL) Doctor of Nursing Practice (DNP) and Post-masters PMC nursing programs also reflect the Vision, Mission, and Values of the Health Sciences Center (HSC) and CON.

NEOL DNP

The CON began development of its DNP program in earnest in 2009 following a hiatus that was based on an on-going Dean search. Initially, the DNP was designed to begin with BSN-DNP curricula. Based on a state and University short-fall due to the 2008 financial downturn, a decision was made to begin with the Post-Masters DNP, and to begin with only one concentration. Constituents of the CON provided a three-year starter grant for the CON to begin with the NEOL concentration.

Faculty worked diligently to include communities of interest by sending out a survey through Survey Monkey to members of all constituencies to elicit interest, determine competency levels, and to seek in put into the curriculum. We also surveyed prior students with MSNs in Nursing Administration to gain their particular insights regarding their perceived needs for advanced post-master's nursing administration content (Exhibit 8-Survey Questions and Results). We admitted our inaugural cohort of eight students in May, 2013 and the students are all on-track and expected to graduate in May, 2015. To date, we have admitted two cohorts and are in the process of admitting our third, to begin in May, 2015. Graduates of the program are expected to demonstrate achievement of the *DNP Essentials,* and Student Learning Outcomes identified for the DNP program shown in Table 10, Standard III-B pp 52 below.

The CON adheres to several relevant professional standards, guidelines, principles, ongoing published literature, and professional recommendations, to ensure congruency of student learning objectives with the Mission and Vision statements of the CON and for curriculum design and program

evaluation. The NEOL DNP was designed to meet the *Essentials of Doctoral Education For Advanced Nursing Practice;* the *American Nurses Credentialing Center (ANCC) guidelines for advanced nursing administration; AONE nurse executive competencies,* and the *American Nurses Credentialing Center (ANCC) 14 Forces of Magnetism. The Robert Woods Johnson Foundation (RWJF) Nurse Executive Scholars Principles* provided additional insight into creating real-world curriculum for these practicing nurse managers and leaders.

A DNP Gap Analysis (see Appendix 10) that involves reviewing all students' academic background is completed by the DNP Program Director and another full-time NEOL faculty member to identify which didactic and practice experiences will be required for graduation, and certification as a Nurse Executive (or other certification as appropriate).

Post-masters Certificate Programs

A Post-masters Certificate (PMC) program is available for nurses who already have a master's degree in nursing and desire to obtain certification in a specific advanced practice specialty area. Per the 2014-2015 UNM Catalog, a minimum of 15 graduate credit hours must be completed within three years and a 3.0 (B) average is required.

Individual student learning outcomes for the UNM-approved Post-MS Advanced Practice RN (APRN) certificate are congruent with the roles as defined in the APRN Consensus Model (APRN Consensus Workgroup, 2008). The Practice Team is responsible for the APRN concentrations within the CON and therefore responsible for initial curriculum evaluation and revision. The PMC program is available for the Midwifery, FNP, AG-ACNP, and PNP concentrations. The program of studies is individualized for students applying for a PMC. A PMC Gap Analysis (Appendix 11) that involves reviewing the student's academic and practice background is completed by the NP or Midwifery Concentration Coordinator and the necessary courses and clinical experiences that are required for certification are delineated in an individualized program of study. Students in the PMC program take the relevant courses with the MSN students, and the course expectations are the same.

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 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 practitioner 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.

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).

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) (Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:
  - *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
  - *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
  - *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

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

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

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

PROGRAM RESPONSE

Faculty have developed course objectives that are congruent with student learning outcomes for all nursing programs to prepare students to function in the roles for which they are being prepared. Professional nursing standards, guidelines and principles were used to develop, implement and provide a basis for a continuous evaluation of the curricula. Expected individual learning outcomes are also consistent with the roles for which each program prepares graduates.

NEOL DNP

The CON recognizes the state and national need to prepare nurse executives for roles in a changing healthcare climate. The NEOL DNP program incorporates unique learning experiences and a curriculum has been developed such that graduates meet the outcomes documented in the *Essentials of Doctoral Education for Advanced Nursing Practice (2006),* http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf; the *AONE Nurse Executive Competencies* (2005, 2011) http://www.aone.org/resources/leadership%20tools/PDFs/AONE_NEC.pdf, as well as T*he American Nurses Credentialing Center (ANCC) 14 Forces of Magnetism* http://www.nursecredentialing.org/ForcesofMagnetism.aspx , and the *Robert Woods Johnson*

Foundation (RWJF) Nurse Executive Scholars Principles http://www.rwjf.org/en/about-rwjf/newsroom/features-and-articles/.

These additional guidelines and principles (ANCC and RWJF) also contributed to curriculum and program outcomes development. As key guiding principles for nurse executive and organizational leadership roles on the service side, these guidelines were chosen to promote relative importance of the curriculum, inter-professional relationships with health care organizations within our community of interest, and the employability of our graduates. (Table 10: mapping of DNP essentials/ competencies.)

Table 10 *Doctor of Nursing Practice Program Goals Cross-walked with DNP Essentials* and AONE Competencies***

PROGRAM GOAL	ESSENTIALS/COMPETENCIES
1. Assume the role of the doctoral prepared nurse in teaching, scholarship, leadership, and service.	Doctoral Essentials: I, V, VI, VIII AONE Competencies: I, II, III, IV, V
2. Apply analytic methods to create, evaluate, and adopt effective innovations to improve health.	Doctoral Essentials: III, IV AONE Competencies: II, V
3. Analyze, translate, and apply evidence to improve health outcomes.	Doctoral Essentials: I, III, VII, VIII AONE Competencies: II, IV
4. Engage individuals and communities to develop, implement, and evaluate interventions to address their health disparities.	Doctoral Essentials: II, V AONE Competencies: I, II, III
5. Facilitate optimal health outcomes through delivery of culturally sensitive care, including clinical prevention strategies, identification of risk, individualized interventions, and formation of therapeutic relationships with clients.	Doctoral Essentials: II, VII AONE Competencies: I, II, III
6. Apply clinical, community, and policy interventions to reduce health inequities.	Doctoral Essentials: II, V, VII AONE Competencies: I, II
7. Evaluate and critique social policy relevant to the organization and delivery of health care.	Doctoral Essentials: V, VI AONE Competencies: II
8. Integrate and evaluate information systems in patient care technology for clinical, research, and administrative best practices.	Doctoral Essentials: III, IV AONE: Competencies: V
9. Apply leadership and advocacy skills in the development, implementation, and evaluation of health care organizations, delivery of care, and policy.	Doctoral Essentials: II, V, VI AONE Competencies: I, II, IV, V
10. Utilize effective management and organizational skills to assume a leadership role in health care delivery, policy, and systems.	Doctoral Essentials: IV, VI, VIII AONE Competencies: I, II, III, IV, V
11. Practice nursing reflectively, guided by theory, based on best evidence, and integrating creative and critical thinking.	Doctoral Essentials: I, VIII AONE Competencies: I, III

**The Essentials of Doctoral Education for Advanced Nursing Practice* (2006).
***The AONE Nurse Executive Competencies* (2005).

As part of our process improvement activities, the CON recognizes the need for our students, faculty, and communities of interest to understand that each programs' outcomes, along with syllabi, course objectives, and assignments, always link back to one or more of the *AACN Essentials*, domains, core competencies, guiding principles, and specific concentration-driven expectations. Our goal is to enculturate the process of linking these elements together such that it becomes an integral part of program planning. This was started with the NEOL because although it has been a long-standing practice

at the CON to crosswalk essentials and competencies (see PMC Program Outcomes Table below), we began including the course catalog and syllabi in this process with the initiation of our first DNP program. Our plans include using the Typhon Group's NPST™ Student Tracking System to pilot two MSN clinical concentrations in mapping essential and competencies to course objective level. (Example is presented in Table 10 Program Outcomes NEOL DNP on page 54 and in Tables 11—13 for PMC pp 59-61 below.)

A portfolio model is used for student monitoring of program effectiveness in the NEOL DNP. This methodology is used extensively in DNP programs across the country. Students integrate the practice of identifying the *DNP Essentials* (2006), the student learning outcomes (SLO's), and AONE competencies when they build and maintain their portfolios. The portfolio model serves as a comprehensive, competency- based assessment for NEOL DNP students. It is a compilation of scholarly work, clinical/practice experiences, assignments, and professional presentations that summarize the student's expansion of knowledge and expertise. We have integrated the identification of essentials, SLOs, and competencies into our residency logs and independent study contracts as well. Students report that this continual repetition has illuminated the integration of these elements into outcomes. This is especially critical for nurse leaders and executives as the National Patient Safety Goals, or The Joint Commission (TJC) standards no longer float above their activities. Rather their education has shown them how and why we have regulatory bodies, and in turn, provides them with the knowledge and rationale to drive this process throughout their places of employment.

NEOL Curriculum

The NEOL curriculum will prepare nurses who can assume clinical and executive organizational leadership roles in healthcare institutions, advanced nursing practice and academia. Particular attention is given to leadership that improves nursing care outcomes for rural and underserved populations as well as individuals, families, and systems. The curriculum (see Appendix 12 NEOL DNP POS) will be taken by all NEOL DNP students. The post-master's NEOL DNP curriculum meets the minimum of 1,000 practice hours (AACN, 2006) based on prior relevant clinical/practice experiences, graduate courses, and the DNP curriculum.

As is the case with implementation of any new curriculum, feedback from students and faculty were particularly important to consider as the program was initiated. Not surprisingly, the input received resulted in a number of modifications in both course and program content, as well as content sequencing. For example, after teaching the curriculum one time through, each course was analyzed and modified if appropriate. The content related to health policy and ethics was found to be deficient. This was addressed in N705 to include a significant health policy content and assignments. Based on these significant revisions, the course name was changed to "The Business and Policy of Practice and Their Effects on the U.S. Healthcare System." Ethics is addressed in N726 Leading Organizational Change, and in the development of an elective Topics Course "Professional Nursing Concepts Seminar" where ethics is a primary concept. There was much debate regarding how we would include a doctoral

level statistics course in the program. It was decided in collaboration with our research faculty, that the students would be best served if they took the same N620 Inferential Statistics course that the PhD students take during matriculation rather than making it a prerequisite to admission.

Program Content

The originally proposed NEOL curriculum consisted of a total of 34 to 37 credits and 400-500 practice hours including a minimum of one credit of residency and five credits of capstone, including one credit of capstone seminar. In researching nurse executive DNPs across the country, it became apparent that the indirect concentrations as defined by the AACN (2004) envisioned that the DNP degree would include three major categories of advanced practice. This includes practices that support patient care, which involves roles in management, health policy, and informatics. The overwhelming majority of student's entering postmasters DNP's are clinically focused, and therefore, they have already had as many as 700-900 clinical hours in their Masters programs. Conversely, students in concentrations that support patient care such as the NEOL DNP typically have 200-300 hours. Until the advent of the DNP, there was no need to count the supportive indirect hours earned in administration concentrations as clinical or practice hours. This resulted in these students having a disadvantage compared to the clinically focused student for the demonstration of the necessary 1000 post-BSN hours required for a DNP by the AACN. This led to a program proposal that included the verification of practice hours in the core NEOL concentration courses including; N725 Principles in Advanced Management, N726 Leading Organizational Change, and N727 Health Care Innovations and Informatics. Each were changed from three credits didactic, to two credits didactic and one credit practice (50 practice hours). See Exhibit 6 for Form C Revisions of NEOL postmaster's curriculum and program of studies. In addition, other program revisions led to increasing the residency requirement. These programmatic changes resulted in the NEOL DNP academic credits increasing by two credits, from 35 to 37, and 550-700 practice hours. The minimum practice hours a NEOL DNP student must attain through the program is 500. Syllabi for all NEOL DNP courses are in Exhibit 33.

Course Sequencing

Several changes were made in the course sequencing based on student and faculty input. A large part of the change in sequencing was due to the participation of the CON doctoral programs in a three-year pilot to move back to a two semester 16-week and abbreviated 8-10-week summer model from the current three-term 12-week model in use at the CON. We have a three-course sequencing of statistics and applied clinical research courses in the DNP. They are Epidemiology, Advanced Healthcare Statistics, and Applied Clinical Research in Advanced Nursing Practice. The original sequencing of these courses placed statistics in the first semester of the first year of the program study, followed by epidemiology in the fall of the first year, and applied clinical research in the summer semester of year two. Based on the heavy content of the statistics course, this was switched with Epidemiology to allow statistics to be taken over a full 16 week session. In addition, elective courses occurred in the third semester (spring) of the first year, and Applied Clinical Research was taken in the summer of year two;

again these two were switched to allow for optimal use of longer semesters to effectively deliver curricula to the students. Finally, N726 Leading Organizational Change, was originally placed in the final semester to allow students to implement a major organizational change based on the total program content. This course was one credit of didactic content and two credits of clinical/practice (100 practice hours). Based on student and faculty feedback, having a core course in the last semester, especially with 100 practice hours required while they are trying to finish their capstones, residencies, and prepare for final defense was unattainable. In addition, the original content no longer makes sense. This resulted in a course revision and moving the N726 course to the fall of year two (the second to their final semester). The course is now 2 credits of didactic content and 1 credit of practice (50 clinical/practice hours). Program of Studies changes are shown in Exhibit 36.

A gap analysis was used to award student's credit for prior clinical/practice hours (this process is outlined in the DNP student handbook). These practice hours were initially awarded as a reduction in required residency hours. N795 Residency has variable credits from 1-8, and is based on student projects and individual content needs. Initially it was felt that this was acceptable based on the low number of clinical/practice hour's students have prior to entering the program. However, two students who had previously done independent studies and received clinical/ practice hours credit, only needed one credit of residency. It was felt by both the students, preceptors, and faculty that this was not enough time/practice hours for students to achieve the outcomes of the residency, which requires application of expert skills in clinical practice, carry out the translation of their project into practice, and be change agents for health care improvement. Therefore the minimum number of residency credits was changed from one to two; still maintaining the minimum of 1000 practice hours.

Our NURS 796 DNP Capstone Seminar and NURS 797 DNP Capstone Project are courses that represent a culmination of the knowledge gained in the NEOL DNP program. The *DNP Capstone Project* is carried out over multiple semesters; and is reviewed and evaluated by an academic committee. The Capstone project involves the identification and resolution of a practice problem through the scholarship of application; it requires practice inquiry and is grounded in a specific practice setting, and a specific population. The capstone seminar was specifically designed as a web–enhanced course offered in the Blackboard Learn platform. All students were required to take the course together. This was specifically done as part of mentoring junior faculty. We have several relatively new DNP or PhD faculty who have never chaired or serve on a Dissertation or Capstone committee. All content material, milestone guidelines and tutorials are placed in the course and all CON faculty involved in the student's capstone project were added to the course as teaching assistants (TAs). Individual discussion threads are set up for each student and their capstone chair and committee members from the CON faculty along with the DNP Program Director. This allowed the Program Director the ability to monitor the faculty and student learning and progress. This process was so well received by both students and faculty, we have continued it with the N797 Capstone course as well.

One of the difficulties found in DNP programs is the inability for students to finish on-time. This is

largely due to the Capstone project. Based on this information, we began the Capstone project in the second term of year one with the N796 Capstone Seminar, and have Capstone credits in all subsequent semesters with the exception of the summer term of the second year. The rationale is based on the time to turnaround an IRB application which can be as long as 6-8 weeks; even for an exempt study. This has led to a process improvement project involving both the PhD and DNP Program Directors, and the Chairs of both the Research and Practice teams. We worked together to internally streamline our processes before engaging with the IRB for further possible actions. The IRB process at the CON requires the Chair of the Research Team to perform a departmental review and sign off on all IRB applications. The formal presentations of the DNP research proposals will be attended by the Chair the Research Team (this is feasible with only eight students in the cohort) to provide the Research Team Chair knowledge of each student's Capstone project, allowing her to sign off on DNP students' proposals without needing to gather any additional information. This process will be implemented starting with the current 2014 cohort. (See course syllabi in Exhibit 33 and in Exhibit 18 the DNP Student Handbook for a complete description of each milestone in the program, comprehensive exams and IRB and capstone processes.)

Specialty Certification

A progression requirement for all DNP students is a national certification in a relevant specialty. The majority of our students have the administrative and leadership practice background that supports eligibility for the AACN Advanced Administration Certification or the AONE Certification for Nurse Executives. With the inclusion of the new bridge courses and change in our admission criteria, students will be able to sit for whichever is the most appropriate national certification exam for them. Students also receive content specific education for these exams while enrolled in the program.

Post Master's Certificates of Advanced Practice Programs

The MSN programs prepare RNs for advanced and specialized professional nursing practice in several different concentrations. Graduates share a common knowledge of the theoretical underpinnings of the nursing discipline and the ability to use evidence-based research skills in their practice settings. They successfully practice and provide leadership in local medical centers and community health agencies in clinical practice, administration, and education

Post-graduate APRN certificate programs that prepare nurse practitioners incorporate the Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012) http://www.nonpf.org/?page=15 . Post-graduate APRN certificate programs that prepare nurse midwives incorporate the standards developed by the American College of Nurse Midwives (2012). The CON Curriculum Committee and faculty course leaders ensure that student learning outcomes are consistent with the appropriate program standards and guidelines. The faculty integrate the common curricular threads of research, evidence-based practice, and cultural awareness. Similar to the degree-seeking NP specialties, the post-MS APRN certificate program curricula has been reviewed and modified: 1) to be aligned and consistent with the APRN Consensus Model (APRN Consensus Workgroup, 2008) https://www.ncsbn.org/736.htm , 2) to be

aligned and consistent with the NONPF Nurse Practitioner Core Competencies (2011)
http://www.nonpf.org/?page=14 , and 3) to reflect revisions made in the newest edition of Criteria for
Evaluation of Nurse Practitioner Programs (NTF, 2012) http://www.nonpf.org/?page=15 .

Post-MS APRN students' follow the plan of study based on their individual gap analysis,
performed at entry into the program. The basic standards reflected in each specialty are as follows: 1)
Nurse practitioner specialties are consistent with the domains and core competencies defined by the
National Organization of Nurse Practitioner Faculties (NONPF), and 2) all NP graduates are eligible for
national board certification. All PMC programs are also involved in cross walking programmatic goals
with the Masters Essentials and NONPF Competencies. The FNP, PNP and AG-ACNP program goals
and competencies are shown in Tables 11, 12, & 13 below.

Table 11: FNP Program Goals Cross-walked with Masters Essentials/NONPF Competencies
At the completion of the Program the graduate will be prepared to:

PROGRAM GOAL	ESSENTIALS/COMPETENCIES
1. Provide full scope primary care, utilizing both independent and collaborative approaches, to individuals and families across the lifespan, including management of acute and chronic health problems, health promotion, disease prevention, and support for transitional and end of life needs.	Masters Essentials – VIII, IX NONPF Competencies – Leadership, Practice Inquiry
2. Integrate ethical principles in decision-making and evaluation of care related to individuals, families, populations and systems of care.	Masters Essentials – II,VIII NONPF Competencies – Policy, Ethics
3. Coordinate health care through interdisciplinary collaboration with members of the health care team.	Masters Essentials – II, V, VII NONPF Competencies – Health Care Delivery
4. Empower and motivate individuals and families to be full participants in their own health care	Masters Essentials – VI NONPF Competencies – Technology and Information Literacy, Independent Practice
5. Advocate for systems and policies that reduce health disparities, facilitate access to care, and address cultural diversity and rural populations.	Masters Essentials – I, II, VI NONPF Competencies – Quality, Policy, Health Delivery System, Independent Practice
6. Assume professional responsibility for maintaining and advancing clinical practice competencies.	Masters Essentials – III NONPF Competencies – Leadership
7. Participate in quality assurance and evaluation of health care delivery.	Masters Essentials – III NONPF Competencies – Quality, Practice Inquiry
8. Use and articulate evidence-based research as the basis for practice.	Masters Essentials – I, IV NONPF Competencies – Scientific, Practice Inquiry
9. Contribute to existing knowledge through participation in research.	Masters Essentials – IV NONPF Competencies-Scientific, Practice Inquiry

Table 12: PNP Program Goals Cross-walked with Masters Essentials/NONPF Competencies
At the completion of the Program the graduate will be prepared to:

PROGRAM GOAL	ESSENTIALS/COMPETENCIES
1. Provide full scope primary care, utilizing both independent and collaborative approaches, to individuals and families across the lifespan, including management of acute and chronic health problems, health promotion, disease prevention, and support for transitional and end of life needs.	Masters Essentials – VIII, IX NONPF Competencies – Leadership, Practice Inquiry
2. Integrate ethical principles in decision-making and evaluation of care related to children, families, populations and systems of care.	Masters Essentials – II,VIII NONPF Competencies – Policy, Ethics
3. Coordinate health care through interdisciplinary collaboration with members of the health care team.	Masters Essentials – II, V, VII NONPF Competencies – Health Care Delivery
4. Appropriately empower and motivate children and families to be full participants in their own health care	Masters Essentials – VI NONPF Competencies – Technology and Information Literacy, Independent Practice
5. Advocate for systems and policies that reduce health disparities, facilitate access to care, and address cultural diversity and rural populations.	Masters Essentials – I, II, VI NONPF Competencies – Quality, Policy, Health Delivery System, Independent Practice
6. Assume professional responsibility for maintaining and advancing clinical practice competencies.	Masters Essentials – III NONPF Competencies – Leadership
7. Participate in quality assurance and evaluation of health care delivery.	Masters Essentials – III NONPF Competencies – Quality, Practice Inquiry
8. Use and articulate evidence-based research as the basis for practice.	Masters Essentials – I, IV NONPF Competencies – Scientific, Practice Inquiry
9. Contribute to existing knowledge through participation in research.	Masters Essentials – IV NONPF Competencies- Scientific, Practice Inquiry

Table 13: AG-ACNP Program Goals Cross-walked with Masters Essentials/NONPF Competencies
At the completion of the Program the graduate will be prepared to:

PROGRAM GOAL	ESSENTIALS/COMPETENCIES
1. Provide full scope care utilizing both independent and collaborative approaches, to the adult/gerontology population including management of acute, critical, and/or complex chronic health problems, health promotion, disease prevention, and support for transitional and end of life needs.	Masters Essentials – VIII, IX NONPF Competencies – Leadership, Practice Inquiry
2. Integrate ethical principles in decision-making and evaluation of care related to the adult/gerontology population with acute, critical, and/or complex chronic health problems.	Masters Essentials – II,VIII NONPF Competencies – Policy, Ethics
3. Coordinate health care through interdisciplinary collaboration with members of the health care team.	Masters Essentials – II, V, VII NONPF Competencies – Health Care Delivery
4. Empower and motivate the adult/gerontology population and families to be full participants in their own health care.	Masters Essentials – VI NONPF Competencies – Technology and Information Literacy, Independent Practice

5. Advocate for systems and policies that reduce health disparities, facilitate access to care, and address cultural diversity and rural populations.	Masters Essentials – I, II, VI NONPF Competencies – Quality, Policy, Health Delivery System, Independent Practice
6. Assume professional responsibility for maintaining and advancing clinical practice competencies.	Masters Essentials – III NONPF Competencies – Leadership
7. Participate in quality assurance and evaluation of health care delivery.	Masters Essentials – III NONPF Competencies – Quality, Practice Inquiry
8. Use and articulate evidence-based research as the basis for practice.	Masters Essentials – I, IV NONPF Competencies – Scientific, Practice Inquiry
9. Contribute to existing knowledge through participation in research.	Masters Essentials – IV NONPF Competencies- Scientific, Practice Inquiry

III-C. The curriculum is logically structured to achieve expected student outcomes.
- **Baccalaureate curriculum builds 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 Advance Nursing Practice (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.

PROGRAM RESPONSE

The curricula for the NEOL DNP and PMC programs are logically structured to achieve expected individual and aggregate student outcomes. Program curricula for the PMC is built based on baccalaureate curricula, and DNP is based on a master's foundation as our students are all post-masters. Within the nursing program, concepts progress from general application to specialty application and concept synthesis. The NEOL DNP Program of Studies (POS) can be found in

Appendix 12 and the MSN Clinical & PMC Programs of Studies can be found in Appendices 13-16.

NEOL DNP

The DNP program is only offering the Post Master's NEOL Concentration at the present time. As we accept not only the MSN in nursing administration, but other equivalent degrees (see admission criteria CON website (http://nursing.unm.edu/prospective-students/index.html), a gap analysis (see Appendix 10) is completed for all students. The DNP Program Director and another NEOL faculty review the student's academic background and determine the number of MSN core content bridge course that may be required, along with the number of practice hours that will be accepted. An action plan and POS is developed in conjunction with the student to meet the criteria for graduation that includes the acquisition of the required 1000 practice hours.

Students in the NEOL DNP concentration complete all required courses to prepare the nurse executive at the highest level of the healthcare systems ladder, directly responding to the nursing's professional goal of educating and preparing graduates with leadership skills to strengthen practice, health care delivery, and patient outcomes. In addition, the curriculum has been developed to prepare graduates to meet the core competencies for the nurse executive as developed by the American Organization of Nurse Executives (AONE) (2005, 2011).

The NEOL DNP is excited to be offering the bridge courses to open this vital concentration to other individuals with relevant master's degrees, i.e. education, informatics, and health policy who have found their careers have taken them into executive leadership. The specific area of practice may be different, but the fundamental skills, knowledge, attitude and competencies remain the same. We believe the depth and breadth of the student knowledge in these other Master's degree areas will add richness to an already rigorous and outcome-based curriculum.

The NEOL concentration has a Concentration Coordinator and Program Director with expertise in executive organizational leadership. The other full-time faculty assigned to the NEOL and the community- based TPTs used in the Executive Nurse Scholars Program also hold these same credentials; making this a real world curriculum taught by real-world experts The DNP Program Director reports to the Chair of The Practice Team. The overall DNP program is overseen by the Practice Team Chair and Associate Executive Dean who reports to the Dean of the CON. The Practice Team chair has the responsibility of convening the Concentration Coordinators for the academic programs based in the Practice Team. This group meets monthly to review policies, make recommendations regarding curricula, discuss students' needs, and reviews and actively participates in the implementation of the program evaluation plans (Appendix 19 NEOL Evaluation Plan and Appendix 20 PMC Evaluation Plan).

Post Master's Certificate

A gap analysis (Appendix 11) is completed for all post-master's APRN students. The student meets with the appropriate Concentration Coordinator, who oversees the program, in order to review the

student's academic background and determine the appropriate program of studies including non-clinical and clinical courses. Students in the certificate program take the relevant courses with the MSN students and the course requirements are the same.

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 learning outcomes identified in course, unit, and/or level objectives.*

PROGRAM RESPONSE

A variety of effective teaching-learning practices and supportive environments provide opportunities for students to demonstrate behaviors consistent with the course objectives and student learning outcomes. For all students, learning environments are varied and include traditional face-to-face classes during didactic block and NEOL Residency Week at the college; clinical practice settings; in health care agencies; and in online learning platforms. Partnerships are formed with a variety of community clinical sites for clinical practicum and fieldwork placements for graduate programs. Affiliation Agreements (AA) for each clinical placement are executed through the office of the HSC counsel, and are monitored by the Practice Team Support Staff. The agreements are available for viewing in the CON shared directory for faculty and staff. Presently there are over 75 agreements in place for Advanced Practice clinic sites. (Samples of AAs are in Exhibit 34.)

NEOL DNP

The CON uses the Blackboard on-line learning platform for fully on-line and web-enhanced courses. Graduate-level CON faculty all have experience in on-line education delivery.

Faculty use a variety of learning strategies for online delivery, including reading, small-group asynchronous discussion, synchronous class discussions, case-based learning, audio-enhanced PowerPoint lectures, Ted Med Talks, video clips, and Webinars. Course assignments are varied in on-line courses and include, but are not limited to, written examinations, quizzes, academic papers, group work, posters, presentations and weekly synchronous Zoom or Google hangouts with a pre-designed set of questions related to the readings, or other relevant materials that are discussed with students in a seminar-type format. (Exhibit 33: Course Syllabi) (Exhibit 35; Examples of student work.)

While the NEOL DNP program is primarily an on-line program, students are required to attend Residency Week on campus at the beginning of each academic year. Additionally, at the request of students' will, a hybrid methodology is used for some courses whereby, students may attend face-to face in the classroom, while others attend the session electronically. Currently, the cohorts in the Google platform that we use for synchronous chats are limited to twelve participants. However, as part of our process improvement in collaboration with the CON information technology team, we are trialing the Zoom product in two of the NEOL courses. It has the ability to take up to 20 students, and allows

the instructor to record the session. A private link is sent to the each student so that they can review content covered during the Zoom session.

These methodologies provide students with an opportunity to interact with their peers and their faculty on an on-going basis; thus building cohesive teams and camaraderie among the students and faculty. The learning environment at the CON constantly evolves and prior to offering the bridge courses, a survey was sent out to our constituents asking for information related to this option. The survey asked 1) if they were interested in the program; 2) if so, when they planned to start the program; and 3) what format would they prefer for course delivery. Choices included a fully-online program; an on the ground program with web-enhancement; and a variety of hybrid program models including options for a Friday/Saturday, full weekend, four hours per week in the evening, etc. Surprisingly, the survey respondents were equally split between "Teaching Weekends" and "fully on-line course delivery" with synchronous Zoom hangouts. A decision has not been made at this point to redesign the program based on these survey results. (See Exhibit 36 for Bridge Program Survey Results).

Post Master's Certificate Programs

Teaching-learning practices at the CON offer a variety of pedagogical approaches to accommodate different learning styles, and thereby foster the achievement of student learning outcomes, whether instruction is didactic, clinical, face-to-face, or blended or through the use of distance technology. The CON technological capabilities provide access to the full range of academic support services and educational tools for both classroom and distance learning. Formative and summative evaluation processes are utilized in the post-master's program. All of the clinical courses in the APRN concentrations are web enhanced. The didactic content is taught in a "block" format. Students attend classes for five days a week for 1-3 weeks (depends on the course). These block sessions are alternated with clinical blocks of approximately 4 weeks, where students are at their clinical sites with preceptors. This model allows the CON to place students in rural clinics throughout the state. Additionally, the nurse midwifery concentration utilizes clinical sites out-of-state in order to be able to provide all of their students with an experience in midwifery birth centers.

The Inter-professional Clinical Simulation Laboratory (ICSL) is designed as a safe environment to provide post-masters students with an opportunity to expand their critical thinking, learn new skills, practice decision-making, and develop psychomotor skills congruent with real-life clinical experiences. The ICSL is a state-of-the-art facility dedicated to teaching, assessment, and evaluation of clinical skills, utilizing both mannequins and standardized patients. The integration of these teaching and learning encounters into the curriculum promotes the acquisition of competencies that are foundational for the skills needed for effective clinician-patient interactions. Post-master students have access to the same simulation opportunities as the MSN students. For example, the MSN students participate in Objective Structured Clinical Examinations (OSCEs) in selected clinical courses. Post-master students enrolled in

these courses also complete these OSCEs.

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

PROGRAM RESPONSE

NEOL DNP

All NEOL students have practice hours integrated throughout their program of studies, residency, and capstone. The Program oversees student placements for their residency requirements. In addition, many students engage in independent study with CON faculty or our community-based TPT faculty. The majority of independent study experiences include a portion of practice hours (see Appendix 17 residency contract and Appendix 18 Independent Study Contract). The CON has agreements with over 75 organizations for APRN students throughout the state and additional affiliation agreements are accepted for those sites that are new to the CON. Residency preceptors are assigned to students based upon their interests, location, skills and needs. Sites are approved based on expectations of the individual practicum. Preceptors must have an unencumbered license and preferably be doctorally prepared. Exceptions to doctoral preparation may be made based upon content expertise required and approval by the DNP Director. These are usually based on the small number of doctorally prepared nurse executives, and the fact that New Mexico is largely a rural state. Residency Practicum hours are logged and submitted to the student's chair/DNP Director and a written paper addressing their proposed goals, outcomes, evaluation process, results, implementation and dissemination regarding the practicum is submitted at the end of the project.

All students receive a site visit in their practice setting by a CON NEOL faculty member. This visit is documented in Typhon. In addition, preceptors evaluate students and students and site-visitors evaluate preceptors and clinical sites. Site evaluations are documented in Typhon and student evaluations are submitted electronically to the student's chair or DNP Director. Preceptor evaluations of students are completed and sent via e-mail to the faculty of record or the DNP Director. Survey-monkey is used to collect evaluations of preceptors and clinical sites by students. As part of our process improvement, we plan to have all of these forms transferred into Typhon in 2015 so we have everything in one system for Advanced Practice programs.

Another process improvement area is to provide a more formal orientation to our community preceptors. This includes plans to launch an interactive web page for preceptors for the MSN clinical

concentrations, the PMC and NEOL DNP preceptors on the CON website. The web page will offer additional opportunities for training, orientation, recognition and networking.

Post-Masters Certificate

All post-masters certificate students have clinical practice components as part of their program of study. Practice sites include primary care, pediatrics and community health clinics, woman's health and urgent care settings, emergency rooms, internal medicine practices, free clinics, homeless shelters and long term care/nursing home sites. Post-masters students have individual preceptors at each clinical site. Each semester, the Concentration Coordinator (CC) meets with the Site Coordinator (SC) to match student needs (location, interest, clinical skills, and academic performance) with available preceptors and sites. Students may suggest preceptors and sites but it is the role of the CC and SC to communicate with the potential preceptor/site, obtaining a commitment, and ensuring that an affiliation agreement is in place.

Students typically are placed in a variety of clinical settings in order to derive the greatest exposure to their population-focused practice areas. Preceptors are recruited on an individual basis several months before the start of a rotation. In order to serve as a preceptor for the APRN programs, a provider must have a minimum of one year of clinical experience. Typically, providers with only one or two years of experience will be assigned to students enrolled in N535 Adult Health I or N542 Ambulatory Pediatrics I, which are initial core clinical courses requiring fewer hours than the others. Overall, the College of Nursing maintains relationships with a network of over 600 providers, primarily within New Mexico, who have extensive experience both in the field as well as in continuing service as preceptors.

Preceptors receive written orientation materials with details about the student, the course, the clinical objectives and their role. A clinical experience may not commence without a contractual agreement, referred to as a Nursing Student Affiliation Agreement, which is signed by the Dean of the CON, and a representative of the clinical site. Typically, the affiliation agreement is initiated by the College, which maintains a template approved by the Assistant University Counsel of the UNM Health Sciences Center. At the end of the term, preceptors are required to complete a student evaluation. Data about preceptors and clinical sites are stored and maintained in Typhon Group Healthcare Solution's electronic tracking system for NP students.

Ongoing evaluation of preceptors occurs during the students' clinical site visits. Once the rotation is underway, the NP faculty schedule at least one site visit to critically assess the site and interface with the preceptor as well as the student. Both the site visitors and students complete a written evaluation for the preceptors and one for the clinical sites each term. This information is reviewed by the Concentration Coordinator to assess the quality of the student's learning experience.

During 2015, the CON plans to launch an interactive web page for preceptors on its website. The web page will offer additional opportunities for training, orientation, recognition and networking.

PMC students document patient encounters in Typhon Group's Nurse Practitioner Student Tracking System which provides an online tool for students to record their patient encounters. Faculty have access to students' individual Typhon records to evaluate progression of skills and attainment of competencies. Additionally, student's document attainment of clinical skills performed in their clinical sites in Typhon.

PMC students are expected to document their patient encounters via a SOAP format either electronically or in a paper format in their clinical sites. Faculty review 10 SOAP notes per clinical site with each student and discuss rationale used for ordering labs and diagnostic tests, determining differential and final diagnosis and plan. Additionally, faculty directly communicate with preceptors to elicit feedback on students' performance and progression to ensure that competencies are achieved.
PMC students in clinical settings are evaluated by preceptors and faculty each semester. Students do a self-evaluation each semester which they share with their preceptor and faculty to showcase progression of their skills.

Objectively Structured Clinical Examinations (OSCE's) with low fidelity simulation are also utilized to evaluate students' progression and ensure clinical competence. Faculty evaluate the OSCE's, determine grades, and provide documented feedback that is shared with individual students. Additionally, students review their taped encounter, write a self- evaluation and receive feedback from the actor/patient on their subjective experience of having the student as their clinical provider.

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

PROGRAM RESPONSE
NEOL DNP

The CON actively solicits and evaluates information about the curriculum, teaching-learning practices, and aggregate graduate performance from the identified communities of interest. The primary internal communities of interest are those most directly connected to the mission of the College: students, faculty, the HSC, UNM, and alumni. The external communities of interest are patients; their families and communities; and components of the larger professional nursing community: The New Mexico BON, employers of nurses, external sites for clinical education, professional nursing organizations, other education programs, and advocates for the nursing profession. All curricular changes are made based on formal methodologies including student course evaluations and informal feedback from faculty and the communities of interest. Faculty members use their expertise to assure that teaching/learning strategies are appropriate to the student population and build on prior learning. Our faculty hold positions on numerous community and professional boards throughout New Mexico

which directly provides them with experience and insight into the challenges faced by academic institutions, health care organizations, and students for teaching and learning how to provide safe, reliable outcome-based care to our patients and the citizens of the state of New Mexico.

The employer community of interest continues to employ NEOL and PMC graduates as most of these students are already employed when they begin their program of study. However, they provide consistent feedback indicating that they believe our students to be well prepared. Not only do our NEOL students have employment opportunities when they finish their program, 62% of our inaugural cohort have already received significant promotions before they have even graduated based on the knowledge, skills, attitudes and competencies that they are bringing back to the workplace.

Currently, our NEOL students are nurse executive leaders or educators. However, with the change in offering the bridge courses and new admission criteria, we will expand student diversity to include APRNs, educators, administrators, informaticists, and health policy experts who are in management and executive leadership roles.

The NEOL is a six-semester lock-step program whereby all students must take the curriculum according to the program of study. If the student needs to drop a course for personal or health reasons, they will retake the course with the next cohort, but try to remain with their own cohort. We implemented this model several years ago for the MSN in Nursing Administration, as prior to this, we allow students to take up to seven years to complete their program of study if they took one course at a time. This resulted in difficulty tracking students and assuring continuity of their learning. The only variation to the lock-step program is students who are allowed to pick up an additional course in a particular semester (if it is offered) and take a lighter load the next semester.

Post-Master's Certificate Program

Online Course Delivery

PMC courses are developed using adult learning strategies. Courses are web-enhanced, and may be face-to-face, on-line (synchronous/asynchronous) or blended. An on-site orientation is mandatory for all post-masters students.

Clinical evaluation tools for the post-masters students are competency based and reflect standards for practice as outlined by the AACN Essentials of Master's Education for Advanced Nursing Practice, NONPF competencies and Standards of Practice as outlined by the American College of Nurse Midwives (2012). Competencies are evaluated and documented within the clinical courses to reflect successful progression.

Students not meeting adequate progression meet with the Concentration Coordinator and are evaluated, counseled and specific learning goals are determined. A learning contract is created and the student is given specific objectives to meet within a specified timeline. Two faculty will independently evaluate the student during this timeline and determine if objectives are met.

III-G. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

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

PROGRAM RESPONSE

CON faculty members evaluate individual student performance based on course objectives specified in the course syllabus. Grading criteria and methods to evaluate student performance are defined by the faculty and are clearly specified in the course syllabi. Evaluation policies are consistently applied. At the beginning of each course, faculty members review course syllabi and communicate course grading and evaluation expectations to students. If a course has several sections, a "lead" faculty member is designated as the course coordinator. The coordinator communicates evaluation expectations to other full time and part time faculty to facilitate consistency in the evaluation process. This is considered especially important when part-time faculty, TPTs, and preceptors are involved. Faculty members seek input from preceptors and TPTs to assist in determining student progression in the clinical setting; however, it is the clinical course faculty member's responsibility to determine whether learning outcomes have been met, and to ultimately assign a grade for each student.

Evaluation methods for determining course grades include (but are not limited) to exams, written papers, and projects. Rubrics and/or evaluation guidelines are used as a means for consistency in grading; these also inform students about how they will be evaluated. If a student is performing below the expected level, the faculty member discuss the deficiency with the student so there is an opportunity for improvement, and academic success.

NEOL DNP and Post Masters Certificate Programs

Faculty conduct evaluations of student performance in the NEOL DNP and PMC' program at regular intervals throughout the semester. Classroom or on-line performance in didactic courses is evaluated based on course objectives by quizzes, exams, scholarly papers, case study analysis, presentations and individual and group projects. PMC students are expected to achieve the same program outcomes as the Masters APRN students which are communicated on the UNM website.

NEOL DNP and PMC course requirements are aligned with evaluation criteria and grading rubrics so that the grading criteria is applied consistently. All students are made aware of the criteria on which their performance will be judged and the rubrics used to determine course grades. Standard clinical tools are utilized by faculty when evaluating PMC students' practicum performance, preceptors, and preceptor

evaluations of individual students.

III-H. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.

> *Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.*

PROGRAM RESPONSE

The CON is committed to a comprehensive evaluation to provide information for program improvement as it is a foundational piece of a successful education program. Curricular changes for programs is initiated at the program level and approved at the departmental meeting by faculty teaching in those programs. Course evaluations for both didactic and clinical/practice, IDEAS, are administered within the classroom or on-line and provide timely information that can be used to improve the course. The Program Evaluation Committee at the CON is designed to interface with the NEOL DNP and PMC faculty to ensure that data specific to the measurement of student learning will be collected and evaluated. These data will inform faculty of revisions needed to ensure the sustained delivery of a quality educational program. The Program Evaluation Committee has undergone turnover in the Chair of the committee and is currently re-establishing its charter under the direction of the new Associate Executive Dean, Dr. Rita Snyder.

Prior to Dr. Snyder's arrival several methods have been proposed and implemented by the NEOL DNP and PMC programs. Among these include exit interviews of all graduates by the Practice Team Chair. The EBI Exit Assessment done for the PMC is used to gain summative feedback from students related to their experiences in the program and to provide an opportunity to compare these findings with those from other schools (see Standard IV for outcome data).

NEOL DNP

The NEOL DNP program participates in the ongoing evaluation process that includes course and teaching evaluations each semester. Individual courses and course sequencing are revised based on student and faculty feedback. DNP faculty do a curriculum review using the *DNP Essentials* as part of the process improvement initiative and use the comparison crosswalk for ongoing review of curricula (see Table 10 *Doctor of Nursing Practice Program Outcomes Cross-walked with DNP Essentials* and AONE Competencies*). In addition faculty use the SLOs and AONE competencies in the same way.

A constant comparative feedback loop elicits student input into the individual courses, assignments, overall program of studies, and course sequencing. However, as part of the process improvement initiatives, the NEOL DNP plans to solicit feedback from student surveys administered on-line through Survey-Monkey that will collect feedback from students at the midpoint of the curriculum to

guide faculty in regards to program quality, and to identify program strengths and challenges as well as timely information that can be used in the immediate subsequent semester. Evaluation results will be reviewed by the individual faculty responsible for the course, and if 30% or more of the respondents rate a particular item negatively, the faculty member will submit an action plan to improve satisfaction. These data will be given to the Program Evaluation Committee and a summary of these improvements will be presented at the Graduate and Curriculum Committee. This committee is comprised of faculty from all teams as well as student and community representatives who work together to review ongoing curriculum issues.

Post Masters Certificate

The Practice Team evaluates PMC curriculum annually, and brainstorms changes and documents meetings through minutes which are shared with faculty and administration. PMC students submit course and faculty evaluations each semester, and faculty members use their data to facilitate programmatic changes. These students are able to offer formal and informal feedback throughout their matriculation at UNM and are required to participate in an exit interview before completion of their program of study.

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STRENGTHS OF STANDARD III

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1. The content for each program uses national standards and competencies and mapping of content provides the basis for identifying gaps.
2. Students are individually evaluated across the program of study to provide feedback regarding the meeting of clearly stated student learning outcomes.
3. State-of-the-art learning labs, a simulation center, and a web-based technology learning environment, support student learning and meeting the expected outcomes.
4. Students, faculty, committees, and the community of interest are offered opportunities to provide feedback about the curriculum at all levels; curriculum revisions and changes in teaching practice have resulted from this feedback.
5. A variety of clinical sites are used with affiliation agreements that allow for a breadth of clinical experiences for students including rural and underserved areas
6. Faculty teaching in the PMC and NEOL DNP programs regularly review feedback and make informed curriculum revisions.

Table 14: Standard III Continuous Improvement Areas and Action Plans

Areas of Improvement	Action Plan
Re-integration with Program Evaluation Committee	The faculty affairs committee is working with Dr. Snyder and the Chair of the Committee to establish the integration of this committee in oversight of teaching outcomes and curricula development
Establishment of a student survey mid-term in the NEOL program	Create survey and pilot it with the proposed process beginning with the 2014 cohort.
Student evaluation of APRN preceptors and clinical sites needs to be in Typhon system	Working with Director of Typhon and Data Analyst to utilize Typhon to its full extent

New Topics professional concepts seminar course	Gap analysis of curriculum and DNP Essentials showed a deficit in ethics content
Revised N705 to include health policy into the curriculum	Gap analysis of curriculum and DNP Essentials showed a deficit in health policy content
Revised course sequencing	Continue to solicit feedback from students and faculty related to effective course sequencing.
Student reflection	A student reflection will be added to clinical courses starting in 2015. The self-evaluation will serve as a qualitative document of the students' clinical experience.
Expand OSCE's	Students will be evaluated with an additional OSCE related to more complex cases to expand on chronic medical conditions and polypharmacy.
New Gerontology Class	Will be offered starting in 2015 and may be taken by PMC students specializing in adult/gerontology.
Adult Health courses reorganized	Reorganization of content was done based on acute versus chronic and similar medical conditions.
Addition of Adult Health III	This class was added to include the management of individuals with complex medical conditions and special populations of adults and elders

STANDARD IV
PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES

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

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

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

PROGRAM RESPONSE

The program is effective in fulfilling its mission and goals as demonstrated by the collection of aggregate student outcomes. In 2010, with the reorganization of the CON, a college-wide Program Evaluation Committee was established to improve the evaluation process across all CON academic programs. A Program Evaluation Specialist was hired and the committee began work on the development of a systematic evaluation plan for CON programs. The NEOL DNP Program Evaluation Plan is in place (Appendix 19). The MSN Program Evaluation Plan was recently revised in September of 2014 (Appendix 20) using the CCNE program effectiveness standards. This plan is utilized for all advanced practice concentrations including post-master's certificate (PMC) students. Students obtaining a PMC in one of the CON advanced practice concentrations are considered to be part of that specific concentration and as such are expected to meet the same concentration specific outcomes (See Table 2, Standard I, pp 5-7) as the MSN students. Certification rates, employment rates and student satisfaction data are collected in order to monitor program effectiveness for all advanced practice RN students (APRNs). The PMC students do not participate in a separate evaluation process from the APRNs.

While the Commission on Collegiate Nursing Education (CCNE) accredited the MSN program in 2012, the PMC program as a stand-alone program was not accredited; however, the PMC students were included in graduation rates, employment rates and student satisfaction data. This report, therefore, will only include data for 2012, 2013, and 2014 when available. Note that while graduation data is separated out by PMC students, employment rates and student satisfaction data includes both PMC and MSN APRN students. It should also be noted that some of this data does not include the PNP concentration as this program does not admit students each year and has only had one PMC student who graduated in the spring of 2008 (certification exam passed).

The Program Evaluation has also undergone several changes in the past year. Unfortunately the Program Evaluation Specialist, hired in 2013, did not return in 2014. The chair position of this committee has also experienced a greater than expected turnover. The 2013 Chair of the this committee was promoted; the next Chair needed to resign due to tenure track responsibilities; and a third Chair was appointed in late fall 2014. Additionally, the Executive Associate Dean, who has oversight responsibility for program evaluation, accepted a deanship in 2013 and an interim dean was appointed. In January 2015, Dr. Rita Snyder joined the CON as the permanent Executive Associate Dean and is in the process of reviewing the structure of the CON including the duties/responsibilities of the Program Evaluation Committee.

Current Students

Evaluations of Instructor Effectiveness

The UNM Individual Development and Educational Assessment (IDEA) evaluation tool is utilized to obtain student satisfaction regarding faculty and courses, as well as progress on meeting course objectives. All faculty are required to administer the UNM IDEA forms for instructor evaluation. These evaluation forms include three overall measures of instructor effectiveness using a 5 point scale: progress on relevant objectives, teacher performance and course excellence. The University and the CON use these questions to gauge student satisfaction with teaching. Faculty can also select up to 12 learning objectives relevant to the class; rate them as "important" or "essential"; and students then rate their progress on these objectives. The form also provides an area for student comments. These results provide feedback for faculty regarding their teaching effectiveness. The IDEA forms are reviewed with the Team Chair during annual evaluations; areas of strength and/or weakness are discussed; and the results are included when faculty apply for promotion.

Evaluations of Courses

In addition to the IDEA forms, course coordinators complete an annual course report form (Appendix 21 Form and Examples of Reports) and submit these reports to the concentration coordinator. The concentration coordinator uses the course report forms as part of an annual concentration report (Appendix 22 Examples of Reports). This annual report is submitted to the Team Chair and the Program Evaluation Committee. The Program Evaluation Committee and the Curriculum Committee conduct an annual joint meeting to discuss these reports and make suggestions for curricula changes. Each team also reviews the reports and can initiate a curriculum change.

If a significant curriculum change is recommended, a faculty task force is formed to develop the proposed changes. A faculty forum may be held to discuss changes that affect more than one team. The task force then presents the changes to the appropriate team for discussion and approval. If passed, the proposal is then forwarded to the Curriculum Committee which also

discusses and votes on the proposed changes. Once the curriculum committee approves the proposal, it then goes to the whole CON faculty for a final vote. The proposed changes are then funneled through the UNM Faculty Senate Curriculum Committee for approval. Most recently the FNP concentration underwent a major curriculum revision. The revision included 4 new courses, minor revisions to the Adult Health I and II courses and the Pediatric I and II courses. Exhibit 37 contains the summary of the changes in the FNP curriculum, the motion/rationale that was presented and passed at the December 2014 faculty meeting, a power point presentation explaining the changes, and a table comparing the previous program of studies to the program of studies which will be implemented in the summer of 2015. As part of the ongoing process improvement, all new MSN courses, as well as revised courses, will be cross-walked with the CCNE Essentials of Masters Education and the NONPF Competencies to indicate which specific essentials and competencies are covered in each course. Exhibit 38 contains the new and revised syllabi for the FNP and PNP concentrations with the specific Essentials and Competencies highlighted.

Students & Alumni

Graduation/Retention Rates (not applicable for NEOL-DNP)

The NEOL DNP will track data beginning in May, 2015. Additionally, the CON Student Advisement Office has two dedicated advisors for all MSN programs as well as the doctoral programs. These advisors monitor student progression in these programs. The Concentration Coordinators for all APRN programs as well as the Program Director for the NEOL-DNP have monthly meetings in which student progression is addressed for each concentration or program. The Practice Team also allocates time at each monthly meeting to discuss student progression for all APRN concentrations as well as the NEOL-DNP.

Students in the NEOL DNP and APRN programs, including PMC students, who are having difficulty meeting course/program objectives meet with the course instructor and the appropriate concentration coordinator to develop a learning and performance contract. This contract provides an overview of the problem; discusses course and or clinical objectives not being met; outlines the evaluation strategies; and delineates goals which need to be achieved in a specific time frame for student progression. A copy of a recent student learning contract is included in Appendix 23. As we move forward to establish the role of the faculty student success coordinator for APRN concentrations it is the expectation that this faculty member will facilitate the development of a formal student performance assessment plan based on the CCNE Essentials and the NONPF competencies. In addition, students not progressing toward competency achievement will have individualized remediation opportunities developed and supervised by this faculty member. Noted in Standard I, page 24, starting in Summer 2015, a Practice Team faculty member will take on the role of student success coordinator for all advanced practice students.

Licensure and Certification Examination Pass Rates

NEOL DNP: A progression requirement for all DNP students is national certification in a relevant specialty. The majority of our students have the administrative and leadership practice background that supports eligibility for the AACN Advanced Administration Certification or the AONE Certification for Nurse Executives. With the inclusion of the new bridge courses and change in our admission criteria, students will be able to sit for whichever is the most appropriate.

Graduates of the MSN advanced practice concentrations and graduates obtaining a PMC take certification examinations after graduation. FNP graduates are eligible to sit for the certification exam offered by the American Nurses Credentialing Center (ANCC) or by the American Association (formally the Academy) of Nurse Practitioners (AANP). PNP graduates can obtain certification through ANCC or the Pediatric Nursing Certification Board. ACNP graduates can take their exam through ANCC or the American Association of Critical Care Nurses. Midwifery graduates take their exam from the American Midwifery Certification Board. The certifying bodies do not differentiate the PMC students from the MSN students and the results are for students taking the exam for the first time. All of these certification programs report their results as aggregate data to the CON.

Graduate Survey

Student perception of program effectiveness for the PMC programs is measured using the Educational Benchmarking, Inc. (EBI) exit surveys (Masters Level Nursing Exit Survey*); however,* the EBI does not distinguish between PMC students and APRNs. The surveys, based on CCNE accreditation standards, allow schools to benchmark their performance against other participating programs. Surveys are administered near the end of the last term of enrollment; completion of the survey is now expected as a graduation requirement. Aggregate results are reported back to the institution annually and reviewed by the Program Evaluation Committee.

Alumni Satisfaction Survey

Approximately 6,000 CON alumni reside in the United States. The CON has used different strategies to survey alumni. In 2009-2010 a phone survey was conducted of approximately 500 alumni. Currently the CON uses the EBI alumni assessment to survey alumni approximately every three years. The last alumni satisfaction survey was completed in 2011-2012. While the Program Evaluation Committee reviews these results, a process improvement plan is in place to more actively involve the alumni office both in terms of developing alumni surveys and reviewing survey results.

Employers Survey

Employer perception of program effectiveness for the MSN programs is measured using the EBI employer survey (Masters Nursing Employer Survey). The surveys, based on CCNE accreditation standards, allow schools to benchmark their performance against other participating programs. They are administered in 3-year cycles to the employers of our graduates in the preceding 1 to 3 years. The last two survey cycles were in 2008 and 2012. Aggregate results are reported back to the institution annually and again reviewed by the Program Evaluation Committee.

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 programs.
- *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 is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

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

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

PROGRAM RESPONSE

NEOL DNP- not applicable for graduation rates

The *graduation rate* for each program is defined as the percent of admitted students who graduate within a targeted time frame. *Retention* for each program is defined as the percent of admitted students who eventually graduate or are still enrolled in the program. For NEOL DNP and PMC programs, graduation and retention rates are calculated from the time of admission into the CON.

- MSN, advanced practice concentrations: Graduation rate calculated on seven terms of enrollment after admission (full-time study).
- NEOL DNP Concentration (full-time study)

The benchmark graduation rate for the advanced practice concentrations in the MSN program is for 75% of students to complete the program in seven terms and for 80% of all students admitted to eventually graduate. Students attend these programs on a full-time basis. UNM requires that students completing a PMC must do so within 3 years (9 terms). Admission and progression data are tracked to determine graduation rates. Advanced practice PMC graduate rates are reported in Table 15.

Table 15: MSN Advanced Practice Post-Master's Certificate Concentration Graduation Rates in Seven Terms after Admission, Retention, and Attrition

Year Admitted	Students admitted, N	Students Graduating ≤ 7 Terms, N (%)	Retention: Students graduated > 7 Terms or still enrolled, N (%)	Students Lost to Attrition, *N* (%)
AY 11-12	4	2 (50%)	1 (25%)	1 (25%)
AY 12-13	2	2 (100%)	0 (0%)	0 (0%)
AY 13-14	10	4 (40%)	2 (20%)	4 (40%)

In general the PMC program has a very low attrition rate and the majority of students complete the program in < 7 terms. However, in AY 13-14, 4 PMC students (40%) were lost to attrition. Of those 4 students, 2 were AG-ACNP students and 2 were FNP students. One of the AG-ACNP PMC students was an FNP who, after enrolling in the program, decided she did not want to be an AG-ACNP, and the second AG-ACNP PMC student dropped due to family issues. Health care issues were cited by one of the FNP students who dropped out of the program, while the second FNP PMC student accepted a job as an adult clinical specialist in the southern part of New Mexico. The two primary reasons for students taking longer than 7 terms to graduate include taking leave due to pregnancy and extending their education in order to successfully meet the program outcomes.

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

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

- *The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years.*
- *The NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year. However, if the NCLEX-RN® pass rate for any campus/site and track is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

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

The graduate program demonstrates achievement of required program outcomes regarding certification. Certification results are obtained and reported in the aggregate for those graduates taking each examination, even when national certification is not required to practice in a particular state.
- *Data are provided regarding the number of graduates and the number of graduates taking each certification examination.*
- *The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.*
- *The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

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

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

PROGRAM RESPONSE

NEOL DNP-not applicable

Certification Examination Pass Rates

The certifying organizations do not differentiate between MSN APRNs and PMC students when reporting pass rates. The nurse midwifery concentration has had 100% passing rates for 2011 -2014. Table 12 provides the passing rates for the FNP, ACNP, and PNP concentrations through 2013 (2014 results not available). The certification pass rates for the PNP students include the three cohorts that have graduated from this program (PNPs not admitted every year). Only one student has obtained a PNP PMC and that student was in the 2008 cohort. Some of the PNP students elected to take the ANCC pediatric certification exam; however, no student exam report was received for these students. Actual certification reports are contained in Exhibit 39.

Table 16: ANCC Certification Pass Rates for FNP and ACNP

Concentration	Year of Graduation	Number of Examinees	Overall ANCC Pass Rate (%)	School Pass Rate (%)
FNP	2011	8	89.37	87.50*
	2012	7	88.30	100.00
	2013	5	84.51	100.00
ACNP	2011	6	93.64	100.00
	2012	4	95.52	75.00*
	2013	3	95.87	100.00
PNP	2008	3	84%	100.00
	2009	2	86%	100.00
	2010	1	80%	100.00
	2013	8	91%	100.00

*Reflects 1 student who did not pass the exam.

The ACNP pass rate dropped to 75% in 2012; however, the pass rate for 2013 (most recent year available) is at 100%. The overall pass rate for 3 years for the ACNP concentration is 92%. Students graduating in 2015 will be the first cohort to take the AG-ACNP exam.

IV-D. Employment rates demonstrate program effectiveness.
Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.

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

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

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

PROGRAM RESPONSE

NEOL DNP- not applicable

PMC

The alumni office collects data related to employment of graduates. Table 17 lists the 9 PMC graduates from 2011through 2014 and provides a brief description of their current employment. All 9 graduates are employed for an employment rate of 100%.

Table 17: PMC Employment

PMC Concentration	Year of Graduation	Location and Type of Employment
ACNP	2011	Rural NM, hospital setting
FNP	2012	Albuquerque, pharmacy based urgent care clinic
Midwifery	2013	Las Vegas, New Mexico, midwifery & family practice
FNP	2014	Las Vegas, New Mexico, midwifery & family practice
Midwifery	2014	Albuquerque, hospital setting
FNP	2013	Santa Fe NM, Medical Center
FNP	2014	Santa Fe NM, College clinic
Midwifery	2014	Santa Fe NM, Medical Center
Midwifery	2014	Albuquerque, Primary Care Center

IV-E. Program outcomes demonstrate program effectiveness.

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

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

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

PROGRAM RESPONSE

Aggregate faculty outcomes are consistent with and contribute to the achievement of the program's mission, goals, and expected student outcomes. Teaching outcomes, scholarship/research productivity, and service contributions for all faculty members are evaluated during the annual faculty evaluation process.

Teaching

Teaching outcomes for faculty are evaluated by IDEA ratings over time. These are discussed with the team chairs during the evaluation process for individual faculty. The Practice Team faculty has primary responsibility for teaching the PMC students and the NEOL-DNP students.

All students in in the APRN concentrations are invited to participate in exit interviews in the last semester of the program. The PMC students are either included in the group interviews (NEOL, FNP, ACNP) or meet individually with the Practice Team Chair. Students who are uncomfortable with the focus group are encouraged to individually meet with the Practice Team Chair or another faculty member. Midwifery students meet individually with the Midwifery concentration coordinator. Students attending the focus group format cannot be assured anonymity, however, they are assured results are written up in a summary form is and data are reported in aggregate only. There are no individual identifiers. These summary reports are shared with the Practice Team and help to inform faculty and staff regarding needed changes within each concentration. Exhibit 40 contains the list of exit interview questions and examples of summary reports.

Students in both the NEOL DNP and PMC programs are also required to evaluate their clinical sites and preceptors as well as their faculty site visitor each term by completing evaluations via the Typhon Group's NPST™ Student Tracking System. The Practice Team Senior Program Manager compiles this information, anonymously, for review by the Concentration Coordinators. Exhibit 41 contains sample evaluation of clinical sites and preceptors.

Expected Student Outcomes

Satisfaction: NEOL DNP-not applicable

Exit Survey 2012

- Mean satisfaction score is at or above 5 in all areas (7 point scale) on the EBI Master's Level Nursing Exit Assessment for APRNs and PMC Nurses. The most recent EBI exit survey was conducted in 2012 (Appendix 24). The thirteen respondents included PMC graduates, NP and Nurse Midwifery graduates. We were unable to solely filter the survey by PMC graduates as the EBI does not generate reports for less than six responses. The mean satisfaction score is at five or more in almost all areas. While there are some scores at less than five most are within one standard deviation of five and only two are below the one standard deviation. These two items are learning outcomes for prescription drugs and learning outcomes related to clinical course work.

Alumni Survey 2012

- Mean satisfaction score is at or above 5 in all areas (7 point scale) on the EBI Master's Level Alumni Assessment. The report in Appendix 25 includes responses from 13 NPs (no differentiation between MSN NPs and PMC NPs). Only 3 Nurse Midwives responded to the EBI Master's Level Alumni Assessment, and the EBI will not generate a report for less than 6 responses; therefore this survey does not include nurse midwives. The survey contains a total of 137 questions clustered around 21 factors. The mean satisfaction score is at or above five in the majority of items. Of the 137 items, 25 items (18%) are more than one standard deviation below five. Three factors were found to contain three or more items that had a score of more than one standard deviation below five:
  - Factor 10: Enhanced understanding of health care management (understanding organizational theories; health economics & health care financing)
  - Factor 14: Enhanced prescription drugs (knowledge of pharmacokinetics; understanding drug regimens/drug side effects/drug interactions)
  - Factor 18: APN Enhanced course work (principles of genetics/immunology; patient pain management).

The alumni survey is consistent with graduate exit surveys and exit interviews in identifying student dissatisfaction with pharmacology. Changes have been made to the online advanced pharmacology course including changing texts; the addition of case studies in the first half of the course, with challenge case studies in the second half; revision of exams; an assignment related to the ethics of prescribing; case development by students; and the use of video conferencing with students.

A process improvement plan regarding the deficit of health care management content is being developed in consultation with the Director of the DNP-NEOL Program. In terms of content related to genetics and immunology, recent revisions to the FNP curriculum have been instituted to address these deficits.

In 2012 New Mexico passed a law requiring all APRNs to include 5 hours of non-cancer management continuing education (CE) to be included in the current 15 hours of pharmacology CE needed every 2 years. Although APRN graduates are not required to have these five hours of CE at the time of graduation the process improvement plan includes exploring avenues for increasing this content in all concentrations.

Employer Survey 2012

- Mean satisfaction score is at or above 5 in all areas on the EBI Employer survey for all MSN graduates. The Employer Survey EBI does not allow for filtering by MSN concentration. The mean satisfaction score on the 2012 EBI Nursing Employer Assessment was well above 5 in all areas (Appendix 26).

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

Elaboration: The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:
- *Are identified for the faculty as a group;*
- *Incorporate expected levels of achievement;*
- *Reflect expectations of faculty in their roles and evaluation of faculty performance;*
- *Are consistent with and contribute to achievement of the program's mission and goals;*
- *And*
- *Are congruent with institution and program expectations.*

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

PROGRAM RESPONSE

Aggregate faculty outcomes are consistent with and contribute to the achievement of the program's mission, goals, and expected student outcomes. Teaching outcomes, research productivity, and service contributions for all faculty members are evaluated during the annual faculty evaluation process.

Teaching

Teaching outcomes for faculty are evaluated by IDEA ratings over time. These are discussed with the team chairs during the evaluation process for individual faculty. Average aggregate scores for the Practice Team faculty IDEAS, 2012 and 2013 are presented in Table 18.

Table 18: Average Aggregate IDEA Scores for Practice Team Faculty

	Much Higher (63 or Higher) Expected Distribution 10%	Higher (56-62) Expected Distribution 20%	Similar (45-55) Expected Distribution 40%	Lower (38-44) Expected Distribution 20%	Much Lower (37 or Lower) Expected Distribution 10%
2012					
A	8%	16%	60%	8%	8%
B	0%	20%	64%	16%	0%
C	0%	24%	64%	4%	8%
2013					
A	0%	17%	52%	17%	13%
B	4%	13%	43%	30%	9%
C	4%	0%	48%	26%	22%
2014*					
A	0%	22%	61%	9%	9%
B	0%	22%	57%	17%	4%
C	0%	4%	70%	9%	17%

Note: A = Progress on Relevant Objectives; B = Excellence of Teacher; C = Excellence of Course.
  *Reflects spring and summer only; fall 2014 IDEAs not available

Our benchmark is to have all scores within the normative range and higher numbers in the "much higher," "higher," and "similar" groups in all three areas. For 2012, the scores are within the range of what is expected by the IDEA normative data. For 2013, the data showed a larger percentage in the "lower" and "much lower" categories (expected distribution 20% and 10% respectively), particularly for Excellence of Course. The 2014 spring and summer IDEAS (fall IDEAS not available) indicate an upward trend and meet the 70% benchmark.

The low IDEA scores from 2015 reflect the fact that several new faculty were hired for a practice role in a clinic and had little prior teaching experience. Since 2013 the Practice Team Chair has taken a more active role in the orientation of new faculty particularly in regards to teaching. Additionally, all new faculty contracts contain a clause requiring them to take a minimum of one course related to teaching from the Organization, Information and Learning Sciences Program (OILS) within the College of University Libraries and Learning Sciences. Many of the courses offered through OILS are on-line and are free to faculty. For courses which require a fee faculty can use UNM tuition reimbursement funds.

Research and Scholarship

While the primary mission of the Practice Team is teaching, practice, and service. Faculty are also involved in scholarly projects and research. Adjustments in workload can be negotiated with the Chair of the Practice Team for research and/or scholarship activities.

Since the 2012 CCNE accreditation site visit report, the Practice Team has received funding from the New Mexico Legislature (2014) to increase the number of primary care students in the FNP, PNP, and Nurse Midwifery concentrations. This additional funding has enabled the Practice Team to hire additional faculty and staff to meet the demands of expanding the number of primary care students from 24 to 40 annual admissions.

Realizing the need to have faculty with doctoral degrees, Dean Nancy Ridenour started a Dean's Scholar Program to assist faculty, both current and new, with financial support to obtain either a PhD or a DNP (funds can also be used to pursue an additional certification or for a post-doctoral project). At one point the Practice Team had eight faculty enrolled in doctoral programs. Of the faculty who were enrolled in programs, 2 have completed their DNP; 1 will graduate from her DNP program in Spring 2015; and 5 remain in DNP programs. All eight faculty have received financial support and/or workload support from the Dean's Scholar Program for one or more terms to complete their doctoral studies. One faculty member has also started a post-DNP, PhD program, and 2 faculty have completed post masters certificates as AG-ACNPs.

The Practice Team has two active HRSA grants. Dr. Barbara Overman, PhD, CNM is the primary investigator for the Family Health Partnerships (FHP) project grant and the Project Director for the Oral Health grant, an Inter-professional project. Both of these projects are in collaboration with a community partner, El Pueblo Health Services, a FQHC-look alike located in Bernalillo, New Mexico in Sandoval County north of Albuquerque.

- FHP: The College of Nursing received a 5 year funded project to improve access to primary care for low income minority-majority population users of Sandoval County services. Launched in 2010, the Family Health Partnerships initiative provides community and culturally based pregnancy and infancy care in an innovative group format. A team of Certified Nurse Midwives, Nurse Practitioners, and Community Health workers deliver services to families throughout Sandoval County, New Mexico. The project is supported by a federal grant from the Health Resources and Services Administration (HRSA) through June 2015.

- Oral Health: The "Innovation in Primary Care Oral Health: Inter-professional Team Practice" project is a 3 year collaboration between UNM College of Nursing, UNM Dental Residency and El Pueblo Health Services, a FQHC-LA located in Bernalillo, New Mexico, which started in September 2012. This project responds to the need for demonstrated inter-professional collaborative practice solutions to preventable yet widespread unmet oral health needs in New Mexico. The focus of the project is to develop an inter-professional collaborative practice environment that fosters innovative responses to primary care oral health needs by translating and testing evidence-based oral health interventions to build a primary care oral health care delivery model. This project also ends June 30, 2015.

  - *HRSA D11HP18976: "Improving Access to Primary Care: Faculty nurse practice partnership with Sandoval County Commons" (FHP)*   5 YR Award $3,373,895

  - *HRSA UD7HP25045: "Innovations in Primary Care Oral Health: Inter-professional Team Practice" ; Both UNM College of Nursing and Dental Medicine were sub-awardees for the grant project developed by El Pueblo Health Services located in Bernalillo, New Mexico*   3 YR Sub-award for CON $448,678

Practice Team faculty are also involved in interdisciplinary activities across the Health Sciences Center. Examples include two faculty involved in the Dental Health grant who have academic appointments with the UNM Department of Dental Medicine. Dr. Peter Jensen from the Department of Dental Medicine has a secondary appointment as a Professor in the College of Nursing. One faculty member works with the Health Sciences Center Collaborative for Hispanic/Latino Health Equity. Table 19 lists publications and presentations for faculty from the practice team. In addition many faculty members also serve as journal article and conference abstract reviewers, as well as consultants to external schools and agencies.

Table 19: Practice Team Publications and Presentations

	2012	2013	2014
Publications	2 articles	8 articles; 2 book chapters	5 (articles)
International Podium Presentations	0	0	2
International Poster Presentation	0	0	1
National Podium Presentations	5	11	8
National Poster Presentations	0	0	1
State/Local Podium Presentations	9	21	5
State/Local Poster Presentations	1	4	1

Service

Service contributions are tracked according to expectations within a given rank. Faculty members are involved in service to the CON, the HSC, UNM, and professional organizations and in other professional consultative roles. All faculty members are expected to serve the CON and each faculty member has 25% of their workload allocated to service (some exceptions exist for faculty who are in practice sites). Assignments to committees for the past few years can be found in Exhibit 42. Other service expectations are based on rank. Faculty in the non-professorial ranks serve also at the HSC and UNM level, whereas Assistant Professors are expected to be establishing a state and national reputation; faculty at the senior professorial ranks are also expected to be active at the national and international levels. Faculty CVs include service contributions and are available in Exhibit 33.

Practice

The CON has made faculty practice a priority during the last several years. A Practice Coordinator position was created in 2013 in order to manage all aspects related to practice. Ten (48%) of the 21 members of the Practice Team have between 20%-100% of their workload allocated to practice and all faculty who are at practice sites precept APRNs. The CON has had several successful practice plans; however, sustainability has been elusive. Therefore, the CON has been moving to a model of contracting with clinical sites for faculty practice with the caveat that all contracts include a provision that faculty are expected to precept students in their practice. Appendix 8 presents funded practice activities involving CON faculty.

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

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

PROGRAM RESPONSE

Faculty Complaints

Formal complaints are evaluated differently for faculty and for students. Faculty members with a complaint are encouraged first to seek an informal solution in conjunction with their Team Chair. Informal complaints are also heard by the Faculty Affairs Committee. The members of this committee occasionally hold open faculty forums to hear complaints. If this does not result in an acceptable resolution, the faculty member may make an appointment with the Executive Associate Dean and then the Dean, if the faculty member is still not satisfied with the solution. Once the Dean level has been reached, the next step, if needed, becomes formal and involves the Vice Chancellor for Academic Affairs at the HSC administration offices.

The final step involves the Chancellor for Health Sciences if all other attempts at resolution have failed. Faculty members also have the resources of UNM if they choose to solicit input. Formal complaints can also be filed with the Academic Freedom and Tenure (AFT) Committee of the University

if desired and/or with the Office of Equal Opportunities (OEO) or the American Association of Disabilities (ADA) Coordinator. These policies are in the *Faculty Handbook* http://handbook.unm.edu/ .

Faculty/Staff Complaints

The Executive Associate Dean meets with those who share concerns and then meets with the individual about whom the complaint was made. When the complaint involves staff, the Executive Associate Dean consults with the Dean and the Human Resources representative to ensure the matter is handled appropriately. In some cases, the matter results in a verbal or written warning. When the matter involves faculty, the Executive Associate Dean consults with the Dean and the Associate Vice Chancellor for the Health Sciences Center. Many cases involving staff and/or faculty conflict are managed by the conflict resolution office on the UNM Main Campus. When this is the case, the matter is managed confidentially, and no record of the meeting is made.

Student Complaints/Grievances

Student or applicant complaints, grievances, and disciplinary actions follow the stated process in the *UNM Pathfinder*; http://pathfinder.unm.edu/campus- policies/student-grievance-procedure.html. The *UNM Pathfinder* is located in Exhibit 18. A link to the Pathfinder is included in all CON student handbooks. During the past two years the Interim Executive Associate Dean managed one graduate student issue which was resolved.

Student Disciplinary Actions

The majority of student disciplinary actions involve academic dishonesty and behavioral issues. Disciplinary actions may be taken based on concerns raised by faculty, staff, or other students. Some academic honesty situations are easily managed by faculty in consultation with the team chair and/or Executive Associate Dean. In cases involving more formal disciplinary actions, such as plagiarism, the Executive Associate Dean is informed by the team Chair and/or the faculty member and the process outlined in the *UNM Pathfinder* is followed.

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

> *Elaboration: The program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement.*
> - *Data regarding actual outcomes are compared to expected outcomes.*
> - *Discrepancies between actual and expected outcomes inform areas for improvement.*
> - *Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing, and analyzed for effectiveness.*
> - *Faculty are engaged in the program improvement process.*

Program Response

The CON conducts an annual analysis of aggregate student outcome data in order to evaluate courses, concentrations and programs to ensure that students are achieving the expected outcomes.

NEOL DNP

A professional portfolio approach is used by the NEOL DNP for tracking and presenting attainment of AACN *Doctoral Essentials*, SLOs and AONE competencies as well as personal and professional accomplishments. Other outcomes will be demonstrated through the integrative Practice Residency and Capstone projects; such learning experiences are ideal for measurement of the clinical impact as these projects are designed to be disseminated through presentations at conferences, and proposals for grant funding which become a part of the public domain.

The NEOL DNP will track the activities of the graduate including the location and impact of their leadership practice in their communities and the state. Information about the practice efforts of faculty, students, and graduates will be disseminated through brochures about the program, the CON website, presentations, and publications. In an effort to build an on-going database that captures DNP graduates' experience, an exit interview is conducted by the Chair of the Practice Team. In addition, a survey is planned to collect data on all DNP graduates designed to capture similar data to the current national PhD student exit survey of earned PhDs. (Exhibit 44: UNM College of Nursing Survey of Earned Doctorates for DNPs.) As part of our process improvement, it is our hope that once we pilot this survey, we can publish our findings and propose this survey be adopted nationally as currently there is no national database for DNP graduates that are collecting these data.

We integrate our constituents as much as possible, but as part of our process improvement, The DNP will develop an advisory council to establish formal communication with managers and leaders as well as our alumni graduates. The NEOL did extensive course revisions, program or studies, and course sequencing based on survey feedback and student and faculty feedback

Post-master's Certificate

The *AACN Masters Essentials* and the *NONPF* competencies guide the evaluation of all APRN concentrations. Additionally, the Nurse Midwifery concentration is evaluated using the core competencies of the American College of Nurse Midwives. Graduate/alumni and employer surveys provide indirect data related to student outcomes, while clinical evaluations, evidence-based assignments, and comprehensive exams and/or papers provide direct evidence that students are successfully meeting their outcomes. Students obtaining a post-master's certificate are expected to meet the same outcomes as students obtaining an MSN as an APRN.

APRN- MSN/PMC Students

Students obtaining a post-master's certificate are expected to meet the same outcomes as students obtaining an MSN as an APRN. While the UNM Office of Graduate Studies requires all students obtaining an MSN to complete either a master's examination and/or thesis PMC students who have an MSN in nursing do not have to complete a final exam of this kind.

The certifying organizations do not differentiate between MSN APRNs and PMC students when reporting pass rates. The nurse midwifery concentration has had 100% passing rates for 2011 through

2013. The certification pass rate for the FNP and PNP students is at or above 80%. The ACNP students had one year, 2011, in which the pass rate was at 75%; however, this percentage was due to only one of four students not passing the exam.

The 2014 curriculum revision of the FNP concentration is the most recent example of faculty engagement in the program improvement process. This revision was in direct response to new and emerging competencies in geriatric primary care, oral health, mental health, cultural competence and interdisciplinary collaboration. The curriculum changes were also in response to graduate/alumni surveys indicating that FNPs were managing increasingly complex patients in the primary care setting, including those with multiple co-morbid conditions, common mental health issues and complexities associated with an aging population. The curriculum revision process involved the creation of a taskforce led by the FNP Concentration Coordinator. This taskforce included FNP, PNP, and Midwifery faculty as some of the courses in the FNP curriculum are also part of the program of studies in these concentrations. For example the FNP and Midwifery students take the same women's health course and the FNP and PNP students take the same ambulatory pediatric courses. Over a period of several months the faculty reviewed the current program of studies identifying strengths, weaknesses, and missing required elements. The program was also reviewed for consistency with the *AACN Masters Essentials* and the *NONPF* competencies and recent practice trends were considered. The taskforce collaborated with faculty on the Research Team for revision of core content related to research and evidence-based practice. The impact of the anticipated increase in cohort size on course delivery and clinical placements was also considered. The final program was first approved by the CON Curriculum Committee and then approved by CON faculty in December 2014. It is anticipated that the revised curriculum will be approved by the UNM Faculty Senate Committee for implementation in summer 2015. Exhibit 37 contains a comparison table of the current FNP program of studies with the proposed program of studies and syllabi for new and revised courses. Once implemented this curriculum will be evaluated using the MSN program evaluation plan (Appendix 20).

STRENGTHS OF STANDARD IV

1. Program evaluation plans are in place.
2. A Program Evaluation Committee is in place with representatives from each team to analyze data and make recommendations to various teams about the findings in the data.
3. A new Executive Associate Dean is in place and will assist the Program Evaluation Committee with the implementation of the evaluation plan and the management of the data.
4. Almost half of the Practice Team faculty are involved in practice sites where they are able to precept students.
5. CON faculty members are increasingly involved in interdisciplinary activities within the HSC.
6. The NEOL-DNP evaluation plan is in place and ready to be executed.

Table 20: Areas for Continuous Improvement for Standard IV

Continuous Improvement	Action Plan	Outcomes
Program Evaluation Committee and the Executive Associate Dean will refine the ongoing plan of action for evaluation and management of data.	Program Evaluation Committee and relevant faculty teams will review data annually and address areas that fall below benchmarks.	Improvement in courses which fall below benchmarks; improved student outcomes.
Improvements needed in the coordination and management of program evaluation data.	Executive Associate Dean in concert with the Program Evaluation Committee will refine the coordination and management of program evaluation data.	Improved availability of data-driven evidence to support curricular changes, program improvement, and faculty teaching
The Practice Team will continue to use Typhon and trial two Master's concentration for matching objectives with essentials and competencies, NEOL DNP will trial putting all site data in Typhon	DNP Program Director, Manager for Typhon will trial utilizing Typhon to its full extent	Improve ability for students and faculty to have documentation and tracking in a single system
The Practice Team faculty has begun the process of moving from a model of CON Practice Plans to a contract model for faculty practice.	The Practice Coordinator and the Chair of the Practice Team will work with the Executive Associate Dean to further refine the contract model for faculty practice.	Increase in faculty practice clinical sites resulting in greater faculty satisfaction and more faculty preceptors for APRNs
The Practice Team will develop a plan to develop a faculty member as student success coordinator for the APRNs and PMC students, given the increase in student enrollment in primary care concentrations.	The Chair of the Practice Team will work with a faculty member to develop this role to be in place by the 2015 summer term.	In progress; retain students admitted to the APRN concentrations.
The Practice Team will develop a plan to improve the advanced pharmacology course and to increase pain management content throughout the clinical courses.	Changes have been made to the The text was upgraded to one with medical case examples as well as a current copyright and available online. The 4 exams for the course are being rewritten with many case based questions with rationale. Students are required to create ethical scenarios and case studies for discussion board posting as well as problem solve cases written by faculty and peers. Additionally, students read other students posts and respond with new or expanded information plus rationale and references. Finally, the students will write challenge cases where patients are incorrectly prescribed a medication which requires the students to create an alternative pharmacologic plan.	Pharmacy course revised Improve pharmacology and pain management content for all APRNs.

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UNM College of Nursing CCNE Self Study

List of Acronyms

AACN	American Association of Colleges of Nursing
AANP	American Academy of Nurse Practitioners
ACNM	American College of Nurse Midwives
ACNP	Acute Care Nurse Practitioner
ACT-Force	Administrative Curriculum Task Force
ADA	American Association of Disabilities
AENT	Advanced Education Nursing Traineeship
AES	Academic Education Solutions
AFT	Academic Freedom and Tenure
AG-ACNP	Adult-Gero Acute Care Nurse Practitioner
ANCC	American Nurses Credentialing Center
AONE	American Organization of Nurse Executives
APRN	Advanced Practice Registered Nurses
AP	Appointment, Promotion
APT	Appointment, Promotion and Tenure
BON	Board of Nursing
BOR	Board of Regents
BSN	Bachelor of Science in Nursing
CC	Concentration Coordinator
CCNE	Commission on Collegiate Nursing Education
CE	Continuing Education
CNM	Certified Nurse Midwife
CNO's	Chief Nursing Officers
CON	College of Nursing
COP	College of Pharmacy
CTSA	Clinical & Translational Science Award
CTSC	Clinical Translation Science Center
CV's	Curricula-vitae
DNP	Doctorate of Nursing Practice
F&A	Facilities and Administration
FACNET	UNM Faculty Network Exchange of Teaching and Learning Expertise
FNP	Family Nurse Practitioner
FTE	Full-time Equivalency
GEHM	Geriatric Education and Health Maintenance
GSNA	Graduate Student Nurses Association
HPSA	Health Provider Shortage Area
HRSA	Health Resources and Services Administration
HSC	Health Sciences Center
HSLIC	Health Sciences Library and Informatics Center
I & G	Instruction and General Funds
ICSL	Interprofessional Clinical Simulation Laboratory
IDEAS	Individual Development and Education Assessment
IHSC	Interprofessional Healthcare Simulation Center
IPE	Interprofessional Education
IT	Informatics and Technology
KMIT	Knowledge Management and Information Technology Advisory Council
MSN	Master of Science in Nursing
NAPNAP	National Association of Pediatric and Neonatal Nurse Practitioners
NEOL	Nurse Executive Organizational Leadership
NEXus	The Nursing Education Exchange
NIH	National Institutes of Health

NLA	Nursing Leadership Alliance
NM	Nurse Midwifery
NMCNE	New Mexico Center for Nursing Excellence
NMEL	New Media and Extended Learning
NMHA	New Mexico Hospital Association
NMNEC	New Mexico Nursing Education Consortium
NMONE	New Mexico Organization of Nurse Executives
NONPF	National Organization of Nursing Practitioners Faculties
NP	Nurse Practitioner
NTF	National Task Force on Quality Nurse Practitioner Education's Criteria
OEO	Office of Equal Opportunities
OI&LS	Organization, Information and Learning Sciences Program
OSCE	Objective Structured Clinical Examinations
PMC	Post-Masters Certificate
PNCB	Pediatric Nursing Certification Board
PhD	Doctorate of Philosophy
PNP	Pediatric Nurse Practitioner
POS	Program of Studies
QSEN	Quality and Safety Education for Nurses
RN	Registered Nurse
RN-BSN	Registered Nurse to Baccalaureate Program
RWJF	Robert Wood Johnson Foundation
SC	Site Coordinator
SLOs	Student Learning Objectives
SOM	School of Medicine
TJC	The Joint Commission
TPT	Temporary part-time faculty
UNM	University of New Mexico
UNM-CRTC	University of New Mexico Cancer and Research Treatment Center
UNMH	University of New Mexico Hospital
UNM-HSC	University of New Mexico – Health Sciences Center
URM	Underrepresented Minority
WIN	Western Institute of Nursing

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UNM College of Nursing CCNE Self-Study 2015

University of New Mexico College of Nursing Self Study
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Executive Vice President for Administration/CFO/COO

2014-2015 Organizational Structure

```
                                    PRESIDENT
                                   Robert G. Frank


  Center for Occupational &      Exec. Vice President for           Manager
  Environmental Health           Administration/CFO/COO        Division Support Svcs
  Promotion                                                     Cenissa Martinez
  Denece Kesler                    David W. Harris


  Chief Information      UNM Controller    VP Human Resources    AVP Institutional      VP Athletics
  Officer                                                        Services               (Dual Report)
  Gilbert Gonzales      Liz Metzger        Dorothy Anderson      Chris Vallejos         Paul Krebs


  AVP Planning,         Director           Director Government   Director University    Chief of Police
  Budget & Analysis     Safety & Risk      & Community           Policy & Administrative
                        Services           Relations (Interim)   Planning               Kevin McCabe
  Andrew Cullen         Carla Prando-      Connie Beimer         Pamina Deutsch
                        Domenici
```

Appendix 1
UNM HSC Organization Chart

President
Robert G. Frank

Chancellor for Health Sciences
CEO, UNM Health System
Dean, School of Medicine
Paul B. Roth

Executive Vice Chancellor for Health Sciences
Vice Chancellor for Research
Richard Larson

Vice Chancellor Emeritus
John Trotter

Vice Chancellor For Academic Affairs
Leslie Morrison

Vice Chancellor For Diversity
Valerie Romero-Leggott

Vice Chancellor of Community Health
Arthur Kaufman

Health System Chief Operations Officer
Steve McKernan

UNM Hospitals CEO
Steve McKernan

UNM Sandoval Regional Medical Center, Inc.
President and CEO
Kevin Rogols

Health System Executive Physician-in-Chief
Michael Richards

Health System Chief Medical Officer
Carolyn Voss

UNM Medical Group President
Thomas Williams

UNM Medical Group CEO
Anthony Maciotra

Executive Vice Dean School of Medicine
Thomas Williams

Dean College of Nursing
Nancy Ridenour

Dean College of Pharmacy
Lynda Welage

CIO, Administration and Academic Systems
Executive Director, HSLIC
Holly Buchanan

Sr. Executive Officer for Finance and Admin
Ava Lovell

Executive Director, HSC Communication and Marketing
Billy Sparks

Executive Project Director
Ryan Cangiolosi

Chief Compliance Officer
Stuart Freedman

University Counsel (Health Law Group)
Scot Sauder

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Source: UNM Office of the Chancellor for Health Sciences

Dr. Nancy Ridenour
Dean

Ignacio Ortiz
Program Planning
Officer/Deans Asst

Development
Sara L Lister
Dimple Bhakta

Dr. Rita Snyder
Executive Assoc. Dean

Joseph Sanchez
Program Operations
Director

Ingrid Hendrix
HSLIC

Jodi Hennigan
Program Analyst III

Kim Norgren
Data Manager

Vacant
Admin Coordinator

Alejandro Flores,
Mgr. Technical Support
Julia Mummert
Instructional Media Project Mg
Evan Shafer
User Support Analysis II
David Cuevas
Technical Support Analyst I
Adan Ruiz
Support Tech

Len Malry
Student Services
Manager

Diana Baca
Admin Assistant III

Advisement
Ann Marie Oechsler
Academic Advisement Splst
Nissane Capps
Sr. Academic Advisor
Jeri Belsher
Student Advisement Coord.
Sara Frazier
Admissions Advisor
Quena Echeverri-Gonzales
Advisor

Ana Vigil
Financial Aid Officer
Kelsey Higgins

Marlena Bermel
Sr. Alumni Manager

Dr. Judy Liesveld
Education Chair

Nancy Morton
BSN Program Director
Jackie Wuellner
BSN/MSN Educ. Coord.
Jernny Vacek
Educ. Concent. Coord.

Faculty

Allison	Kelly
Amberg	Koronkiewcz
Baron	Ledford
Brown	Madden
Burton	Paap
Capitano	Pappler
Cwik	Parham
Dixon	Poole
Davis	Ruyak
Drexler	Serrino
Elgie	Smith
Forrest	Torres
Frances	Vacek
Griffin	Vargas
Hinkel	Wright
	Yu

Vacant
Student Success Specialist

NMNEC
Becky Dakin
Program Specialist
Melanie Sponaugle
Admin Assistant III

Shanna Schultz
APIN Prog Coord

Roxanne Roessner
Program Coordinator

Arthur Sedore, SIMS Lab Supv
Kathryn Hopkins, Staff Nurse RN

Ramona Keenan
Admin Assistant III

Dr. Carolyn Montoya
Interim Practice Chair

Joanne Haeffele, FNP Coord
Kristen Ostrem, Midwife Coord
Van Roper, Pract Coord
PJ Woods, NEOL Coord

Faculty

Addington	Marzec
Bartram	Guthrie
Cogil	Ortiz
Delucas	Ostrem
Haeffele	Overman
Hall	Schaaf
Harris	Wayland
Haynie	Weiss
Hidalgo	Woods
Levi	
Martin	

SCSP Staff
Robyn Mintz
Sr. Program Manager
Janet Werner
Program Manager
Anastasia Andersen
Program Coordinator

FHP Staff
Linda Petri
Sr Program Manager
Evita Hernandez
Lucha Herrera
Educ. Support Coord.
Amy Pilley
Research Coord.

EHS Staff
Debra Muscarella
Andrea Wiggins
GEHM Staff
Pam Iwamoto
Jean Morsch

Joanna Andazola
Program Coordinator

Dr. Beth Rodgers
Interim Research Chair

Marie Lobo
Interim PhD Prog Director

Faculty

Averill	Kimball
Boursaw	Lee
Chung	MeizeGrochowski
Cohen	Parshall
Cox	Shuster
Haozous	Tigges
Hernandez	Tinkle
	Welle

Shari Bowie
Grants Coordinator

Anne Mattarella
Technical Editor

Mary Jastrzemski
Program Plan Mgr.

Casey Burnett
Admin Assistant III

RWJF Collaborative
Director
Dr. Shana Judge

RWJF Collaborative
Faculty
Dorinda Welle
Carol Lockhart

RWJF Collaborative
Staff
Michelle Casias
Program Manager
Antoinette Sabedra
Program Coordinator
Sally Barker
Program Coordinator

Penny Fishel
Academic Operations
Officer
&
Org Services Manager

Delana Florio
Department HR Rep
Monica Garcia
HR Tech

Accounting
Sima Tubbeh
Accountant III
Reesie Chavez
Accountant II
Kathy Deeshchii'nii
Robert Schampan
Fiscal Services Tech

Vacant
Operation Specialist

Virginia Villegas
Admin Assistant III

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Updated 1/22/15

The University of New Mexico Health Sciences Center Leadership

CHANCELLOR
Paul B. Roth, MD, MS, FACEP
Chancellor for Health Sciences
CEO, UNM Health System
Dean, School of Medicine

EXECUTIVE LEADERSHIP AND VICE CHANCELLORS
Arthur Kaufman, MD
Vice Chancellor for Community Health Sciences
Professor, Family & Community Medicine

Richard Larson, MD, PhD
Executive Vice Chancellor &
Vice Chancellor for Research
Professor, Pathology

Ava J. Lovell, CPA
Senior Executive Officer for Finance &
Administration

Anthony Masciotra
CEO, UNM Medical Group, Inc.

Steve McKernan
CEO, UNM Hospitals
Health System Chief Operations Officer

Leslie Morrison, MD
Vice Chancellor for Academic Affairs
Professor, Neurology & Pediatrics

Michael Richards, MD, MPA
Executive Physician-in-Chief, UNM Health System
Professor, Emergency Medicine

Valerie Romero-Leggott, MD
HSC Vice Chancellor for Diversity &
Chief Diversity Officer
Associate Professor, Family & Community
Medicine

John A. Trotter, PhD
Vice Chancellor Emeritus, HSC Academic Affairs
Professor Emeritus of Cell Biology and Physiology

DEANS
Nancy Ridenour, PhD, RN, APRN, BC, FAAN
Professor and Dean, College of Nursing

Lynda S. Welage, PharmD, FCCP
Dean and Professor, College of Pharmacy

Thomas Williams, MD
Executive Dean, UNM School of Medicine
Professor, Department of Pathology

EXECUTIVE DIRECTORS

Melvina McCabe, MD
Executive Director for Native American Health
Professor, Family Community Medicine (FCM)

Mario Pacheco, MD
Executive Director for Hispanic Health
Clinical Professor, Family Community Medicine
(FCM)

Holly Shipp Buchanan, MLn, MBA, EDD
Chief Information Officer,
Administration & Academic Systems
Executive Director, Health Sciences Library &
Informatics Center
Professor

Anne Simpson, MD
Executive Director for African American Health
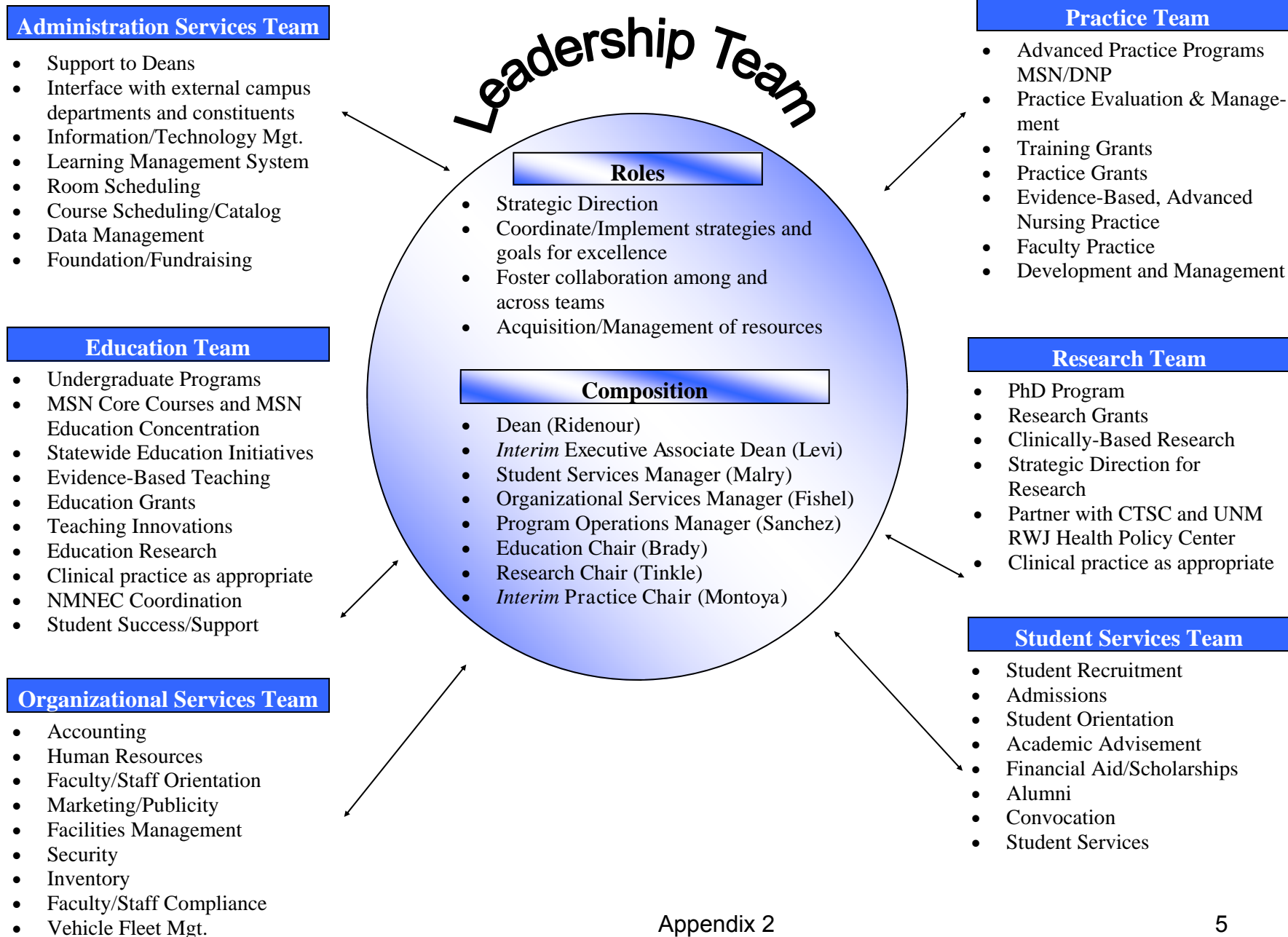Associate Professor, Internal Medicine

Billy Sparks
Executive Director, HSC Communications and
Marketing

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COLLEGE OF NURSING
Scope of Work for Teams

Administration Services Team

- Support to Deans
- Interface with external campus departments and constituents
- Information/Technology Mgt.
- Learning Management System
- Room Scheduling
- Course Scheduling/Catalog
- Data Management
- Foundation/Fundraising

Education Team

- Undergraduate Programs
- MSN Core Courses and MSN Education Concentration
- Statewide Education Initiatives
- Evidence-Based Teaching
- Education Grants
- Teaching Innovations
- Education Research
- Clinical practice as appropriate
- NMNEC Coordination
- Student Success/Support

Organizational Services Team

- Accounting
- Human Resources
- Faculty/Staff Orientation
- Marketing/Publicity
- Facilities Management
- Security
- Inventory
- Faculty/Staff Compliance
- Vehicle Fleet Mgt.

Leadership Team

Roles

- Strategic Direction
- Coordinate/Implement strategies and goals for excellence
- Foster collaboration among and across teams
- Acquisition/Management of resources

Composition

- Dean (Ridenour)
- *Interim* Executive Associate Dean (Levi)
- Student Services Manager (Malry)
- Organizational Services Manager (Fishel)
- Program Operations Manager (Sanchez)
- Education Chair (Brady)
- Research Chair (Tinkle)
- *Interim* Practice Chair (Montoya)

Practice Team

- Advanced Practice Programs MSN/DNP
- Practice Evaluation & Management
- Training Grants
- Practice Grants
- Evidence-Based, Advanced Nursing Practice
- Faculty Practice
- Development and Management

Research Team

- PhD Program
- Research Grants
- Clinically-Based Research
- Strategic Direction for Research
- Partner with CTSC and UNM RWJ Health Policy Center
- Clinical practice as appropriate

Student Services Team

- Student Recruitment
- Admissions
- Student Orientation
- Academic Advisement
- Financial Aid/Scholarships
- Alumni
- Convocation
- Student Services

Dean Nancy Ridenour
Committee, Council, and Board Commitments
January 21, 2015

External to UNM:
        NONPF – Board Member
        RWJ Executive Nurse Fellow – Alumni Board Member (Secretary)
        AAN Primary Care Expert Panel – Member
        NM Center for Nursing Excellence – Board Member

Quasi-External:
        UNM Foundation Board of Trustees – Board Member

Internal to UNM:
        UNM HSC Health Policy Council – Chair
        UNM HSC Core Leadership Group – Member
        UNM HSC Leadership Committee – Member
        UNM Health Systems Managed Care Contracting Committee - Member
        UNM HSC Workforce Advisory Committee – Member

UNM Main Campus:
        UNM Dean's Council
        UNM Development & Alumni Strategy Committee
        UNM Economic Development Council

University of New Mexico, Health Sciences Center
College of Nursing
2015 Annual Faculty Evaluation
(For calendar year 2014 faculty role activities)

Faculty Name: **Select One:**

Date: ___Clinician Educator
                                                                       ___Tenure-Track
Rank: ___Tenured

Application Instructions:
- In Section I you will list your 2014 goals (as noted in your evaluation from last year) and evaluate your achievement of these goals.
- In Sections II, III, IV, and V, complete your evaluation following the instructions provided. If you **do not have an assignment** in Practice or Scholarship, and have not completed activities in these areas, you can leave this section blank.

Submit the following documents to your team's administrative assistant:

1. The 2015 Evaluation Form (this document) in a <u>Word File</u>. Use your last name in the file name using the following format: Lastname_2015Evaluation.
2. Your updated CV in a <u>PDF file</u> using the following format: Lastname_2015CV
3. Supporting documents. All additional supporting documents (i.e. front page of your IDEAs; evidence of scholarship, etc.) should be scanned together in one <u>PDF file</u> using the following format: Lastname_2015 SupportDocs. *Note: Your CV should be sent as a separate PDF file as noted above.* If you need assistance scanning supporting documents, obtain help from the administrative assistant assigned to your team.
4. Complete required training and submit Learning Central Sheet showing completion.

Submission Deadline: February 15, 2015

Assigned Workload (Completed by Team Chair):

Term	Teaching %	Service %	Scholarship %	Practice %	Comments
Sp 12					
Su 12					
Fa 12					

Appendix 4

I. Review and Evaluation of Stated Goals for 2014 (*refer back to goals written for evaluation process last year*)

Goals for 2014	Evaluation of 2014 Goals

II.   Evaluation of Teaching

In the space below, rate yourself by placing an X in the space provided. In the comments section, provide evidence supporting your self-rating (such as summary of course evaluations, peer evaluations, extra teaching assignments not included in your workload). *Note*: IDEA evaluations for all courses you have taught are expected to be included as attachments for your evaluation.

Self-Evaluation	Team Chair Evaluation
___Below Expected ___Expected ___Above Expected **Comments:**	___Below Expected ___Expected ___Above Expected **Comments:**

<div align="center">Appendix 4</div>

III.   **Evaluation of Service**

In the space below, rate yourself by placing an X in the space provided. In the comments section, provide evidence supporting your self-rating (such as committees/task forces/organizational boards you serve on and specific contributions you have made in this area).

Self-Evaluation	Team Chair Evaluation
___Below Expected ___Expected ___Above Expected **Comments:**	___Below Expected ___Expected ___Above Expected **Comments:**

IV.   **Evaluation of Scholarship**

In the space below, rate yourself by placing an X in the space provided. In the comments section, provide evidence supporting your self-rating (such as citations of articles/chapters/books written/published, presentations, consultations, reviewer activities, etc.).

Self-Evaluation	Team Chair Evaluation
___Below Expected ___Expected ___Above Expected **Comments:**	___Below Expected ___Expected ___Above Expected **Comments:**

Appendix 4

V.   Evaluation of Practice

In the space below, rate yourself by placing an X in the space provided. In the comments section, provide evidence supporting your self-rating (such as specific clinical practice areas in which you have been involved and evidence of outcomes/contributions made in this capacity).

Self-Evaluation	Team Chair Evaluation
___Below Expected ___Expected ___Above Expected **Comments:**	___Below Expected ___Expected ___Above Expected **Comments:**

Faculty Additional Comments:

Team Chair Additional Comments:

Signatures

Faculty: _____   Date: _____

Team Chair: _____   Date: _____

Executive Dean: _____   Date: _____

Dean: _____   Date: _____

Appendix 4
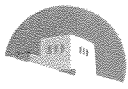
This contract is entered into by the University of New Mexico ("University"), ██████████████████ ("Faculty Member"), under and pursuant to the HSC Faculty Compensation Plans (adopted by College of Nursing (CON) 2012, College of Pharmacy (COP) 2011, and School of Medicine (SOM) 1999) by and all applicable departmental and divisional compensation plans and arrangements. Faculty Member is hereby appointed a member of the faculty of the University subject to conditions set forth in subsequent paragraphs.

1. The period of this contract is from 7/1/2014 to 6/30/2015.

2. Faculty Member appointment status and code are:

Appointment Code: C
Appointment Code explanation is on the back of this contract

██████████

FTE █

3. Faculty Member's annual salary under this contract is ██████ which includes a Base component of ██████ a Performance Supplement component of ████, and a VAMC component (if applicable) of ████ University will pay ████ of Faculty Member's annual salary. In addition to the contract salary, the University may, at its sole discretion and pursuant to guidelines approved by the appropriate Dean and pursuant to the Faculty Compensation Plan adopted (as noted above) and applicable departmental and divisional compensation plans and arrangements, augment the Faculty Member's annual salary. If the salary is to be so augmented, the additional amount will be paid in the Incentive component of compensation. If this is a part-time contract, the full-time equivalent salary will be ████

4. This contract includes in the Administrative Supplement B Component or other specific administrative supplemen ████ for administrative services. Administrative assignments may be terminated by either party during the period of this contract. Should this occur, the University reserves the right to make an appropriate adjustment in Faculty Member's annual salary.

5. Faculty Member agrees to obtain and maintain in good standing such professional licensure as is required to fulfill the obligations, responsibilities and clinical duties assigned in conjunction with this appointment by Faculty Member's Chair, Team Leader or Dean; Faculty with clinical duties agree to (a) to obtain and maintain in good standing professional staff appointments and clinical privileges at clinical components of UNM Health Sciences Center, VAMC (if applicable), and/or other health care facilities to which assigned, including facilities owned and/or operated by UNMMG and (b) to maintain eligibility for payment from all applicable federal health programs, including, but not limited to Medicare and Medicaid. Notwithstanding any provision in University Policies to the contrary, failure to obtain and maintain such licensure, appointments, privileges and eligibility shall constitute an admission of "adequate cause" for terminating this contract and Faculty Member's faculty appointment within the meaning of the UNM Faculty Handbook.

6. Faculty Member agrees to comply with and be bound by the policies, procedures and rules of the University, the UNM Faculty Handbook, Health Sciences Center and associated College or School policies as now and hereafter enacted, and by all applicable federal and New Mexico laws and regulations. Faculty Member acknowledges and agrees to comply with the terms of the University's Intellectual Property Policy (UNM Faculty Handbook Policy E70).

7. This Contract incorporates the terms of the Letter of Offer to Faculty Member, including any time periods specified in the Letter of Offer. In the absence of specified time periods, the terms of the Letter of Offer are incorporated only during the first 12 months of employment. In the first and subsequent years of employment, this Contract incorporates the terms of the Faculty Member's Faculty Compensation Plan sheet—executed by the Faculty Member's department and signed by the Faculty Member—for the time period covered by this Contract, as well as any written annual performance plan for the Faculty Member that covers the same time period. This Contract also incorporates the terms of any letter of agreement, memorandum of understanding or other written agreement executed by the Faculty Member and an authorized administrator of the University of New Mexico, the terms of which are clearly intended to be applicable during the time period covered by this Contract. The Faculty Member acknowledges that other than the obligations by the University that are incorporated by reference in this paragraph, this Contract contains the entire agreement between the Faculty Member and the University. The Faculty Member further acknowledges that: (a) nothing in this Contract creates any obligation on the part of the University, or any legitimate expectation on the part of the Faculty Member that employment will continue beyond the end date of this Contract, except as expressly undertaken herein or as provided in the policies, procedures and rules referenced in Paragraph 6 above; (b) there is no collateral agreement or understanding between the Faculty Member and the University not referenced in this Contract; and (c) any amendment or addition to this Contract must be in writing and signed by the Chancellor and has no legal effect unless and until that is done.

The following paragraphs apply as indicated below:

COP and SOM Only:

8. In the event that Faculty Member is employed by Veterans Affairs Medical Center of Albuquerque ("VAMC"), either a portion, or all, of the total salary due to Faculty Member will be paid directly to Faculty Member by VAMC. Any amount to be paid by VAMC is not guaranteed by the University. In the event the VAMC component of compensation changes at any time during the term of this Contract, the University reserves the right to make an appropriate adjustment in the University component.

9. Attached to this Contract is an Addendum concerning affiliation with UNM Medical Group, Inc. ("UNMMG") and reassignment of all Fee Income to UNMMG as defined therein. The terms, conditions, and provisions of the Addendum shall be deemed to be incorporated herein by reference as though set forth fully herein.

10. Faculty Member agrees to abide by the terms of the Addendum and the policies and procedures adopted by UNMMG, and to remain affiliated with UNMMG in accordance with the Addendum.

11. If the Faculty Member resigns as a UNM employee, the Faculty Member will provide the University with four (4) months written notice in advance of the intended termination date. Failure by the Faculty Member to provide such notice will be cause for the Faculty Member to be liable for payment to the University of a penalty of up to three (3) months of compensation (including the value of fringe benefits) for employment under the Faculty Member's current employment contract with the University.

Clinician Educator Professorial Ranks: UNM College of Nursing
Criteria For Appointment and Promotion

Criteria for Appointment:		
Clinician Educator Assistant Professor	**Clinician Educator Associate Professor**	**Clinician Educator Professor**
- Earned Doctoral Degree - Earned graduate degree in nursing (Masters or doctorate) - Evidence of Successful formal or informal teaching - Minimum of two years nursing practice experience in area of expertise-	-Earned Doctoral Degree -Earned graduate degree in nursing (Masters or doctorate) -Meet criteria of the College for advancement to Clinician Educator associate professor	-Earned Doctoral Degree -Earned graduate degree in nursing (Masters or doctorate) -Meet criteria of the College for advancement to Clinician Educator Professor
Criteria for Promotion: Typically, promotion from Assistant to Associate Clinician Educator occurs after five years, and promotion from Associate to Clinician Educator Professor occurs after five years.		
TEACHING		
Evidence of successful formal or informal teaching	A record of progressive teaching effectiveness and expertise, academic leadership and collaboration. *Evaluated by current college norms for teaching quality and assignments.*	Demonstrated teaching effectiveness, academic leadership and collaboration. *Evaluated by current college norms for teaching quality and assignments*
SCHOLARSHIP AND PRACTICE		
Evidence of interest and skills in education or clinical practice. Interest in applied and collaborative integrated scholarship.	A record of progressive scholarly contributions in education, or clinical practice. *Evaluated by evidence of state, regional and community dissemination.*	Demonstrated sustained scholarly contributions in education or clinical practice. *Evaluated by evidence of wider dissemination.* *Evaluated by mentorship of junior faculty and students.*
SERVICE		
Clinician Educator Assistant Professor	**Clinician Educator Associate Professor**	**Clinician Educator Professor**
Evidence of participation in professional service activities. Potential for leadership in service.	Overall: A record of progressive participation and initiative in institutional, professional, and community service. *Evaluated by evidence of participation in college, clinician and professional community venues.*	Overall: Demonstrated sustained, initiative and leadership in institutional, professional and community service. *Evaluated by evidence of leadership in college, clinician and professional venues*

UNM College of Nursing
FACULTY PEER/SELF EVALUATION GUIDE
CLASSROOM TEACHING

_____
Date

Course/Evaluation Setting   Relationship of evaluator to person being evaluated
_____   _____

_____   _____
Signature of Person being evaluated   Signature of Evaluator

Directions: The purpose of this guide is to provide feedback and direction to a College of Nursing faculty member for use in self-development.

Part I.   Read each of the statements. Rate the faculty member's performance for each statement using the following scale:
3   Exhibits this pattern of behavior most of the time
2   Exhibits this pattern of behavior some of the time
1   Rarely or never exhibits this pattern of behavior
0   This pattern of behavior may occur, but the evaluator has had no opportunity to observe it.

For each "1" rating, please comment under Part II, B, areas for growth

	Rate	Criteria
1.		Organizes and presents material in a logical sequence
2.		Uses a variety of teaching methods, i.e., case studies, role playing, contracts, audiovisual aids.
3.		Provides information at an appropriate level for students.
4.		Explains new concepts and ideas by relating them to familiar concepts.
5.		Motivates student learning and gives positive reinforcement to students when appropriate.
6.		Demonstrates a broad and accurate command of the subject matter.
7.		Gives explanations that are clear and to the point' provides alternative explanations when needed.
8.		Answers questions clearly and concisely.
9.		Makes good use of examples and illustrations.
10.		Uses creative teaching strategies to increase student involvement in the teaching/learning process.
11.		Encourages critical thinking and problem-solving among students.
12.		Treats the student with respect.
13.		Promotes a positive classroom atmosphere which encourages open sharing of ideas and opinions.

Part II.
A. Please list this faculty member's greatest strengths.

B. Please list area(s) in which this faculty member should strive for growth.

Part III.   (To be completed by the person being evaluated)

List goals for growth you have set yourself, to be worked toward during the next evaluation period.

Name of CON Clinical Activity	Population Focus	Contract Agency	Key CoN Faculty & Personnel	Practice Team Faculty Assignment
GEHM (Geriatric Education & Health Maintenance	Geriatric Residents in Albuquerque	City of Albuquerque	2 part time RN staff. Supports UG IPE student rotations.	N/A
Early Head Start Health Services	Early Childhood and families in the ABQ community	City of Albuquerque	3 part time RN staff. Supports UG student rotations.	N/A
Family Health Partnerships	Perinatal families in Bernalillo & Sandoval County communities	HRSA-funded grant & El Pueblo Community Health Center, Bernalillo	Part time faculty FNPs and CNMs. Part time admin staff. Community Health Workers. Supports UG & APN student rotations.	Christy Cogil-20% Rachel Marzec-50% Felina Ortiz-60% Barb Overman-30% Jan Martin-30%
Architecture, Construction & Engineering (ACE)- Leadership (ACEL) SBHC	High School-aged children in ABQ Charter School	ACEL Charter School	Part time faculty FNP. Supports UG & APN student rotations.	Keith Haynie-40%
Young Childrens Health Care Center	Young Children in ABQ and their families	UNM School of Medicine	Part time faculty FNP.	Rachel Marzec-50%
UNM School of Medicine Senior Care	Seniors in ABQ with primary care needs	UNM School of Medicine	Part time faculty FNP. Supports UG & APN student rotations.	Judith Harris-50%
First Nations Community Clinic	Underserved populations of Bernalillo Co.	First Nations	Part time faculty FNP. Supports APN student rotations.	Amy Weiss-40%
ABQ Health Partners Pediatric Clinic - Journal Center	Pediatric primary care	ABQ Health Partners	Part time faculty PNP. Supports APN student rotations	Tamara Hall-40%
Presbyterian Hospital Midwifery Services	Obstetrical/gynecological tertiary care	Presbyterian Healthcare Services - ABQ	Part time faculty CNM. Supports APN student rotations	Kristen Ostrem-20%

UNM COLLEGE *of* NURSING

Admin Team
Strategic Plan 2012 – 2017

Mission Statement:
To provide innovative services to support the mission of the College of Nursing by creating a framework of fiscal responsibility, technology solutions and academic and administrative leadership

Vision Statement:
As a team, provide the most efficient, effective and sustainable infrastructure for the support and advancement of nursing education and delivery in alignment with the CON's Mission, Vision, and Priorities.

Core Values:
- Innovation
- Respectfulness and professionalism
- Integrity
- Open minded and caring
- Customer-oriented
- Reliability
- Excellence
- Self-motivated
- Engaged

Goals:
1. To increase sustainability and visibility
2. Encourage the use of technology
3. Foster communication and relationships
4. Inspire and support academic and administrative leadership

Scope of Work
External

- Represent CON on local, state, national, and international level (Deans)
- Interface with AACN/CCNE/HED/Board of Nursing and other regulatory agencies
- Interface with Deans/Directors other programs
- Interface with funding agencies and actual/potential donors

UNM/HSC

- Represents College of Nursing at UNM and HSC level
  - President and Provost, HSC Vice President (Dean)
  - Board of Regents (Dean)
  - HSC Education Deans Group (Executive Dean)
  - Provost Committee on Assessment (Executive Dean)
  - Registrar, Scheduling, Catalog (Executive Dean/Data Manager)
  - HSC development meetings (Development Officer)
  - HSC Technology Group (System Administrator)

College of Nursing Admin Team

- Continuous presence/coverage for Office of the Deans
  - Primary coverage maintained by Assistant to Dean/Admin Assistant to Executive Dean
  - Primary point of contact for CON phone number
- Central Communication regarding CON events, announcements, updates, decisions
- Interface and communication with CON Teams and Groups
- Sustainability and Compliance Management
  - Ensures programs, policies, and practice are in compliance with federal, state, and local regulatory requirements
  - Supports the Leadership Team projects in the areas of efficiency and sustainability
  - Examines areas of opportunity to sustain current projects
  - Explores new venture opportunities for the CON
  - Collaborates with other Nursing Institutions in the sharing of business practices
- Technology Support Management
  - Systems/Accounts management (i.e. Groupwise, SharePoint, online application, NBH)
  - Computer/Equipment management (faculty/staff/Classrooms/Computer lounge)
  - User support
  - Planning for evolving technology needs
  - Blackboard Learn Support / IDEA for web courses
  - CON Website Maintenance/Updates (in collaboration with "content owners")
- Scheduling of courses and space (in collaboration with Team Leaders/Managers)
- Convocation (in collaboration with Student Services)
- College of Nursing Reports (AACN/HED/BON/HSC, etc.)
- Data management
- Development of revenue opportunities
- CON parking reservation for space N18 and N22

CoN Strategic Planning Retreat

October 31, 2011

SUMMARY: Practice Team Strategic Plan

Team Mission:

- Educate nurses for advanced nursing practice to increase the workforce and reduce health disparities using evidence based discovery and application

- Improve access to quality advanced practice nursing care for individuals, communities, and health systems using innovative practice and leadership approaches

Team Vision:

- Every New Mexican has access to quality health care by advanced practice nurses.

- The College of Nursing provides exemplary culturally sensitive education and practice programs. It is the program of choice, preparing graduates for:

    - Practice with rural and underserved populations

    - Leadership to shape clinical and policy environments

Team Priorities:

- By 2013, the College of Nursing will have a Practice Plan that includes an organizational structure, processes, and governance to guide practice activities of the College of Nursing.
- Provide exemplary advanced nursing practice education, which is responsive to state and national needs and an evolving health care system.

Strategic plan was developed over five months in 2011, with facilitation from UNM Human Resources. "Completed" end of September.

Team will continue to meet milestones and refine our strategies. The team has created two subgroups to work on the priorities and intends to move subgroup members after six months, in order to increase awareness of opportunities and likelihood perspectives and ideas will be shared.

Appendix 9

University of New Mexico, College of Nursing
Advanced Practice Post Master's Nurse Executive Organizational Leadership DNP (NEOL DNP) – Gap Analysis

Applicant Name _____ Credentials: _____

 Applying to: NEOL DNP

Previous Master's Degree: _____ Degree Granting Institution/s: _____

Year/s _____

Is applicant nationally certified as a Nurse Executive and/or other? List certifications: _____ Is/are national certification/s current? _____
 _____

Currently working in a leadership role? (Describe role, employment in last 5 years)

CON- MSN PROGRAM STANDARD COURSES FOR INDIVIDUALS WITH EDUCATION, INFORMATICS OR CLINICAL MSN's (or other is determined by faculty)

Courses Completed	Credit Hours	Grade	Equivalent UNM CON Course	Does student transcript meet course content and CON-MSN competency for required course?
General Master Administration Core				
Quality				
Human Resources				
Finance				
Organizational Behavior				

Appendix 10

DNP CLINCAL/PRACTICE HOURS AWARDED TOWARDS 1,000 REQUIRED HOURS

Course/Practicum Completed	Credit hours	Credit equivalency for practice hours e.g. 1cr=50 hours	Grade	Are transcript, syllabi and or ltr from school present and acceptable?	How many clinical/practice hours awarded?
Total Hours Awarded					
Maximum from NEOL 700 practice hours					
Total hours waived or needed				If additional practice hours needed how will student get them? Additional residency or capstone hours, elective with practice hours in it? Independent study, etc.?	

Appendix 10

18-19

University of New Mexico, College of Nursing
Advanced Practice Post Master's Certificate (PMC) – Gap Analysis

Applicant Name:	Credentials:	Date of Analysis:
Applying to: ☐AG-ACNP ☐FNP ☐PNP ☐Midwifery ☐Education		Faculty Reviewer:

Previous Master's Degree:	Granting Degree's Institution:	Year:

Is Applicant national certified as an APRN?	Is national certification current:

Currently working in an APRN role? Describe role, employment in last 5 years)

Does Applicant have a pharmacology/prescribing license?

CON- MSN PROGRAM STANDARD COURSES

Courses Completed	Credit Hours	Grade	Equivalent UNM CON Course	Does course content meet UNM CON competency for required course? If no, how will student meet competency (ie, independent study, performance testing, etc)
General Master Core				
Research in Nursing				
Nursing Theory				
Health Care Policy				
Masters Clinical Core				
Advanced Health Assessment across the lifespan				
Pathophysiology across the lifespan				
Pharmacology across the life span				
Other Pertinent Courses				

DNP NEOL Concentration Overview <mark>for 2015 admissions only</mark>

	Year I (2015)	Year II (2016)
Sum	N725 Principles in Advanced Management N702 Applied Epidemiology in Advanced Nursing Practice (3 cr) Total: 6 credits; 50 practice hours	N727 Innovations & Informatics (3 cr, 2cr didactic, 1 cr practice, 50 practice hrs) Elective (3cr; N642 Applied Health Economics, N793 Advanced Professional Concepts, NeXUS or other with permission of advisor) N797 Capstone/Project 1 cr- 50 practice hours Total: 7 credits; 100 practice hours
Fall	N620 Advanced Health Care Statistics I (3 cr) N705 The Business and Policy of Practice & Their Influence on U.S. Health Care System 3cr *N796 Capstone Seminar (1cr; 50 practice hrs) Total: 7 credits; 50 practice hours	N726 Leading Organizational Change (3 cr; 2cr didactic, 1 cr practice, 50 practice hrs) *N795 DNP Residency (1-2cr; 50-100 practice hrs) N797 Capstone/Project 1 cr, -50 practice hrs) Total: 5-6- credits; 150-200 practice hours
Spg	NURS 703 Applied Clinical Research in Advanced Nursing Practice (3 cr) N706 Organizational Systems/Quality (3cr) N796 Capstone Project (1cr, 50 practice hrs) Total: 7 credits; 50 practice hours	N797 Capstone/Project 2-3 cr; 100-150 practice hours) N795 Residency 1-2cr 50-100 practice hrs Total: 3-4 credits practice; 150-250 practice hours
Total	Total Credits: 20 Practice Hours: 150	Total Credits: 15-17cr Practice Hours: 400-550-
	Total Program Credits: 35-37 Practice Hours: 550-700	

*N795 Residency/capstone dependent on prior master's clinical/practice hours (minimum 2 credit required in addition to 6 credits of capstone including NURS 796).

UNM COLLEGE *of* NURSING

Family Nurse Practitioner Curriculum

Graduate education in nursing builds on the baccalaureate curriculum; students are expected to enter the program with prerequisite coursework and clinical nursing competence. Specific areas that will be built upon, but not repeated at the graduate level, include: basic anatomy, physiology and pathophysiology; introductory pharmacology; basic growth and development; basic physical and psychosocial assessment; basic statistics; interviewing and development of therapeutic relationships; and community health nursing. Students who seek admission without some of these competencies will need to take personal responsibility for acquiring them. The College of Nursing and the University of New Mexico have coursework, clinical opportunities, and faculty available to assist students, if necessary, prior to entering the program.

The total program consists of 52 credits and requires six terms of full time study. Over 800 hours of clinical experience are included in the program. The curriculum consists of general core courses required of all graduate students and specialty courses.

Six Term Schedule (Effective January 2014)

SUMMER – TERM I

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N501 Theoretical Foundations of Advance Nursing Practice	3	3		
N503 Research in Nursing I	3	3		
N526 Pathophysiology for Advanced Nursing Practice	3	3		
TOTAL	9	9		

FALL – TERM II

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N504 Evidence Based Practice in Nursing & Health Care	3	3		
N505 Health Care Policy, Systems & Financing for Advanced Practice	3	3		
N540 Advanced Health Assessment and Diagnostic Reasoning	4	2	2	96(lab)
TOTAL	10	8	2	96

SPRING – TERM III

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N543 Pharmacological Principles of Clinical Therapeutics	3	3		
N548 Women's Health	3	1.5	1.5	72
N541 Antepartum	1	1		
TOTAL	7	5.5	1.5	72

SUMMER – TERM IV

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N542 Ambulatory Pediatrics I	4	2.5	1.5	72
N535 Adult Health I	4	2	2	96
OPTIONAL Elective N593 Diagnostic Reasoning & Case Studies	1	1		
TOTAL	8 – 9	4.5 – 5.5	3.5	168

FALL – TERM V

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N546 Ambulatory Pediatrics II	4	2	2	96
N536 Adult Health II	5	3	2	96
TOTAL	9	5	4	192

SPRING – TERM VI

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N596 Professional Paper or N597 Exam	1	1		
N595 Fieldwork	7		7	336
N594 Advanced Practice Seminar	1	1		
TOTAL	9	2	7	336

In Term III, the clinical courses (N544/N541 and N548) are common to both FNP and Nurse-Midwifery specialties. In the second half of the semester, however, each group will concentrate on its own specialty content. Classes in Terms III through VI are taught in consecutive concentrated days in two or three-week periods throughout the semester. Clinicals are arranged in two blocks between the didactic sessions. Clinicals may require travel to rural facilities in New Mexico or neighboring states; this will have additional financial implications. Semester VI is almost exclusively clinical practicum, with seminars arranged as needed.

The Primary Care concentration requires a full time commitment. The core and specialty courses are offered sequentially and only once per year. Students with existing graduate degrees in Nursing (Master's or Doctorate) who seek admission to the FNP program may obtain a Post-Master's Certificate. Applications from post-master's students are considered along with all other applications.

PNP CONCENTRATION
Program of Studies 9/14

SUMMER – TERM I

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N501 Theoretical Foundations of Advance Nursing Practice **ONLINE CLASS ONLY**	3	3		
N503 Research in Nursing I **ONLINE CLASS ONLY**	3	3		
N526 Pathophysiology for Advanced Nursing Practice **ONLINE CLASS ONLY**	3	3		
TOTAL	9			

FALL – TERM II

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N504 Evidence Based Practice in Nsg & Hl Care **ONLINE CLASS ONLY**	3	3		
N505 Health Care Policy, Systems & Financing for Advanced Practice **ONLINE CLASS ONLY**	3	3		
N539 Advanced Pediatric Health and Developmental Assessment	4 (1 hour of lab credit)	2	1	48
TOTAL	10			48

SPRING - TERM III

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N543 Pharmacological Principles of Clinical Therapeutics **ONLINE CLASS ONLY**	3	0	0	0
N549 Adolescent Health	3	1.5	1.5	72
TOTAL	6			72

SUMMER - TERM IV

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N542 Ambulatory Pediatrics I	4	2.5	1.5	72
OPTIONAL Elective N593 Diagnostic Reasoning & Case Studies	1-2	2		
TOTAL	4 -6			72

FALL - TERM V

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N546 Ambulatory Pediatrics II	4	2	2	96
N547 Pediatric Chronic Illness/Special Needs	5	3	2	96
TOTAL	9			192

SPRING – TERM VI

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N596 Professional Paper or N597 Exam	1			
N595 Fieldwork	7		7	336
N594 Advanced Practice Seminar	1			
TOTAL	9			336

TOTAL CREDIT HOURS = 47-49   **TOTAL CLINICAL HOURS = 720**

25

Appendix 14

Adult Gerontology Acute Care Nurse Practitioner Curriculum

Since graduate education in nursing builds on the baccalaureate curriculum, students are expected to enter the program with prerequisite coursework and clinical nursing competence. Specific areas that will be built upon, but not repeated at the graduate level include: basic anatomy, physiology and pathophysiology; introductory pharmacology; basic growth and development; basic physical and psychosocial assessment; basic statistics; interviewing and development of therapeutic relationships; and community health nursing. Students who seek admission without some of these competencies will need to take personal responsibility for acquiring them. The College of Nursing and the University of New Mexico have coursework, clinical opportunities, and faculty available to assist students, if necessary, prior to entering the program.

The AG-ACNP concentration requires full time commitment since the specialty courses are offered sequentially and only once per year. The core curriculum is offered each semester, and sometimes during the summer session. Students who seek admission with existing graduate degrees in nursing (Master's or Doctorate) will be able to pursue the AG-ACNP curriculum as a Post-Master's certificate. However, their applications are considered along with all other applications. Clinical rotations are arranged in blocks between the didactic sessions. Clinical rotations may require travel to rural facilities in New Mexico or neighboring states; this will have additional financial implications. Semester VI is almost exclusively clinical practicum, with seminars arranged as needed.

The total program consists of 56 credits and requires six (6) terms of full time study. Approximately 800 hours of clinical experience are included in the program. The curriculum consists of general core courses required of all graduate students and specialty courses.

Six (6) Term Schedule (Revised January 2014)

Summer – Term I

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N501 Theoretical Foundations of Advanced Nursing Practice	3			
N503 Research in Nursing I	3			
N526 Pathophysiology for Advance Nursing Practice	3			
TOTAL	**9**			

Fall – Term II

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N540 Advanced Health Assessment & Diagnostic Reasoning	3	2	1 (Lab)	50
N543 Pharmacological Principles of Clinical Therapeutics	3			
N564 Health Promotion, Protection, and Disease Prevention for Acute, Critical, or Chronically Ill Adults	2			
N593 Topics	3			
TOTAL	9		1	**50**

Spring – Term III

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N505 Health Care Policy, Systems & Financing for Advanced Practice	3			
N560 Differential Diagnosis for Advanced Practice	3			
N572 Iatrogenesis in the Elderly	3	2	1	50
TOTAL	**9**			**50**

Summer – Term IV

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N561 Applications to Practice 1 – Introduction to the Acutely Ill	5	2	3	150
N566 Advanced Diagnostic & Therapeutic Skills	3	2	1 (Lab)	50
N571 Geriatric & End of Life Concepts for Advanced Practice Nursing	2	2		
TOTAL	**10**	**6**	**4**	**200**

Fall – Term V

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N562 Complex Patient Analyses & Treatment	3	3		
N563 Applications to Practice 2 – The High Acuity Patient	5		5	250
N593 Topics	2			
TOTAL	**10**			**250**

Spring – Term VI

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N594 Advanced Practice Seminar	1			
N596 Professional Paper or N597 Exam	1			
N595 Advanced Fieldwork	7		7	350
TOTAL	**9**			**350**

26-28

TOTAL CREDITS = 56

AG-ACNP Revised 1.22.15

Appendix 15

TOTAL CLINICAL HOURS = 800 (+100 Lab hours)

Appendix 15

Nurse-Midwifery Curriculum

The curriculum consists of general core courses required for all graduate students and specialty courses as delineated below:

Since graduate education in nursing builds on the baccalaureate curriculum, nurse-midwifery students are expected to enter the program with prerequisite course work. Specific areas that will be built upon, but not repeated at the graduate level include: basic anatomy, physiology and pathophysiology; introductory pharmacology; basic growth and development; basic physical and psychosocial assessment; basic statistics; interviewing and development of therapeutic relationships; and community health nursing. Students who seek admission without some of these competencies must take personal responsibility for their acquisition. If this is necessary, the College of Nursing and the University of New Mexico have course work, clinical opportunities and faculty available to assist students in this process prior to entering the program.

Advanced Clinical Nursing Practice
Nurse-Midwifery Concentration Curriculum Plan

SUMMER – TERM I

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL HOURS
N501 Theoretical Foundations of Advance Nursing Practice	3	3	
N503 Research in Nursing I	3	3	
N526 Pathophysiology for Advanced Nursing Practice	3	3	
TOTAL	9	9	

FALL – TERM II

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL HOURS
N504 Evidence Based Practice in Nsg & Hl Care	3	3	
N505 Health Care Policy, Systems & Financing for Advanced Practice	3	3	
N540 Advanced Health Assessment and Diagnostic Reasoning	4	2	96
TOTAL	10	8	96

SPRING – TERM III

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL HOURS
N543 Pharmacological Principles of Clinical Therapeutics	3	3	
N548 Women's Health	3	2	48
N544 Antepartum/Postpartum	6	3	144
TOTAL	12	8	192

SUMMER – TERM IV

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL HOURS
N544: Antepartum/Postpartum (continued)	1		48
N548: Women's Health (continued)	1		48
N550: Intrapartum	3	2	48
N552: Evidenced-Based Care in Nurse-Midwifery	1	1	
TOTAL	6	3	144

FALL – TERM V

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL HOURS
N550: Intrapartum (continued)	6	1	240
N551: Newborn	3	2	48
TOTAL	9	3	288

SPRING – TERM VI

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL HOURS
N595: Advanced Fieldwork in Nursing	7		336
N597: Professional Examination	1		
N553: Nurse-Midwifery Professional Practice	1		
TOTAL	9		336

Total Credit Hours: **55**

Total Clinical Hours: **1056**

A. **Residency Experience:** The Individualized residency experience is focused on synthesis of the healthcare systems leader in an advanced practice role based on an evidence-based practice approach designed to bring high level change in a clinical system. Students will determine individual goals and how they will meet the course learning objectives consistent with the learning contract negotiated with a preceptor and approved by faculty. Placement will be based on student's practice interest and the availability of preceptors. Students will apply concepts, competencies, essentials and principles of clinical practice or executive administration and management in a leadership role.

B. **Pre-practice forms and requirements**: Students must complete all pre-practice forms and requirement prior to beginning the residency. Prior to starting your residency, the requirements for student placement must be met (see Appendix A**).**

C. **Proposed Statement of Work Residency Project: Clinical Hours & Timeline:** This includes all the elements you plan to do including an intervention as well as Course Goals & Objectives: Specifically state how you will meet each of these objectives in concurrence with your preceptor and sign off on by your faculty of record (See Appendix B Part I). This problem, or issue, may be suggested by the preceptor or identified by the student in the practicum organization. You must confirm the nature and scope of the project with your course faculty as well and include major timelines for project completion (See Appendix B Part II). **This is due to your faculty of record by Sept 9ᵗʰ at 11:00PM**

D. **Clinical/Practice Residency Hours.** This includes meetings (try to get assigned to key meetings if they really fit your topic) seminars, key informant interviews as determined by your preceptor. Remember this section is the bulk of your residency and where you will track and log your time based on meeting your objectives. This can be fluid and change as you get into your project. This is ongoing and should start when you start and continue until you have reached a minimum of clinical/practice hours need to graduate per your portfolio review letter. Clinical/Practice hours to be documented per DNP Residency Goals and Hours Worksheet (see Appendix C) **Due by 1ˢᵗ of each month and final document due by December 7ᵗʰ at 11:00PM.**

E. **Course Goals & Objectives:** Specifically give summery as to how you met each of these objectives. **Due with final clinical/practice hours log by December 7ᵗʰ at 11:00PM**

F. **Recommendations, intervention, and Final Paper:** The paper, which is based on your selected project, is to be typed in APA format, with an extended reference list (minimum of 10) on the topic. Length of paper should not exceed <u>15 pages including the references</u> and should be in APA format. Points will be deducted for APA format and length of paper (over 15) (See Appendix D for scoring matrix). This paper is due by December 4ᵗʰ at 11:00PM

G. You are also required to do an evaluation on your preceptor and the clinical site. These can be found at survey monkey links ==(these are coming).== You will not be assigned a final grade in the course until these are complete.

H. In addition, your preceptor will be evaluating you (see appendix E). You are responsible for getting this evaluation form to your preceptor and they need to complete the evaluation and return it to your instructor (use instructor's e-mail) before you receive you final grade. **This needs to be returned to me by December 9th at 7:00PM**

UNM
COLLEGE *of* **NURSING**

_____

Facutly   Advisor: _____

Proposed Site: _____   **Preceptor:**   _____

Start Date: _____   **End Date:**   _____

Student Responsibilities:
1. In order to participate in residency fieldwork experiences, students must fulfill specific requirements, which are described below.
2. Failure to comply may delay the start of the residency fieldwork experience.
3. Students must submit copies only of documents and retain the originals.
4. Students must ensure documentation is current at all times.
5. Students must furnish copies of documentation directly to their fieldwork sites upon request.
6. The CON will not make copies of documentation. Students who misplace their records will have to return to the original source to replace them.

Instructions:

1. Review the checklist below. As each requirement is met, check the corresponding box.
2. Submit a completed checklist with your HIPAA certificate and, if applicable, other required documentation to:
    Robyn Mintz, UNM College of Nursing, 2nd Floor, Room 245
    Tel: (505) 272-1184   Fax: (505) 272-8901   Email: rmintz@salud.unm.edu.

Checklist:

☐ **Affiliation Agreement:** Students must ensure a current Affiliation Agreement exists with their chosen site. Contact Robyn Mintz for verification. Since new agreements can take a minimum of one to three months to complete, students should plan accordingly.

☐ **HIPAA Privacy and Cybersecurity Training:** This is required of all students prior to starting their fieldwork. The training module can be found on UNM Learning Central. Print and submit a copy of the certificate.

☐ **UNMH Credentialing:** All students doing fieldwork at UNMH must be compliant with immunizations, as well as HIPAA and OSHA training. The OSHA module can be found on UNM Learning Central or workplace training is permissible. Submit a copy of the certificate. Contact Robyn Mintz for a copy of the Immunizations checklist.

In addition to the above, students shadowing in any patient unit must submit proof of CPR/BLS certification and a Criminal History Screening (fingerprinting and background check) as well as register for computer training. Contact Robyn Mintz for more information. *NOTE: It could take up to eight weeks to receive security clearance from the Department of Health.*

☐ **Non UNMH Site Credentialing:** Because fieldwork sites and activities differ widely for these concentrations, most requirements will be determined on a case-by-case basis. Students are responsible for checking with their preceptors and/or Human Resources prior to beginning their fieldwork. They must be prepared to show validation of, but not limited to, the following: immunization history, fingerprinting and background check, drug screening, BLS certification, and nursing license.

Appendix B Part I: Contract for DNP Residency N795

Student:	Date/Term:	Preceptor:
Phone:	Credits:	Phone:
e-mail:	Practice Hours:	e-mail:
		Professor:

N795 Objectives & How They Will Be Met

1. Demonstrate implementation of the full scope of independent advanced nursing practice as applicable, including application of the scientific underpinnings and evidence base for practice, incorporation of ethical principles and cultural competence as well as leadership at the individual, population, and/or systems level.

2. Function as a health care/patient advocate via clinical, leadership, and health policy roles.

3. Utilize advanced practice nursing (APN) leadership skills to assume an effective role in healthcare delivery, outcome improvement, and transformation of healthcare policy and health care systems.

4. Incorporate and support health promotion and clinical prevention strategies into the clinical care of selected individuals, populations, and/or health care systems.

5. Assume a leadership role in the translation of existing and emerging evidence into advance nursing practice, including the development and/or implementation of evidenced based standards of care, leadership and organizational system strategies.

6. Utilize interprofessional collaboration, consultation, and leadership to improved health care outcomes and reduce health care disparities.

7. Integrate information technology methods and evidence based clinical scholarship to design, implement, and critically evaluate health care services for individuals, populations, and systems.

8. Demonstrate concentration specific required practice/clinical competencies if applicable. (Demonstrated during site visit).

Appendix B Part II: Contract for DNP Residency N795
Proposed Statement of Work Residency Project: Clinical Hours & Timeline

1. **Part I: Residency Project: Introduction & Problem Identification. Due:**
   a. The nature and scope of the project (i.e. is this a pilot, a protocol, guideline, health policy, education for, …; etc.
   b. Focus of the project (audience and purpose)
   c. A description of the project's content

2. **Part II: Overview: Due:**
   a. Introduction
   b. Historical overview/background
   c. Ethical Considerations

3. **Part III: Data Collection,** Field Interviews, etc. **(if appropriate) Due:**

4. **Part IV: Intervention Due:**
   a. Intervention, guideline, education in-service development etc.

5. **Part V: Plan for Evaluation** (i.e. how will you know it worked) **Due:**
   a. Process
   b. Outcomes
   c. Plan for evaluation follow up (i.e. revisions as needed based on the process and outcome evaluation if appropriate)

6. **Part VI: Recommendations: Due:**

7. **Part VII: Plan for implementation/presentation** (if appropriate) (project budget if appropriate) **Due: December 7th by 11:00PM**

8. **Clinical/Practice Hours:** Clinical/Practice hours to be documented per DNP Residency Goals, Objectives, and hours **Due: 1st of every months and final by December 7th by 11:00PM**

Submitted: _____   _____
                        Student   **Date**

Approved: _____   _____
                        Preceptor   **Date**

Approved: _____   _____
                  Supervising Faculty   **Date**

This form is to be executed for every DNP Residency offered by the College of Nursing. It is expected the student, preceptor, and instructor will agree upon the course content and appropriate work to meet the credits and clinical/practice hours in advance of executing this contract. It is the responsibility of the instructor to ensure the contents of this contract of the executed form are correct.

This completed and approved form must be signed by the Student, Preceptor, and Instructor.

Distribution:
Original: Student file   Copy: Instructor, Student
Revised 5/14

Doctor of Nursing Practice Residency Goals and Hours

Residency Site _____

Preceptor(s) _____

Credit Hours/ Clinical Hours _____

Goals	Learning Activities Leading to Goals, Objectives and Outcomes Achieved	UNM N795 Course Objective (list #)	UNM DNP Program Competencies (list #)	AACN Essentials (list #)	Residency hours logged
** **Make more rows as you need them**					

N795 Objectives **(to be used in completion of residency goals and hours log)**

1. Demonstrate implementation of the full scope of independent advanced nursing practice as applicable, including application of the scientific underpinnings and evidence base for practice, incorporation of ethical principles and cultural competence as well as leadership at the individual, population, and/or systems level.

2. Function as a health care/patient advocate via clinical, leadership, and health policy roles.

3. Utilize advanced practice nursing (APN) leadership skills to assume an effective role in healthcare delivery, outcome improvement, and transformation of healthcare policy and health care systems.

4. Incorporate and support health promotion and clinical prevention strategies into the clinical care of selected individuals, populations, and/or health care systems.

5. Assume a leadership role in the translation of existing and emerging evidence into advance nursing practice, including the development and/or implementation of evidenced based standards of care, leadership and organizational system strategies.

6. Utilize interprofessional collaboration, consultation, and leadership to improved health care outcomes and reduce health care disparities.

7. Integrate information technology methods and evidence based clinical scholarship to design, implement, and critically evaluate health care services for individuals, populations, and systems.

8. Demonstrate concentration specific required practice/clinical competencies if applicable. (demonstrated during site visit).

DNP Program Competencies: **(to be used in completion of residency goals and hours log)**
1. Practice within an advanced practice specialty in a professional, evidence-based, skilled and ethical manner.
2. Influence health and health outcomes of individuals, groups and populations through scholarly inquiry.
3. Influence health policy and systems of care in the local, regional, state, national and international forums.

AACN: The Essentials for Doctoral Education for Advanced Nursing Practice:
Scientific underpinning for practice **(to be used in completion of residency goals and hours log)**

I. Organizational and systems leadership for quality improvement and systems thinking
II. Clinical scholarship and analytical methods for evidence-based practice
III. Information systems/ technology and patient care technology for the improvement and transformation of health care
IV. Health care policy for advocacy in health care
V. Inter-professional collaboration for improving patient and population health outcomes
VI. Clinical prevention and population health for improving our nation's health
VII. Advanced nursing practice

Appendix D
Doctor of Nursing Practice Residency Project and Paper

A project paper will be prepared by each student related to some aspect of the residency. This problem, or issue, should be jointly agreed upon by the preceptor and student. You must confirm the nature and scope of the project and goals with your course faculty as well.

The paper should not exceed 15 pages including title and reference pages. It is based on your selected project, is to be typed in APA format, with an extended reference list on the topic. This means a minimum of 10 references with 3/4 drawn from peer reviewed literature. The scoring matrix for this paper is as follows: *Note: Given the nature of your project you may or may not actually be able to fully evaluate it during your N795 residency, but full evaluation plan should be included.

N795 Residency Paper Grading Criteria

Grading Criteria	Points	Comments
I. **Problem Identification Focus & Purpose (Introduction)** The nature and scope of the project (i.e. is this a pilot, a protocol, an orientation for…; etc.) (5 pts)		
II. Background/Overview a. Setting, Audience b. Historical overview/background c. Ethical Considerations (5pts)		
III. Plan for implementation (project budget if appropriate) (5pts)		
IV. Plan for evaluation* (i.e. how will you know it worked) addressing both d. Process e. Outcomes Plan for evaluation follow up (i.e. revisions as needed based on the process and outcome evaluation if appropriate) (5pts)		
V. Plan for dissemination of intervention PPT, poster, fact sheet, inservices, proposed health policy, etc. (5 points)		
APA & Grammar (5 pts)		
Total Points Paper 30 points		
Score from Preceptor/SiteVisit 40 pts		
Score from clinical log/objectives 30 pts		
TOTAL 100 PTS		

Appendix E
Preceptor's Evaluation N795 Residency

Please state briefly how the student met the specific course goals & objectives as negotiated with you for their N795 residency experience):

Student's strengths:

Student's Opportunities for Improvement:

Student's ability to embrace new ideas and experiences:

Student's ability to integrate as part of inter and intra-professional teams:

General comment on student's ability to work at a doctoral level while in the agency:

Additional comments:

Grade: A+   A   A-   B+   B   B-   C+   C   C- is an F

           98-100   97-93   92-90   89-88   88-83   82-80   79-78   77-73   ≤72

Preceptor/Title _____

Department   _____

Agency/Organization _____

University of New Mexico

College of Nursing

<u>Independent Study Contract</u>

Student: _____   Date: _____
   (Please type)   Last   First   MI

Student ID: _____   Phone: _____

Address: _____
         Street   City   ST   Zip code

Email: _____   Undergraduate   O
                                        Graduate: MSN O
                                        Graduate: PhD   O

Course: _____/_____/_____/_____/_____/_____
         Section   Ref No.   Semester   Yr   Credits   Instructor

Proposed Statement of Work: (Please type)

_____
       Student

Approved: _____   Approved: _____
          Supervising Faculty   Additional Faculty

This form is to be executed for every Independent Study offered by the College of Nursing. It is expected the student and instructor will agree upon the course content and appropriate credit hours in advance of executing this contract. It is the responsibility of the instructor to ensure the contents of this contract of the executed form are correct.

<u>This completed and approved form must be signed by the Instructor.</u>*

* Doctoral students must have approval of committee of study for an independent study to count as part of their application for candidacy ; only 3 credits of nursing N691/591 are eligible

Distribution:
Original: Student file   Copy: Instructor, Student

Revised 4/10/10

DNP Program Evaluation Plan

Evaluation Standard	Plan Indicator	Evaluation Data	Accountability	Frequency	Expected Outcomes
IV-A A systematic process is used to determine program effectiveness	DNP program report Student Exit Interviews done by Team Chair or designee	Reports of the NEOL DNP program identifying strengths / areas for improvement based on faculty & student input	DNP Program Director Program Evaluation Committee or designee	Annually (May)	Identified strengths & areas for improvement used for evaluation of program effectiveness. Program revisions made as indicated.
IV-B Program completion rates demonstrate program effectiveness	Program completion rate data	Admission data; retention & attrition rates	Practice team leaders long with DNP Program Director &Program Evaluation Committee	Annually (July)	80% of students admitted (full time status) complete the program in 6 semesters: student withdrawal for personal reasons is not counted
IV-C Certification pass rates demonstrate program effectiveness (begins 2015)	National certification exam pass rate (where applicable)	Certification data for nurse executive leadership (when applicable)	Practice team leader & DNP NEOL Concentration Coordinator & Program Director	Annually (July)	Minimum of an 80% pass rate on national certification exams (CCNE standard)
IV-D Employment rates demonstrate program effectiveness	College of Nursing Survey of Earned Doctorates (DNP) (2015) (adapted after PhD national survey given at time of graduation https://www.surveymonkey.com/s/QNW852W	• # of students employed within 12 months of graduation in leadership position • # of student's promoted (student or employer feedback)	DNP Program Director	Annually (July)	Employment rate is 70% or greater for graduates actively seeking employment in management/ Leadership positions

Evaluation Standard	Plan Indicator	Evaluation Data	Accountability	Frequency	Expected Outcomes
IV-E Program Outcomes demonstrate program effectiveness	• Typhon capture of Student attainment of Program Outcomes • Capstone completion within 2-year according to POS • Student satisfaction	**Typhon** • DNP essentials • SLOs • AONE Competencies • Personal plan • Self-chosen assignments that exemplify an essential, SLO, or AONE Competency . Residency Completion . Capstone Completion	Residency Week Surveys https://www.surveymonkey.com/s/2014DNPResidencyWeekFeedback Typhon Portfolios Practice team chairs Concentration Coordinator & DNP Director NEOL	Annually	Typhon data are assessed after each course Time to degree measured Satisfaction data reported by concentration & used in program evaluation as reflected in meeting minutes & concentration annual reports.
IV-F Faculty outcomes, individually & in the aggregate demonstrate program effectiveness	1. Course evaluation data (IDEA or other format). 2. Faculty certification maintained 3. Faculty evaluations demonstrate scholarship, teaching expertise, & professional development	• Aggregate IDEA (or other formal data • Faculty CVs • Faculty Evaluations	Practice Team Chair & Executive Associate Dean	Annually	• All administration qualified faculty maintain certification in Nursing Executive Leadership by 2015. • Faculty maintain certification as an APRN (where applicable). 9 • 0% of faculty meet or exceed expectations for teaching, scholarship, & service on annual performance evaluation

Evaluation Standard	Plan Indicator	Evaluation Data	Accountability	Frequency	Expected Outcomes
IV-G The program defines & reviews formal complaints according to established policies	Existing policy for review of formal complaints	Formal complaints process & outcomes reviewed for congruence with policy	Executive Associate Dean or designee	Annually	• Formal complaint policy is appropriately implemented • Formal complaints used for program improvement when indicated.
IV-H Data analysis is used to foster ongoingprogram improvement	DNP concentration program reports reflect use of available data for program improvement	• Annual concentration reports • DNP Program Report • Program Evaluation Committee minutes • Data sources identified in Standards IV-A through IV-H	Program Evaluation Committee	Ongoing with annual summary review	Program improvements reflect data from multiple sources.

Evaluation Standard	Plan Indicator	Evaluation Data	Accountability	Frequency	Expected Outcomes
IV-A. A systematic process is used to determine program effectiveness	MSN program report	Reports of individual concentrations w/in the MSN program identify strengths / areas for improvement based on faculty & student input.	Program Evaluation Committee or designee	Annually (July)	Identified strengths & areas for improvement used for evaluation of program effectiveness. Program revisions made as indicated.
IV-B Program completion rates demonstrate program effectiveness	Program completion rate data	Admission data; retention &attrition rates	Education & Practice team leaders along with Program Evaluation Committee	Annually (July)	70% of students admitted (full time status) complete the program in 6 terms. Exception: student withdrawal for personal reasons
IV-C Licensure & certification pass rates demonstrate program effectiveness	National certification exam pass rate (where applicable)	Test statistics for 1st & 2nd time test takers in ACNP, FNP, PNP, Midwifery programs	Education & Practice team leaders	Annually (July)	Minimum of an 80% pass rate on national certification exams (CCNE standard)
IV-D Employment rates demonstrate program effectiveness	Employment Rate EBI survey	1. # of students employed within12 months of graduation (student or employer report) 2. Employer feedback	Executive Associate Dean or designee	Every 3 years (? Does this need to be surveyed annually?)	Employment rate is 70% or greater for graduates actively seeking employment
IV-E Program Outcomes demonstrate program effectiveness	1.Graduate student satisfaction 2. Alumni satisfaction 3. Comprehensive Exam	1. EBI exit survey, exit interviews 2. EBI survey 3. Comprehensive exam pass rate for 1st & 2nd attempts, parts I & II	1. Educ. & Practice team chairs 2. Educ. & Practice team chairs 3. Concentration Coordinators	Annually	1. & 2. Satisfaction data reported by concentration & used in program evaluation as reflected in meeting minutes & concentration annual reports 3. 85% pass rate on parts I & II by 2nd attempt

Evaluation Standard	Plan Indicator	Evaluation Data	Accountability	Frequency	Expected Outcomes
IV-F Faculty outcomes, individually & in the aggregate demonstrate program effectiveness	1. Course evaluation data (IDEA or other format). 2. Faculty certification maintained 3. Faculty evaluations demonstrate scholarship, teaching expertise &	1. Aggregate IDEA (or other format) date 2. Faculty CVs 3. Faculty Evaluations	Education & Practice Team Leaders & Executive Associate Dean	Annually	All faculty maintain certification as an APRN (where applicable) 90% of faculty meet or exceed expectations for teaching, scholarship, & service on annual performance evaluation
IV-G The program defines & reviews formal complaints according to established policies	Existing policy for review of formal complaints	Formal complaints process & outcomes reviewed for congruence with policy	Executive Associate Dean or designee	Annually	Formal complaint policy is appropriately implemented. Formal complaints used for program improvement when indicated.
IV-H Data analysis is used to foster ongoing program improvement	Concentration reports & MSN program reports reflect use of available data for program improvement	1. Annual concentration reports 2. MSN Program Report 3. Program Evaluation Committee minutes 4. Data sources identified in Standards IV-A through IV-H	Program Evaluation Committee	Ongoing with annual summary review	Program improvements reflect data from multiple sources.

Course Report, Outcomes and Action Plan

Course:
Faculty:
Term Taught:

Expected Course Results (i.e based on course objectives)	Actual Course Results (i.e did students meet course objectives)	Action Plan for Next Time Course is Taught

1. **Feedback to Undergraduate/Graduate committee about Course Intent or Objectives:**

2. **Clinical sites & evaluation when appropriate:**

3. **Anecdotal comments about course content received from students, other faculty, clinical sites:**

4. **Recommendations for the future, comments:**

Course Report, Outcomes and Action Plan

Course: N 542 Ambulatory Pediatrics I
Faculty: C. Montoya & J. Bartram
Term Taught: Summer 2012

Expected Course Results (i.e based on course objectives)	Actual Course Results (i.e did students meet course objectives)	Action Plan for Next Time Course is Taught
All students expected to achieve objectives and score a minimum grade of 84%. All students to successfully complete a minimum of 72 hours of clinical preceptorship.	Achieved. Ten FNP and 10 PNP students were enrolled in this course and all ten achieved an 84% or better grade in didactic and all passed the clinical experience.	Placing 20 students in pediatric clinical sites was quite challenging.

1.   **Feedback to Undergraduate/Graduate committee about Course Intent or Objectives:**
      Course objectives were last revised in 2010. No need for any revisions at this time.
2.   **Clinical sites & evaluation when appropriate:**
      Per above, clinical site placements for 20 students remains a challenge in pediatrics. The Objective Structured Clinical Examination (OSCE) continues to be an effective teaching and evaluation strategy for this course.
3.   **Anecdotal comments about course content received from students, other faculty, clinical sites:**
      The sports physicals and preschool PEs provide faculty with the opportunity to provide one-on-one feedback to the students.
4.   **Recommendations for the future, comments:**
      No changes at this time. This course needs to continue to be offered in the summer term as trying to place pediatric students during winter and early spring when pediatric clinics are extremely busy would be not be feasible.

Course Report, Outcomes and Action Plan

Course: N 594 Advanced Practice Seminar
Faculty: C. Montoya
Term Taught: Spring 2013

Expected Course Results (i.e based on course objectives)	Actual Course Results (i.e did students meet course objectives)	Action Plan for Next Time Course is Taught
All students expected to achieve objectives and score a minimum grade of 84%. This course does not have a clinical component.	Achieved. Eleven FNP and 6 ACNP, and 10 PNP students were enrolled in this course and all 16 achieved a grade greater than 84%.	No course revisions at this time.

1. **Feedback to Undergraduate/Graduate committee about Course Intent or Objectives:**
   This course continues to prepare the graduating NP to enter their professional workforce.
2. **Clinical sites & evaluation when appropriate:**
   No clinical
3. **Anecdotal comments about course content received from students, other faculty, clinical sites:**
   Students continue to comment on how helpful it is to have students who graduated within the last year or two talk to the class about their first year in practice.
4. **Recommendations for the future, comments.**
   This course is only 1 credit; however, it may require a TA to help with the grading of resumes/cover letters for Spring 2015 when the expected enrollment will be approximately 30 students.

University of New Mexico, College of Nursing (CON)
Acute Care Nurse Practitioner (ACNP) Concentration Annual Report
For July 2013 through June 2014
Submitted by Kathryn Ann Caudell, PhD, ACNP - BC
June 16, 2014

Student Data

A total of 16 applicants applied to the Acute Care Nurse Practitioner (ACNP) Concentration for admission in the summer term of 2013. Twelve applicants were accepted and one of the applicants withdrew her application due to receiving a scholarship from another university. Two of the applicants have master's in nursing, one in education and the other in administration, and one has a master's in public health.

Seven of eight students graduated from the ACNP concentration in August of 2013. One student committed plagiarism in a course during the final term and failed the course. She is repeating the course this summer and may complete the program this summer. The seven students who graduated passed the ANCC Certification Examination.

Two faculty members who have certifications in the FNP area applied to ACNP programs to obtain their Post Master's Certificate (PMC). One completed the PMC at UNM and the other will finish his program through Texas Tech University this summer.

The first cohort of the revised Adult Gerontology ACNP Program entered summer term 2014. 1. The revised curriculum includes the following:
1. N 561 – Applications to Practice I – Introduction to the Acute Ill - didactic credits are increased from 1 to 2 credits while the clinical credits are decreased to 3 credits (144 hours). There will be one clinical rotation during the second summer term.
2. N 563 – Applications to Practice 2 – High Acuity Patients – The didactic credits will be dropped from one credit to zero credits while the clinical credits increase to 5 credits which increases the clinical hours to 240 hours requiring two clinical rotations during the second fall term.
3. N 562 – Complex Patient Analyses and Treatment – This course will remain a three credit didactic course. Historically there has been overlap in the content taught between N 563 didactic and N 562. Therefore, overlapping content will be eliminated and the high acuity, complex content will be presented in N 562.
4. N 595 – Advanced Fieldwork – clinical credits will be increased to 7 credits for a total of 336 hours. Emerging Issues in Adult-Geriatric Advanced Practice Nursing, Geriatric and End of Life Concepts for Advanced Practice Nursing, and Iatrogenesis in the Elderly, a previous ACNP topics course. The new curriculum was reduced to six terms with a total number of credits of 56.
5. N 572 – Iatrogenesis in the Elderly will become a 3 credit course with 2 didactic credits and 1 clinical credit. The students will have 48 hours of clinical in a geriatric environment. It will be offered during the first spring rotation before Geriatric End of Life Concepts.

6. N 571 – Geriatric and End of Life Concepts for Advanced Practice Nursing will be dropped from 3 didactic credits to 2 credits as student evaluations reflected the content could be provided with a lower number of credits.
7. N 570 – Primary Care Topics in Acute Care Advanced Practice Nursing was dropped and replaced with N 574 – Health Promotion, Prevention, and Protection for Adult Acute Care. This course is a two credit didactic course and covers content required in the Essentials of AG-ACNP Education.

Summary of Course Reports

COURSE	OBJECTIVES ACHIEVED	FEEDBACK and RECOMMENDATIONS
N 526 – Pathophysiology for Advanced Practice Nursing	Two courses were offered in 2013 both during Summer Term 2013. All students in the Summer Term passed with an 88% or greater.	Students would like a course of this difficulty to be offered on ground. Posting verbal voice overs in the PowerPoint presentations is another option. Students also would like to have weekly question/answer illuminate sessions.
N540 Advanced Health Assessment	All students successfully passed this course at an 83% or greater.	N540 was offered in Fall 2013. 35 students (FNP, A/GACNP, Midw) were enrolled in 2 sections. No clinical placements were made and additional lab experiences were added increasing the labs from 1 to 2 days per week. This resulted in a major increase in faculty workload which is not sustainable. Recommendation: Reduce course from 4 to 3 credits (2 didactic, 1 clinical) next year.
N 560 – Differential Diagnosis Application	All students successfully passed this course at a 84%% or greater.	Student Feedback: 1) use Black Board Learn. The use of Google + was unnecessary. 2) the focus on thinking processes was not as important to students as case studies: spend more time on case studies. 3) appreciated the review of H&P with online/"live" video conference interaction Instructor Recommendations: 1. provide one week of cognitive behaviors

		2) combine case studies with cognitive behaviors (failures) 3) drop the differential diagnosis "disease map" 4) make sure the BBL format reflects the format of other instructors 5) Consider Zoom conference 6) get involved with ECHO 7) IPE exercises
N 561 – ACNP Application To Practice I	All students successfully passed this course at a 90% or greater.	Identified that the number of didactic hours were significantly above the approved credit hours. One block week was dropped and future courses will reflect the change.
N 562 – Complex Patient Analysis and Treatment	All students successfully passed this course at an 84% or greater.	Additional documents were previously added to compliment the course. A few students voiced frustration with the scholarly discussion requirements on the discussion board, but persevered and succeeded.
N 563 – ACNP Application to Practice II	Six students took this course. Five of the six passed the course with an 84% or greater grade average. One student made a B- in the course primarily related to lack of WebCT discussion activity.	Incorporate more cases to serve as content for the web-based discussions.
N 566 – Advanced Diagnostic and Therapeutic Skills	All students successfully passed this course at an 84% or greater.	Hospital credentialing requires documentation of identified skill competencies for privileges. The recommendation would be to have continued skills practice in the simulation lab throughout the program to develop competency, as not every student has the opportunity in clinical rotations to practice certain skills. Documentation of the student skills competencies should be maintained
N 569 Iatrogenesis in the Elderly (ACNP Clinical Topics II)	Twelve students successfully passed this course at an 89% or greater.	Students felt the content provided was more than a 2 credit course.
N595 Fieldwork	Seven students passed the course with an 85 or greater. One student was given an incomplete and required	No recommendations for changes at this time.

	to take addition clinical hours in the summer due to not passing her clinical rotation with her preceptor. She has completed her hours and passed. She will thus graduate at the end of Summer term	
N594 Advanced Practice Seminar	All eight students successfully passed this course at an 84% or greater.	

General Recommendations covering all of the above courses:

1. Discussion has begun between FNP & AG-ACNP Concentration Coordinators to add an Introduction to Gerontology course for both concentrations.
2. Evaluate the validity of using OSCEs for Part II of the comprehensive exam.

Summary of Exit Interviews with Students (N=7)

Dr. Carolyn Montoya conducted the exit interviews.

STRENGTHS	AREAS for IMPROVEMENT
• Students are grateful for being able to work while attending school. • They thought that their clinical rotations were great and they had good preceptors. • They were happy not to have to leave town for their clinical experience.	• Students commented that they would have benefited from receiving a Program of Studies at the start of the 1st term. As a result of not having a POS, students were uncertain about how clinical hours would be scheduled. Knowing this, would have helped them organize and plan ahead. • Additional guest speakers: Speakers' expertise was great especially Kim Manning, Neurologist from the VA, George Dresden, Ann Caudell in her specialty, Sharon Schaaf in her specialty, and the anesthesiologist. • OR procedures: Students were anticipating a day in the OR but did not receive it. Students hoped to practice intubation in a stable classroom setting, or lab, or from a guest expert. Instead students anticipate having to learn OR procedures on-the-job. Having spent clinical time at UNMH, they've learned that medical students and residents will be given opportunities for hands-on experience before NPs and as a result opportunity is infrequent. Students suggest that practice in OR procedures such as A-lines and central lines, be given at an operating room or with anesthesiologists versus UNMH. • Decrease number of discussion postings: Students felt that discussion postings were not good opportunities for learning. Too much time was spent writing versus reading other students posts or the textbook assignments. • Schedule didactic learning just prior to relevant clinical experience to reinforce learning. In one case, students

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	did not receive clinical experience until 6 weeks after they had studied procedures in class. • Students want to be able to work with a radiologist for at least a day. • Advise students to keep books for N597 because in preparation for the exam they have to purchase the textbooks once again. • The exam had too many questions that did not apply to AG-ACNPs. CoN Advisement sent students incorrect exam dates. In addition, notice was too wordy and test topics were too general. Notice about when Part 2 of the exam was rescheduled was too close to the exam date not allowing students time to study. Students felt that the video was helpful, but the exam was not appropriate for their program focus. • Faculty was not always available to answer questions on assignments or to guide students about who to go to for assistance with Blackboard Learn. Students feel it takes too long to locate faculty with questions about assignments. In addition, some faculty responded to student inquiries via Blackboard only while others responded to e-mail or both. The communication method faculty members prefer should be communicated to student and consistent from faculty member to faculty member. • Students agree that the use of Blackboard Learn to communicate with faculty is the best method for the student. Students advise that the on-line format needs to be looked at and made better. • Students commented that it would be best to have assignments uploaded in their entirety for the term. The advantage to having all assignments uploaded is that students would be able to work on assignments when they have time and ahead of time. Students report frequent delays in receiving weekly assignments, not allowing enough time to read 10 or so articles before the start of a module. In addition, time that could have been spent on assignments was lost. • Students' feedback on the Pharm course included: o Felt critical information missing such as IV antibiotics and sedation drugs. Students feel the class needs acute care component, inpatient care, and specific treatments. The course seemed easier than previous Pharm courses which concerns students. They felt the course should have been as challenging or even more so. General knowledge was taught in class and then questions that were very specific were placed on the exam. Students felt that the True or False design of the exam did not provide a learning experience.

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	• Students felt block periods were helpful and felt more time in block would be helpful to students coming into the program. At times, block weeks were not fully scheduled with time off in the afternoon. Students wanted a structured intensive block period plus specialist guest speakers. They also suggested omitting assignments that were interesting but did not have value specific

Future Plans

Add a two-credit Introduction to Gerontology course that will cover physiological changes in aging and several of the key concepts affecting that population including but not limited to dementia and polypharmacy. This course may be also offered in the FNP curriculum. Evaluate feedback from students and incorporate changes as necessary.

University of New Mexico, College of Nursing
Family Nurse Practitioner (FNP) Concentration Annual Report
AY 2012 - 2012 (Summer 2012, Fall 2012, and Spring 2013)
Submitted by Joanne Bartram, MSN, FNP-BC
May 2013

Student Data

A total of 30 applicants applied to the Family Nurse Practitioner (FNP) Concentration for admission in the summer term of 2012 (Class of 2014). Based on the initial folder review 19 were selected for interviews with an anticipated class size of 8 students.   Initially 8 students were offered admission with a 9th post-MSN student (a 2012 UNM Midwifery graduate) admitted to the 2nd year FNP program. 4 applicants were placed on a "wait list".
When the decision was made that we would not admit a 2012 class to the Midwifery Concentration, the 6 students who had already been offered admission to that concentration were then offered admission to the FNP concentration along with the 4 students previously placed on the FNP waitlist.   This brought the actual FNP 1st year admissions to 18
Of these 18, 10 remain in the FNP program, 5 transferred to the Midwifery concentration when it was available for 2013, 1 deferred admission for 1 year due to pregnancy, 1 declined admission, and 1 decided not to continue in the program after completing the 1st summer of MSN core courses.

A total of 10 students graduated from the FNP concentration in May of 2013. FNP students have the option of taking their national certification exam through the American Nurses Credentialing Center (ANCC) or the American Academy of Nurse Practitioners (AANP). Aggregate data from ANCC for the year 2012 shows that 7 students took and passed the FNP certification exam (passing rate of 100%). These students surpassed the ANCC domain means in all 5 areas. Aggregate data from ANCC for the 2013 year will not be available until late spring 2014. We do know that 1 student from the cohort graduating May 2013 has already taken the ANCC certification exam and passed.

Leadership and Faculty Changes

Keri Black, PhD, FNP-BC, who was the FNP Concentration Coordinator at the beginning of AY 2012-2013, as well as the course coordinator for the Adult Health 1 course, left the College of Nursing in June 2012.   Joanne Bartram, MSN, FNP-BC assumed the Interim FNP Concentration Coordinator role in July 2012 and continues in that position at this time.

Long time faculty member Jim Stapleton, MSN, FNP-BC also left the College of Nursing in May 2012.   Several new faculty members joined the FNP faculty between May 2012 and May 2013. Most have significant clinical practice responsibilities and teach part-time in the FNP concentration as well as in the ACNP concentration.   New faculty members include : Roy Addington, DNP, FNP-BC, Therese Hidalgo, MSN, FNP-BC, Amy Weiss, MSN, FNP-BC, Jonathan Cade, MSN, FNP-BC, Van Roper, PhD, FNP-BC.

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Summary of Course Reports

COURSE	OBJECTIVES ACHIEVED	FEEDBACK and RECOMMENDATIONS
N540 Advanced Health Assessment	All students successfully passed this course at an 84% or greater.	N540 was offered only once this year. Revisions were made to incorporate the ACNP students and a larger class size. 1/3 of the course was offered on-line. There were issues with technology and student access; student evals of the on-line expeience were largely negative though overall course evals were quite positive. Additional geriatric and mental content was added. Next year the cohort will double and ~ 40 students will be enrolled. This will require major course revisions including implementing 2 sections, eliminating clinical placements and increasing lab experiences. Facility issues / scheduling continue to be a challenge for the DOM II clinic spaces.
N548 Women's Health	All but one student successfully passed this course at an 84% or greater. One FNP student had a final course grade of 83%. This student was counseled and will complete a review of course content over the summer. He was allowed to progress.	Site visits were decreased to 1 site visit per FNP student with the OSCE replacing the 2nd site visit except for students struggling on the 1st site visit or OSCE. 1 FNP student required an extra site visit. A major revision implemented this year was a change in testing strategy. Take home exams were eliminated and case based web exams were developed. These worked well; faculty felt they were an accurate measurement of student knowledge. Changes to course format / scheduling will need to occur in 2014 as a much larger FNP and CNM cohort has been admitted. A plan for these changes has been developed and submitted.

N542 Ambulatory Pediatrics I	All 20 students (FNP and PNP) successfully passed this course at an 84% or greater.	Optimal scheduling of this course remains in summer term. Placing 20 students in pediatric clinical sites was quite challenging. This will be an issue again next year due to the increased FNP cohort size.
N546 Ambulatory Pediatrics II	All 20 students (FNP and PNP) students successfully passed this course at an 84% or greater.	One major revision implemented this year was a change in testing strategy. Take home exams were eliminated and case based web exams were developed in their place. These worked well and faculty felt they were an accurate measurement of student knowledge.
N535 Adult Health I	All students successfully passed this course at an 84% or greater.	No major course revisions this year. The plan is to include oral health assessment, treatment plans, and disease management next year.
N536 Adult Health II	All students successfully passed this course at an 84% or greater.	No major revisions this year. Based on national criteria, a need for increased content in gerontology, genetics/genomics, and management of more complex patients is recommended.
N595 Fieldwork	All students successfully passed this course at an 84% or greater.	Web discussions and tests were eliminated from this course this year. Course revisions included changes in assignments, addition of case presentations in the classroom setting, and trial of a standardized test (Barkley Associates) to evaluate readiness for board exams. Based on negative feedback from students and faculty it is unlikely we will use the standardized exam again.
N594 Advanced Practice Seminar	All students successfully passed this course at an 84% or greater.	This course is only 1 credit; however, it may require a TA to help with the grading of resumes/cover letters for Spring 2015 when the expected enrollment will be approximately 30 students.

General Recommendations covering all of the above courses:

1. Clinical site placements remain a challenge for all courses; this will be even more problematic with the increased cohort size of 20 next year. There is a great need to develop CON practice sites in family practice, pediatric, and women's health settings.
2. Objective structured clinical examinations (OSCEs) have now been implemented in N540, 548, 542, 535, 536, 546. We will continue to look at the OSCEs for their potential in reducing the number of site visits needed.
3. We currently have 32 students in the FNP Concentration, 12 are second year students and 20 are first years. Due to the large size of the first year class, along with limited resources including faculty and clinical sites, it is recommended that we not admit any post MSN students to the second year of the FNP program next year and that we consider admitting a smaller cohort of first year students in 2014.

Summary of Exit Interviews with Students

 Exit interviews were conducted by the Academic Coordinator for the Practice Team, Carolyn Montoya.

STRENGTHS	AREAS for IMPROVEMENT
High number of clinical hours Hands on clinical experiences	Providing an orientation early in the 1st term would be helpful; the on-line graduate orientation was not helpful and the on campus general graduate orientation came too late.
Course organization and sequencing Women's Health course	Students identified a need for more interaction and mentoring by faculty and an increase in the number of site visits with more consistency in site visitors.
Pediatrics Courses OSCE feedback	The Adult Health courses were identified as a weak area of the program both in content and delivery methods. Increased use of case studies in these courses was suggested. Students would like more control over clinical sites and schedules.

Future Plans for the FNP Concentration

1. An on-campus orientation early in the first timer (Summer 2013) has been developed for the FNP and ACNP groups.
2. Revision of the adult health courses is underway. Therese Hidalgo and Amy Weiss are now coordinating the 2 adult health courses.
3. While student requests for increased site visits cannot be considered due to costs and faculty time limitations, ways of increasing communication and mentoring students during clinical blocks will be discussed.
4. A short term proposal for revisions to the FNP Program of Studies, which addresses the changes needed due to the increased cohort size, has been submitted. Should we continue to admit larger cohorts then a more extensive program revision should be under taken.
5. Implementation of the post MSN DNP program is on hold now due to limited resources.
6. Development of faculty practice sites which provide clinical sites and faculty mentoring is a critical need, especially in light of an increased need for clinical placements with a cohort of 20 students. The areas of greatest need are family practice, pediatrics, and women's health. We should avoid placing faculty in practice sites that do not provide strong educational opportunities for students.

University of New Mexico, College of Nursing (CON)
Pediatric Nurse Practitioner (PNP) Concentration Annual Report
For July 2012 through June 2013
Submitted by Carolyn Montoya, MSN, CPNP
June 25, 2012

Student Data

The decision was made to admit a cohort of Pediatric Nurse Practitioner (PNP) students for Fall 2011 admission. A total of 16 applicants applied to the PNP concentration. Ten were selected for admission for the Fall 2011 term and all have continued in the program.

Summary of Course Reports

All students successfully completed their courses during the time frame of July 2012 through June 2013.

COURSE	OBJECTIVES ACHIEVED	FEEDBACK and RECOMMENDATIONS
N 542 Ambulatory Pediatrics I – Summer 2012	All of the PNP students achieved an 84% or better grade in didactic and all passed the clinical experience.	See general recommendation #1 below.
N546 Ambulatory Pediatrics II – Fall 2012	All of the PNP students achieved an 84% or better grade in didactic and all passed the clinical experience.	Per above
N547 Pediatric Chronic Illness/Special Needs – Fall 2012	All of the PNP students achieved an 84% or better grade in didactic and all passed the clinical experience.	See general recommendation #2
N594 Advanced Practice Seminar – Spring 2013	All of the PNP students achieved an 84% or better grade in didactic and all passed the clinical experience.	NONE
N549 Adolescent Health – Spring 2013	All of the PNP students achieved an 84% or better grade in didactic and all passed the clinical experience.	Clinical site placements remain a challenge. One suggestion is to include rotation to some specialty areas, i.e., Youth Detention Center, Job Corps, in addition to their rotations at the School Based Health Centers.
N595 Fieldwork	All of the PNP students achieved an 84% or better grade in didactic and all passed the clinical experience.	NONE
N597/N596	Nine of the students elected to take the comprehensive exam, N597. All 9 successfully passed both parts of the exam. One student elected to write the paper for her comprehensive exam, N596 – results not available at the time of this report.	NONE

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General Recommendations
1. Clinical site placements for pediatrics continue to present an on-going challenge, particularly in the spring terms when clinics see the highest volume of sick children and preceptors are reluctant to take students. Ambulatory Pediatrics I (N542) needs to remain in the summer term when preceptors are more inclined to take students.

2. The Pediatric Chronic Illness course (N547) has been associated with the Leadership Education in Neurodevelpmental and Related Disabilities Program (LEND) through the UNM Center for Development and Disability since inception. Based on student feedback the number of hours spent with the LEND program needs to be decreased. Additionally, this course needs to be reduced from a 5 credit course to a 4 credit course by decreasing the clinical credits from 2 (96 hours) to 1 (48 hours).

3. Based on the national nursing consensus model for advanced practice education I would recommend that N539 Advanced Pediatric Health & Developmental Assessment be retired and that the students take N540 – the general health assessment course that is required for all students pursuing clinically focused advanced practice nursing. A 1 credit development course would need to be developed; however, the total number of credit hours would not need to be increased with the recommendation to change N547 from a 5 credit course to a 4 credit course.

Summary of Exit Interviews with Students

This cohort of students will not graduate until the summer of 2013.

Future Plans

It is unclear when the next cohort of PNP students will be admitted.

Respectfully submitted by

Carolyn Montoya, MSN, CPNP
Doctoral Candidate
Academic Coordinator – Practice Team
PNP Concentration Coordinator

UNIVERSITY OF NEW MEXICO FAMILY NURSE PRACTITIONER PROGRAM
LEARNING AND PERFORMANCE CONTRACT

Date: September 23. 2014
Student: XXXX
Course: N535/536 Adult Health and N542/546 Pediatrics

OVERVIEW

XXX has completed the first year of the FNP program.   He has passed the didactic portions of both N535 Adult Health I and N542 Pediatrics I this term but continues to struggle with the clinical application of this knowledge base as well as with clinical skills.   Both the preceptor (Jim Stapleton MSN, FNP-BC) and the site visitor (Amy Weiss, MSN, FNP-BC) report that XXX is not yet at the expected level in some basic areas for which mastery is expected at this point in the program. This includes focusing the history and PE, an organized approach to the patient history, collecting sufficient detail in the history to support diagnostic reasoning, and the application of pathophysiology to understanding patient symptoms, disease process, and the process of differential diagnosis.

XXX has demonstrated some improvement in these areas over the course of the term and so has met the minimum criteria for progression in the FNP program.

The purpose of this learning contract is to identify specific clinical objectives to be met in the fall term in N536 Adult Health II and N546 Pediatrics II as well as strategies for the successful achievement of these objectives. If unable to meet these expectations, XXX would not be able to progress to the final term in the FNP program.

STATEMENT OF THE PROBLEM

XXX is not yet meeting expectations in the following areas:

1. Consistently collecting a patient history which is detailed, organized, and focused to a specific patient and presenting problem
2.   Consistently performing well organized physical exams which are appropriate to specific patients and presenting complaints.
3. Integrating knowledge of pathophysiology with interpretation of patient symptoms and the development of differential diagnoses.
4. Development of treatment plans based on an understanding of disease processes and evidence based treatment priorities.

PROGRAM COURSE AND CLINICAL OBJECTIVES WHERE STUDENT'S PERFORMANCE IS CURRENTLY UNSATISFACTORY

The basic expectations of second year FNP students include mastery of basic data acquisition skills (history and physical exam) as well as having a firm handle on documentation of the history and PE. Students are also expected, with preceptor guidance, to develop a problem list, and management plan. Students should also be developing skills in differential diagnosis and management of clinical health problems based on knowledge of pathophysiology and disease processes as well as evidence based treatment strategies.

CONTRACT DATES

This contract covers the Fall term September-December 2014.

EVALUATION STRATEGIES

XXX's preceptor this term is Amy Weiss MSN, FNP-BC who is also a faculty member and teaches in the Adult Health II course. His clinical site is the First Nations clinic. XXX will also work with a physician at the clinic to see pediatric patients. The preceptor will provide verbal and written feedback (as comments on the clinical self-evaluation form) every two weeks at a minimum. In addition, a site visit with another faculty member will occur twice during the fall term. Additional site visits may be arranged if needed. The site visitors and preceptors will have input into the clinical evaluation. A written evaluation will be completed by the faculty at each site visit.

The goals outlined below must be achieved in order to receive a grade of "pass" in the clinical portions of N536 and N546.

SPECIFIC GOALS TO BE ACHIEVED DURING THE CONTRACT PERIOD AND TIME FRAME
1. Consistently collect an appropriate clinical history, including a focused history of present
    illness, relevant past medical, social history, and family history, cuiTent health status, and a review of systems appropriate to the presenting problem / age of patient.
2. Consistently perform appropriate comprehensive physical exams and focused exams specific to the age and presenting complaints of patients.
3. Demonstrate the application of didactic content and knowledge of pathophysiology / disease processes to the evaluation of symptoms, development of differential diagnoses, and management of clinical problems.
4. Consistently demonstrate accurate, complete, and concise documentation which reflects an appropriate knowledge base and individualized approach to patient care.

These goals must be achieved by the end of the fall term (December 2014) in order to progress in the FNP concentration.

SPECIFIC TEACHING AND LEARNING STRATEGIES AND METHODS PLANNED TO ASSIST IN GOAL ATTAINMENT
1. Review the basic components and organization of the health history and physical exam for patients across the lifespan prior to beginning the clinical rotation.
2. Commit the basic components of the history to memory and practice this skill outside of clinical so that it flows automatically during patient encounters. . .
3. Review pathophysiology as you go through various systems / disease processes in the adult health and pediatrics courses this term. Really study the content presented in class so that it becomes part of your working knowledge base.
4. Use resources in the clinical setting to help you think through possible interpretations of presenting symptoms and possible differential diagnoses. It is helpful to begin this process prior to seeing a patient, especially those with an unfamiliar presentation. The Henderson text, which you used in N540, is a good reference for the development of differential diagnoses.
5. Develop "cheat sheets" for quick reference in commonly seen problems. These should include key components of the history, PE, and management for specific common conditions.
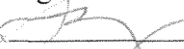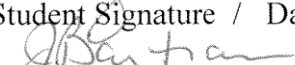
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6. Continue to write out 2 patient visits / day on the CON documentation form. If you are not able to use the clinic EMR then document <u>all</u> visits using the CON form. Review with the preceptor each chart you complete. Solicit feedback about the completeness of data, focus of your charting, organization of data, and appropriate reflection of knowledge base into the assessment and plan. Review documentation with the site visitor as well.

7. Throughout the course of this term you should become increasingly independent in completing the H&P, diagnosis, and planning management for most common conditions in adults and children. While you will continue to need support and validation from the preceptor the expectation is that you can complete an appropriate H&P, propose a list of differential diagnoses, select the most likely diagnosis, and propose a management plan including both pharmacologic and non-pharmacologic treatment strategies.

SCHEDULED EVALUATION OF PROGRESS RELATED TO TERMS OF CONTRACT

Evaluation of progress will take place on an ongoing basis as well as at 2 specific points during the term including towards the end of the first clinical block and during the latter half of the second clinical block.Both the preceptor and the site visitor will have input into the final clinical performance evaluation with the site visitor responsible for determining the attainment of course objectives. Progression issues are ultimately the responsibility of the Concentration Coordinator.

Signatures

_____ 09/23/14 _____
Student Signature / Date

_____ 9-23-14 _____
Concentration Coordinator / Date

<u>OUTCOME OF CONTRACT</u>

cc:

    Carolyn Montoya, **PhD,** Practice Team Chair & site visitor for pediatrics
    Joanne Bartram, MSN, FNP-BC, Interim FNP Concentration Coordinator, Course Coordinator
        Pediatrics II and site visitor for adult health
    Therese Hidalgo MSN, FNP-BC, Course Coordinator Adult Health II
    Amy Weiss MSN, FNP-BC Preceptor
    XXX, FNP student

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Number of responses, standard deviation and mean for all factors
Use Report Selections to customize the information appearing in your reports.

Order: 29358 > AACN/EBI Master's Level Nursing Exit Assessment

Population: University of New Mexico > (D010. Current Major Area of Study: Post Masters Nursing Certification or Advanced Practice Nurse - NP or Advanced Practice Nurse - CNM) **(13 responses)**

Report Selections   Close

Sort By Factor   in descending order ☐

Advanced Options

Display Factors containing: [   ]   Go

Factor	N	Std Dev	Mean
Factor 1. Satisfaction: Quality of Faculty and Instruction	13	0.88	5.61
Factor 2. Satisfaction: Quality and Availability of Curriculum	13	0.64	6.18
Factor 3. Satisfaction: Administration and Academic Advising	13	1.54	5.37
Factor 4. Satisfaction: Quality of Support Services	13	1.35	5.24
Factor 5. Learning Outcomes from Core Masters: Role Development (1996)	12	1.03	5.12
Factor 6. Learning Outcomes from Core Masters: Core Knowledge (1996)	12	1.02	5.10
Factor 7. Learning Outcomes from Core Masters: Financial Aspects of Health Care (1996)	12	1.38	4.03
Factor 8. Learning Outcomes form Core Masters: Research Aspects (1996)	12	1.27	4.76
Factor 9. Learning Outcomes from Core Masters: Sciences and Humanities (2011)	0	-	-
Factor 10. Learning Outcomes from Core Masters: Leadership Skills (2011)	0	-	-
Factor 11. Learning Outcomes from Core Masters: Quality Improvement and Safety (2011)	0	-	-
Factor 12. Learning Outcomes from Core Masters: Research (2011)	0	-	-
Factor 13. Learning Outcomes from Core Masters: Healthcare Technologies (2011)	0	-	-
Factor 14. Learning Outcomes from Core Masters: Policy and Advocacy (2011)	0	-	-
Factor 15. Learning Outcomes from Core Masters: Interprofessional Teamwork (2011)	0	-	-
Factor 16. Learning Outcomes from Core Masters: Prevention and Population Care (2011)	0	-	-
Factor 17. Learning Outcomes from Core Masters: Evidence-Based Knowledge (2011)	0	-	-
Factor 18. Learning Outcomes from Didactic/Clinical: Advanced Health Assessment	11	0.82	5.51
Factor 19. Learning Outcomes from Didactic/Clinical: Differentiation of Findings	11	1.16	4.23
Factor 20. Learning Outcomes from Didactic/Clinical: Acute and Chronic Conditions	11	0.83	5.15
Factor 21. Learning Outcomes from Didactic/Clinical: Prescription Drugs	11	1.02	3.80
Factor 22. Learning Outcomes from Didactic/Clinical: Patient Care	11	0.83	4.77

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Factor				
Factor 23. Learning Outcomes from Didactic/Clinical: Course Work	11	1.15	3.78	
Factor 24. Learning Outcomes from Didactic/Clinical: Clinical Laboratory Procedures	10	1.16	4.01	
Factor 25. Learning Outcomes from Didactic/Clinical: Clinical Epidemiological Principles	10	1.37	4.77	
Factor 26. Overall Satisfaction	13	1.14	5.50	
Factor 27. Overall Learning	13	0.81	6.00	
Factor 28. Overall Program Effectiveness	13	1.11	5.36	

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Appendix 24

67-68

Number responding, standard deviation and mean of the questions by factor
Use Report Selections to customize the information appearing in your reports.

Order: 24245 > AACN/EBI Master's Nursing Program Alumni Assessment

Population: University of New Mexico > (D008. What was your major area of study during your master's program? Adv. Practice Nurse - NP) (13 **responses**)

Report Selections   Close

Choose Factor: All Factors   ⦿ Mean ◯ Frequency

Advanced Options

Display Factors containing: [   ] [Go]

Show up to [100] Factor(s) per Report Page   Report Page [1] of 1

	Mean	Std Dev	N	% Responding
Factor 1 . Nursing Program Promoted Successful Career	5.46	1.07	13	100.0 %

Question	N	Std Dev	Mean
Q020. Nursing Education - To what extent did your master's level nursing education: Expand career options	13	1.25	6.23
Q021. Nursing Education - To what extent did your master's level nursing education: Provide access to employers	13	1.36	5.00
Q022. Nursing Education - To what extent did your master's level nursing education: Increase your earning potential	12	1.93	4.92
Q023. Nursing Education - To what extent did your master's level nursing education: Enhance your upward mobility	13	1.73	4.69
Q024. Nursing Education - To what extent did your master's level nursing education: Facilitate a change in your career path	13	0.92	6.38
Q025. Nursing Education - To what extent did your master's level nursing education: Provide the knowledge necessary to succeed	13	1.33	5.62

	Mean	Std Dev	N	% Responding
Factor 2 . School Activities Contributed to Success	4.41	1.30	13	100.0 %

Question	N	Std Dev	Mean
Q028. - To what extent have the following school activities during your master's level education contributed to your success as a nurse: Field projects	9	1.29	5.11
Q029. - To what extent have the following school activities during your master's level education contributed to your success as a nurse: Interaction with students	13	1.46	5.15
Q030. - To what extent have the following school activities during your master's level education contributed to your success as a nurse: Interaction with alumni	9	1.94	3.67
Q031. - To what extent have the following school activities during your master's level education contributed to your success as a nurse: Student organization participation	9	2.25	2.78
Q032. - To what extent have the following school activities during your master's level education contributed to your success as a nurse: Participation in volunteer activities	9	1.77	3.44
Q033. - To what extent have the following school activities during your master's level education contributed to your success as a nurse: Informal faculty contact	11	2.10	4.36
Q034. - To what extent have the following school activities during your master's level education contributed to your success as a nurse: Establishing a network of nursing	12	1.58	5.00

	contacts				

	Mean	Std Dev	N	% Responding
Factor 3 . Importance of Basic Learning Outcomes	6.45	0.88	13	100.0 %

Question	N	Std Dev	Mean	
Q039. Basic Learning Outcomes - How important is this skill/ability and this knowledge to a successful Nursing career: One-on-one interpersonal skills	13	0.84	6.54	
Q041. - How important is this skill/ability and this knowledge to a successful Nursing career: Communication skills	13	1.34	6.46	
Q043. - How important is this skill/ability and this knowledge to a successful Nursing career: Active listening	13	0.93	6.46	
Q045. - How important is this skill/ability and this knowledge to a successful Nursing career: Empathy	13	0.91	6.31	
Q047. - How important is this skill/ability and this knowledge to a successful Nursing career: Decision-making skills	13	0.82	6.69	
Q049. - How important is this skill/ability and this knowledge to a successful Nursing career: Leadership skills	13	1.10	6.15	
Q051. - How important is this skill/ability and this knowledge to a successful Nursing career: Ability to work in teams	13	1.10	6.15	
Q053. - How important is this skill/ability and this knowledge to a successful Nursing career: Ability to think critically	13	0.82	6.69	
Q055. - How important is this skill/ability and this knowledge to a successful Nursing career: Ability to practically apply knowledge	13	1.08	6.62	

	Mean	Std Dev	N	% Responding
Factor 4 . Enanced Basic Learning Outcomes	5.60	0.99	13	100.0 %

Question	N	Std Dev	Mean	
Q040. Basic Learning Outcomes - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: One-on-one interpersonal skills	13	1.28	5.46	
Q042. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Communication skills	12	1.61	5.42	
Q044. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Active listening	13	1.19	5.77	
Q046. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Empathy	13	1.64	5.31	
Q048. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Decision-making skills	13	1.11	6.00	
Q050. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Leadership skills	13	1.14	5.08	
Q052. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Ability to work in teams	13	1.27	5.38	
Q054. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Ability to think critically	13	0.97	6.23	
Q056. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Ability to practically apply knowledge	13	1.32	5.69	

	Mean	Std Dev	N	% Responding
Factor 5 . Importance of Core Knowledge	5.63	1.17	13	100.0 %

Question	N	Std Dev	Mean
Q057. MSN-Specific Learning Outcomes - How important is this skill/ability and this knowledge to a successful Nursing career: Apply nursing theory to guide practice	13	1.64	4.08
Q059. - How important is this skill/ability and this knowledge to a successful Nursing career: Make ethical decisions related to patient care	13	0.93	6.46
Q061. - How important is this skill/ability and this knowledge to a successful Nursing career: Understand professional role issues	13	1.82	5.54
Q063. - How important is this skill/ability and this knowledge to a successful Nursing career: Articulate professional role issues	13	1.68	5.69
Q067. - How important is this skill/ability and this knowledge to a successful Nursing career: Understand implications of health policies for nursing practice	13	1.62	5.77
Q079. - How important is this skill/ability and this knowledge to a successful Nursing career: Understand how medical technology can improve patient care	13	1.31	5.23
Q091. - How important is this skill/ability and this knowledge to a successful Nursing career: Understand socio-cultural diversity and cultural competency (practice applications)	13	1.23	6.15
Q095. - How important is this skill/ability and this knowledge to a successful Nursing career: Understand health promotion/disease prevention services	13	1.41	6.15

	Mean	Std Dev	N	% Responding
Factor 6 . Enhanced Core Knowledge	5.17	1.01	13	100.0 %

Question	N	Std Dev	Mean
Q058. MSN-Specific Learning Outcomes - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Apply nursing theory to guide practice	13	1.45	4.46
Q060. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Make ethical decisions related to patient care	13	1.15	5.38
Q062. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Understand professional role issues	11	1.43	5.64
Q064. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Articulate professional role issues	13	1.00	5.38
Q068. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Understand implications of health policies for nursing practice	13	1.59	5.08
Q080. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Understand how medical technology can improve patient care	13	1.54	4.08
Q092. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Understand socio-cultural diversity and cultural competency (practice applications)	13	1.32	5.31
Q096. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Understand health promotion/disease prevention services	13	1.41	6.00

	Mean	Std Dev	N	% Responding
Factor 7 . Importance of Research Skills	4.97	1.58	13	100.0 %

Question	N	Std Dev	Mean

Question	N	Std Dev	Mean
Q081. - How important is this skill/ability and this knowledge to a successful Nursing career: Identify research issues	13	1.64	5.08
Q083. - How important is this skill/ability and this knowledge to a successful Nursing career: Identify research problems	13	1.73	5.31
Q085. - How important is this skill/ability and this knowledge to a successful Nursing career: Participate in research	13	1.85	4.77
Q087. - How important is this skill/ability and this knowledge to a successful Nursing career: Understand principles of basic statistical tests	12	1.52	5.17
Q089. - How important is this skill/ability and this knowledge to a successful Nursing career: Interpret basic statistical tests	12	1.69	4.75

	Mean	Std Dev	N	% Responding
Factor 8 . Enhanced Research Skills	4.48	1.30	13	100.0 %

Question	N	Std Dev	Mean
Q082. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Identify research issues	13	1.47	5.00
Q084. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Identify research problems	13	1.66	4.85
Q086. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Participate in research	13	1.42	4.23
Q088. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Understand principles of basic statistical tests	12	1.30	4.25
Q090. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Interpret basic statistical tests	12	1.40	4.17

	Mean	Std Dev	N	% Responding
Factor 9 . Importance of Understanding Health Care Management	5.08	1.42	13	100.0 %

Question	N	Std Dev	Mean
Q065. - How important is this skill/ability and this knowledge to a successful Nursing career: Understand health policy issues	13	1.53	5.77
Q069. - How important is this skill/ability and this knowledge to a successful Nursing career: Understand organizational theories	13	1.85	4.77
Q071. - How important is this skill/ability and this knowledge to a successful Nursing career: Apply organizational theories to healthcare services	13	1.69	4.38
Q073. - How important is this skill/ability and this knowledge to a successful Nursing career: Understand managed care concepts	13	1.54	4.92
Q075. - How important is this skill/ability and this knowledge to a successful Nursing career: Understand principles of health economics	13	1.54	5.31
Q077. - How important is this skill/ability and this knowledge to a successful Nursing career: Understand principles of health care financing	13	1.59	5.31

	Mean	Std Dev	N	% Responding
Factor 10 . Enhanced Understanding of Health Care Management	4.18	1.19	13	100.0 %

Question	N	Std Dev	Mean

Q066. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Understand health policy issues	13	1.46	4.85	
Q070. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Understand organizational theories	13	1.43	4.31	
Q072. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Apply organizational theories to healthcare services	13	1.24	4.00	
Q074. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Understand managed care concepts	13	1.35	4.15	
Q076. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Understand principles of health economics	13	1.49	3.92	
Q078. - To what extent did your Nursing education enhance this skill/ability and your knowledge base in this area: Understand principles of health care financing	13	1.41	3.85	

	Mean	Std Dev	N	% Responding
Factor 11 . APN: Importance of Advanced Health Assessment	6.71	0.37	13	100.0 %

Question	N	Std Dev	Mean	
Q099. Advanced physical and health assessment - How important is this skill/ability and this knowledge to a successful nursing career: Producing a problem-focused health history	13	0.27	6.92	
Q101. - How important is this skill/ability and this knowledge to a successful nursing career: Performing physical exam	13	0.42	6.77	
Q103. - How important is this skill/ability and this knowledge to a successful nursing career: Determine differential diagnosis/health problems	13	0.42	6.77	
Q105. - How important is this skill/ability and this knowledge to a successful nursing career: Prioritize health problems	13	0.50	6.54	
Q107. - How important is this skill/ability and this knowledge to a successful nursing career: Initiate appropriate care based on differential diagnosis/health problems	13	0.42	6.77	
Q109. Differentiation between normal and variations of normal and abnormal findings - How important is this skill/ability and this knowledge to a successful nursing career: Advanced physiology	13	0.61	6.69	
Q111. - How important is this skill/ability and this knowledge to a successful nursing career: Advanced pathophysiology	13	0.61	6.69	
Q113. Acute and chronic conditions - How important is this skill/ability and this knowledge to a successful nursing career: Diagnosis	12	0.65	6.50	
Q115. - How important is this skill/ability and this knowledge to a successful nursing career: Treatment	13	0.42	6.77	
Q117. - How important is this skill/ability and this knowledge to a successful nursing career: Management	13	0.62	6.62	

	Mean	Std Dev	N	% Responding
Factor 12 . APN: Enhanced Advanced Health Assessment	5.99	0.91	13	100.0 %

Question	N	Std Dev	Mean	
Q100. Advanced physical and health assessment - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Producing a problem-focused health history	13	0.62	6.62	
Q102. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Performing physical exam	13	0.63	6.46	

Question	N	Std Dev	Mean	
Q104. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Determine differential diagnosis/health problems	13	1.07	6.08	
Q106. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Prioritize health problems	13	0.92	6.08	
Q108. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Initiate appropriate care based on differential diagnosis/health problems	12	1.15	6.00	
Q110. Differentiation between normal and variations of normal and abnormal findings - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Advanced physiology	13	1.60	5.62	
Q112. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Advanced pathophysiology	13	1.72	5.23	
Q114. Acute and chronic conditions - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Diagnosis	13	0.83	6.08	
Q116. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Treatment	13	1.07	5.92	
Q118. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Management	13	1.05	5.77	

	Mean	Std Dev	N	% Responding
Factor 13 . APN: Importance of Prescription Drugs	6.75	0.46	13	100.0 %

Question	N	Std Dev	Mean	
Q119. Prescription drugs - How important is this skill/ability and this knowledge to a successful nursing career: Knowledge of pharmacokinetic process	13	0.42	6.77	
Q121. - How important is this skill/ability and this knowledge to a successful nursing career: Understanding of drug regimens	13	0.42	6.77	
Q123. - How important is this skill/ability and this knowledge to a successful nursing career: Understanding of drug side effects	13	0.58	6.77	
Q125. - How important is this skill/ability and this knowledge to a successful nursing career: Understanding of drug interactions	13	0.61	6.69	

	Mean	Std Dev	N	% Responding
Factor 14 . APN: Enhanced Prescription Drugs	4.29	1.61	13	100.0 %

Question	N	Std Dev	Mean	
Q120. Prescription drugs - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Knowledge of pharmacokinetic process	13	1.64	4.08	
Q122. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Understanding of drug regimens	13	1.43	4.31	
Q124. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Understanding of drug side effects	13	1.73	4.38	
Q126. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Understanding of drug interactions	13	1.73	4.38	

	Mean	Std Dev	N	% Responding
Factor 15 . APN: Importance of Patient Care	6.25	0.80	13	100.0 %

Question	N	Std Dev	Mean
Q127. Patient care - How important is this skill/ability and this knowledge to a successful nursing career: Anticipatory guidance based on age, developmental stage, family history and ethnicity	13	1.12	6.23
Q129. - How important is this skill/ability and this knowledge to a successful nursing career: Ability to identify signs and symptoms of common emotional illnesses	13	0.91	6.31
Q131. - How important is this skill/ability and this knowledge to a successful nursing career: Recognize the importance of the provision of comfort care to the dying as an integral component of care	12	1.42	6.25
Q161. Clinical epidemiological principles - How important is this skill/ability and this knowledge to a successful nursing career: Recognizing populations at risk	12	0.92	6.25
Q163. - How important is this skill/ability and this knowledge to a successful nursing career: Understanding the effectiveness of prevention and intervention	12	0.94	6.33
Q165. - How important is this skill/ability and this knowledge to a successful nursing career: Understanding effective prevention and intervention	12	1.07	6.17

	Mean	Std Dev	N	% Responding
Factor 16 . APN: Enhanced Patient Care	5.74	0.86	13	100.0 %

Question	N	Std Dev	Mean
Q128. Patient care - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Anticipatory guidance based on age, developmental stage, family history and ethnicity	13	0.86	6.15
Q130. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Ability to identify signs and symptoms of common emotional illnesses	13	1.44	5.62
Q132. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Recognize the importance of the provision of comfort care to the dying as an integral component of care	12	1.68	5.00
Q162. Clinical epidemiological principles - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Recognizing populations at risk	12	1.30	5.25
Q164. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Understanding the effectiveness of prevention and intervention	12	0.92	6.25
Q166. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Understanding effective prevention and intervention	12	1.04	6.08

	Mean	Std Dev	N	% Responding
Factor 17 . APN: Importance of Course Work	5.76	1.15	13	100.0 %

Question	N	Std Dev	Mean
Q137. Course work - How important is this skill/ability and this knowledge to a successful nursing career: Principles of genetics	13	1.22	5.54
Q139. - How important is this skill/ability and this knowledge to a successful nursing career: Role of genetics in clinical care	13	1.27	5.62
Q141. - How important is this skill/ability and this knowledge to a successful nursing career: Principles of immunology	13	1.23	5.85
Q143. - How important is this skill/ability and this knowledge to a successful nursing career: Interdisciplinary team concepts	13	1.27	6.08

Question	N	Std Dev	Mean	
Q145. - How important is this skill/ability and this knowledge to a successful nursing career: Understanding complementary and alternative modalities (the role in the patient management plan)	12	1.50	5.58	
Q147. - How important is this skill/ability and this knowledge to a successful nursing career: Understanding the International Classification of Diseases Procedural and Diagnostic Coding and current procedural terminology	13	1.27	5.92	

	Mean	Std Dev	N	% Responding
Factor 18 . APN: Enhanced Course Work	4.76	1.16	13	100.0 %

Question	N	Std Dev	Mean
Q138. Course work - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Principles of genetics	12	1.74	4.25
Q140. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Role of genetics in clinical care	13	1.60	4.38
Q142. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Principles of immunology	13	2.01	4.69
Q144. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Interdisciplinary team concepts	13	1.08	5.46
Q146. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Understanding complementary and alternative modalities (the role in the patient management plan)	13	1.50	4.46
Q148. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Understanding the International Classification of Diseases Procedural and Diagnostic Coding and current procedural terminology	13	0.97	5.23

	Mean	Std Dev	N	% Responding
Factor 19 . APN: Importance of Clinical Laboratory Procedures	6.31	0.73	13	100.0 %

Question	N	Std Dev	Mean
Q149. Clinical laboratory procedures - How important is this skill/ability and this knowledge to a successful nursing career: Ordering procedures	13	0.91	6.31
Q151. - How important is this skill/ability and this knowledge to a successful nursing career: Performing procedures	13	0.91	6.31
Q153. - How important is this skill/ability and this knowledge to a successful nursing career: Interpreting common screening and diagnostic tests	13	0.62	6.62
Q155. - How important is this skill/ability and this knowledge to a successful nursing career: EKG interpretation	13	0.75	6.46
Q157. - How important is this skill/ability and this knowledge to a successful nursing career: Suturing	12	0.95	5.92
Q159. - How important is this skill/ability and this knowledge to a successful nursing career: X-ray interpretation	13	1.03	6.15

	Mean	Std Dev	N	% Responding
Factor 20 . APN: Enhanced Clinical Laboratory Procedures	4.35	1.32	13	100.0 %

Question	N	Std Dev	Mean
Q150. Clinical laboratory procedures - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Ordering procedures	13	1.39	4.62

Question	N	Std Dev	Mean	
Q152. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Performing procedures	12	1.44	4.50	
Q154. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Interpreting common screening and diagnostic tests	13	1.54	5.08	
Q156. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: EKG interpretation	13	1.66	4.15	
Q158. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: Suturing	13	1.57	4.00	
Q160. - To what extent did your nursing education enhance this skill/ability and your knowledge base in this area: X-ray interpretation	13	1.87	3.85	

	Mean	Std Dev	N	% Responding
Factor 21 . Overall Program Effectiveness	5.37	1.42	13	100.0 %

Question	N	Std Dev	Mean	
Q035. Overall Satisfaction with your Master's Degree - Overall, how well did the nursing program prepare you for success in your first position after graduation?	13	1.31	5.23	
Q036. Overall Satisfaction with your Master's Degree - Overall, how well did the nursing program prepare you for success in your current position?	13	1.31	5.23	
Q037. Overall Satisfaction with your Master's Degree - Comparing the cost to the contribution the degree has made to your success as a nurse, rate its overall value.	13	1.77	5.31	
Q038. - How inclined are you to recommend your nursing program to a close friend?	13	1.73	5.69	

Show up to 100 Factors(s) per Report Page   Report Page 1 of 1

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Report: Factors
Report Generated: 1/19/2015 3:41 PM

AACN/EBI Master's Nursing Program Alumni Assessment (Order: 24245)

Population: University of New Mexico > (D008. What was your major area of study during your master's program? Adv. Practice Nurse - NP)

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Educational Benchmarking, Inc (EBI) - Copyright 2015   9 of 9

Order: 24427 > AACN/EBI Masters Level Nursing Employer Assessment

Population: University of New Mexico > All Respondents (no filter selected) **(15 responses)**

| Survey Statistics:	No. Attempted =	No. Responded = 15	% Responding = Unavailable

Show up to [100] Question(s) per Report Page   Report Page [1] of 1

Q001. Please rate to what extent these skills/abilities are important to a successful nursing career or graduate school performance and to what extent this employee/student demonstrates these skills/abilities. - Acts as an advocate for vulnerable patients Important to a successful career
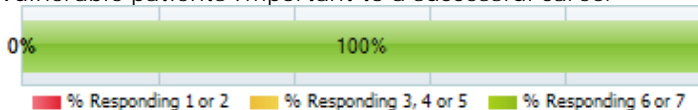
0%   100%

% Responding 1 or 2   % Responding 3, 4 or 5   % Responding 6 or 7

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	3	20.0%
(7) Extremely	12	80.0%

% Resp = 100.0%
N = 15
Mean = 6.80
Std Dev = 0.40

Q002. Please rate to what extent these skills/abilities are important to a successful nursing career or graduate school performance and to what extent this employee/student demonstrates these skills/abilities. - Acts as an advocate for vulnerable patients Employee demonstrates this ability
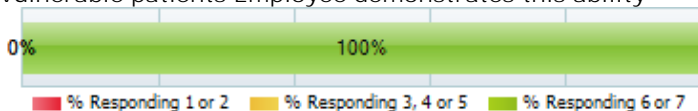
0%   100%

% Responding 1 or 2   % Responding 3, 4 or 5   % Responding 6 or 7

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	4	28.6%
(7) Extremely	10	71.4%

% Resp = 93.3%
N = 14
Mean = 6.71
Std Dev = 0.45

Q003. Provides culturally competent care Important to a successful career
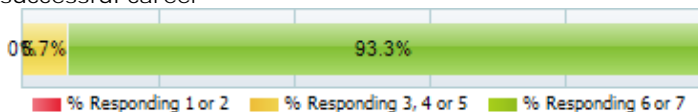
06.7%   93.3%

% Responding 1 or 2   % Responding 3, 4 or 5   % Responding 6 or 7

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	1	6.7%
(5)	0	0.0%
(6)	2	13.3%
(7) Extremely	12	80.0%

% Resp = 100.0%
N = 15
Mean = 6.67
Std Dev = 0.79

Q004. Provides culturally competent care Employee demonstrates this ability

07.1%   92.9%

% Responding 1 or 2   % Responding 3, 4 or 5   % Responding 6 or 7
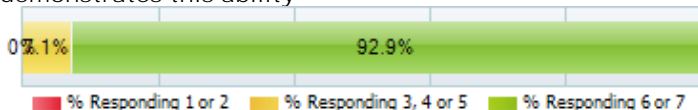
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	1	7.1%
(6)	4	28.6%
(7) Extremely	9	64.3%

% Resp = 93.3%
N = 14
Mean = 6.57
Std Dev = 0.62

Q005. Assists patients to interpret the meaning of health information Important to a successful career
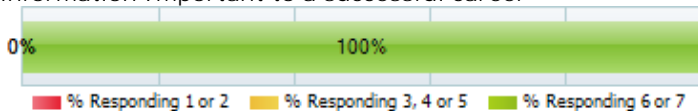
0%   100%

% Responding 1 or 2   % Responding 3, 4 or 5   % Responding 6 or 7

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	3	20.0%
(7) Extremely	12	80.0%

% Resp = 100.0%
N = 15
Mean = 6.80
Std Dev = 0.40

Q006. Assists patients to interpret the meaning of health information Employee demonstrates this ability

07.7%   92.3%

% Responding 1 or 2   % Responding 3, 4 or 5   % Responding 6 or 7
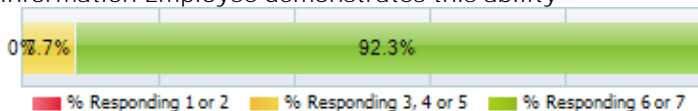
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	1	7.7%
(6)	2	15.4%
(7) Extremely	10	76.9%

% Resp = 86.7%
N = 13
Mean = 6.69
Std Dev = 0.61

Appendix 26   78-90

Q007. Applies an ethical decision-making framework to clinical situations Important to a successful career
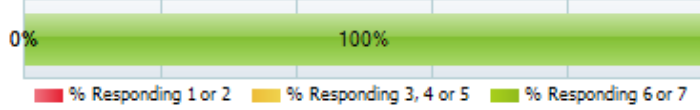
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	3	21.4%
(7) Extremely	11	78.6%

% Resp = 93.3%
N = 14
Mean = 6.79
Std Dev = 0.41

Q008. Applies an ethical decision-making framework to clinical situations Employee demonstrates this ability
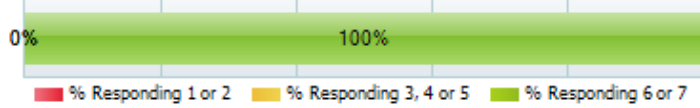
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	4	28.6%
(7) Extremely	10	71.4%

% Resp = 93.3%
N = 14
Mean = 6.71
Std Dev = 0.45

Q009. Coordinates care across all environments Important to a successful career
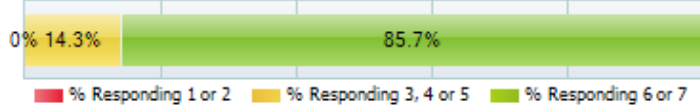
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	2	14.3%
(6)	1	7.1%
(7) Extremely	11	78.6%

% Resp = 93.3%
N = 14
Mean = 6.64
Std Dev = 0.72

Q010. Coordinates care across all environments Employee demonstrates this ability
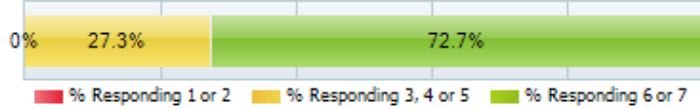
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	1	9.1%
(5)	2	18.2%
(6)	3	27.3%
(7) Extremely	5	45.5%

% Resp = 73.3%
N = 11
Mean = 6.09
Std Dev = 1.00

Q011. Applies research based knowledge as a basis for practice Important to a successful career
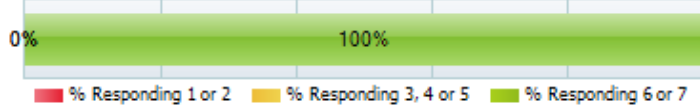
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	2	13.3%
(7) Extremely	13	86.7%

% Resp = 100.0%
N = 15
Mean = 6.87
Std Dev = 0.34

Q012. Applies research based knowledge as a basis for practice Employee demonstrates this ability
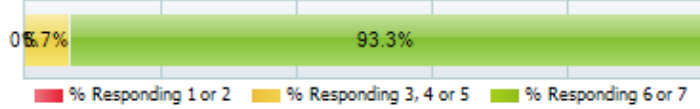
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	1	6.7%
(5)	0	0.0%
(6)	3	20.0%
(7) Extremely	11	73.3%

% Resp = 100.0%
N = 15
Mean = 6.60
Std Dev = 0.80

Q013. Demonstrates accountability for one's own actions Important to a successful career
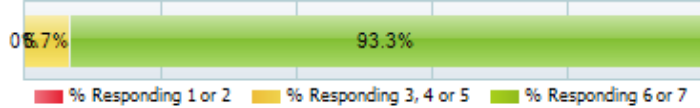
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	1	6.7%
(6)	1	6.7%
(7) Extremely	13	86.7%

% Resp = 100.0%
N = 15
Mean = 6.80
Std Dev = 0.54

Q014. Demonstrates accountability for one's own actions Employee demonstrates this ability
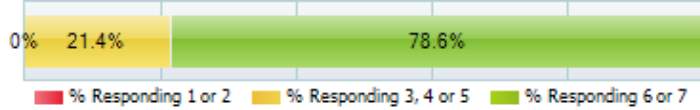
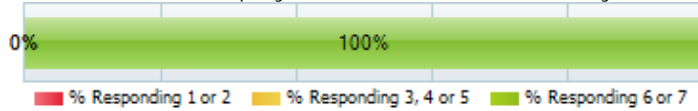|	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	1	7.1%
(4) Moderately	0	0.0%
(5)	2	14.3%
(6)	4	28.6%

% Resp = 93.3%
N = 14
Mean = 6.14
Std Dev = 1.12

Appendix 26

78-90

Q015. Honors the right of patients to make decisions about their health care Important to a successful career
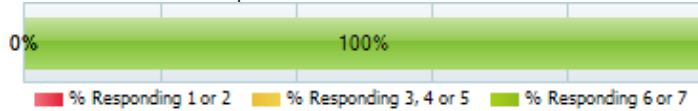
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	2	14.3%
(7) Extremely	12	85.7%

% Resp = 93.3%
N = 14
Mean = 6.86
Std Dev = 0.35

Q016. Honors the right of patients to make decisions about their health care Employee demonstrates this ability

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	3	30.0%
(7) Extremely	7	70.0%

% Resp = 66.7%
N = 10
Mean = 6.70
Std Dev = 0.46

Q017. Supports fairness in the delivery of care Important to a successful career
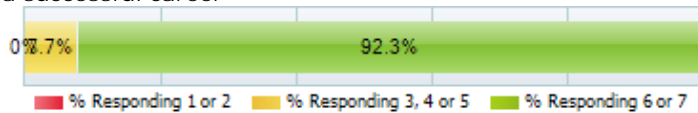
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	1	7.7%
(6)	1	7.7%
(7) Extremely	11	84.6%

% Resp = 86.7%
N = 13
Mean = 6.77
Std Dev = 0.58

Q018. Supports fairness in the delivery of care Employee demonstrates this ability
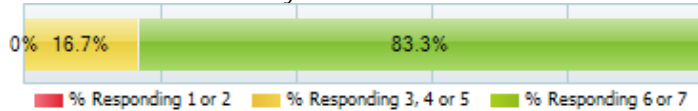
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	2	16.7%
(6)	1	8.3%
(7) Extremely	9	75.0%

% Resp = 80.0%
N = 12
Mean = 6.58
Std Dev = 0.76

Q019. Evaluates individual's ability to assume responsibility for self care Important to a successful career
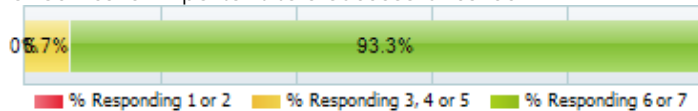
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	1	6.7%
(6)	2	13.3%
(7) Extremely	12	80.0%

% Resp = 100.0%
N = 15
Mean = 6.73
Std Dev = 0.57

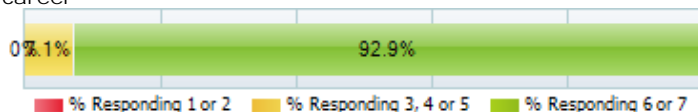## Q020. Evaluates individual's ability to assume responsibility for self care Employee demonstrates this ability
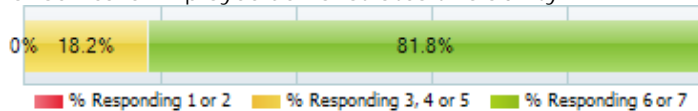
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	2	18.2%
(6)	3	27.3%
(7) Extremely	6	54.6%

% Resp = 73.3%
N = 11
Mean = 6.36
Std Dev = 0.77

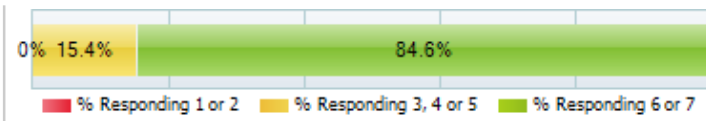## Q021. Defines Nursing problems Important to a successful career

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	1	7.1%
(6)	2	14.3%
(7) Extremely	11	78.6%

% Resp = 93.3%
N = 14
Mean = 6.71
Std Dev = 0.59

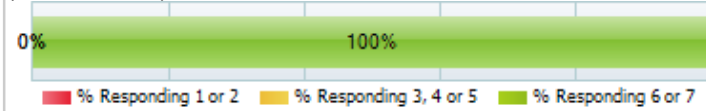## Q022. Defines Nursing problems Employee demonstrates this ability

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%

% Resp = 86.7%
N = 13
Mean = 6.54
Std Dev = 0.75

Appendix 26

78-90

		(5)		2	15.4%
0%	15.4%	84.6%	(6)	2	15.4%
			(7) Extremely	9	69.2%

■ % Responding 1 or 2 ■ % Responding 3, 4 or 5 ■ % Responding 6 or 7

Q023. Applies a systematic approach to solving Nursing problems Important to a successful career

0% 100%

■ % Responding 1 or 2 ■ % Responding 3, 4 or 5 ■ % Responding 6 or 7

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	2	13.3%
(7) Extremely	13	86.7%

% Resp = 100.0%
N = 15
Mean = 6.87
Std Dev = 0.34

Q024. Applies a systematic approach to solving Nursing problems Employee demonstrates this ability

0% 6.7% 93.3%

■ % Responding 1 or 2 ■ % Responding 3, 4 or 5 ■ % Responding 6 or 7
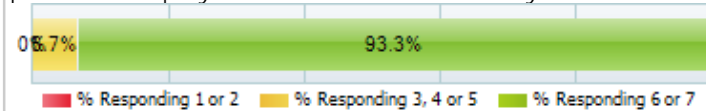
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	1	6.7%
(5)	0	0.0%
(6)	2	13.3%
(7) Extremely	12	80.0%

% Resp = 100.0%
N = 15
Mean = 6.67
Std Dev = 0.79

Q025. Makes effective presentations Important to a successful career

0% 14.3% 85.7%

■ % Responding 1 or 2 ■ % Responding 3, 4 or 5 ■ % Responding 6 or 7
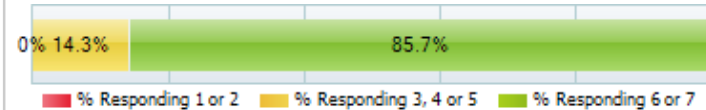
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	1	7.1%
(4) Moderately	1	7.1%
(5)	0	0.0%
(6)	2	14.3%
(7) Extremely	10	71.4%

% Resp = 93.3%
N = 14
Mean = 6.36
Std Dev = 1.23

Q026. Makes effective presentations Employee demonstrates this ability

0% 7.7% 92.3%

■ % Responding 1 or 2 ■ % Responding 3, 4 or 5 ■ % Responding 6 or 7
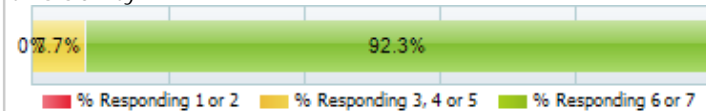
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	1	7.7%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	2	15.4%
(7) Extremely	10	76.9%

% Resp = 86.7%
N = 13
Mean = 6.54
Std Dev = 1.08

Q027. Therapeutically intervenes to solve patient problems Important to a successful career
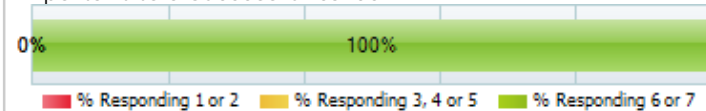
0% 100%

■ % Responding 1 or 2 ■ % Responding 3, 4 or 5 ■ % Responding 6 or 7

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	2	14.3%
(7) Extremely	12	85.7%

% Resp = 93.3%
N = 14
Mean = 6.86
Std Dev = 0.35

Q028. Therapeutically intervenes to solve patient problems Employee demonstrates this ability

0% 100%

■ % Responding 1 or 2 ■ % Responding 3, 4 or 5 ■ % Responding 6 or 7
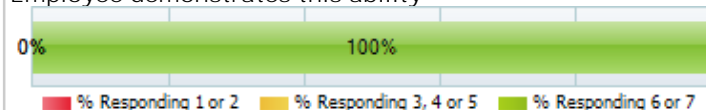
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	3	27.3%
(7) Extremely	8	72.7%

% Resp = 73.3%
N = 11
Mean = 6.73
Std Dev = 0.45

Q029. Provides physical support in preparation for therapeutic procedures Important to a successful career

0% 7.1% 92.9%

■ % Responding 1 or 2 ■ % Responding 3, 4 or 5 ■ % Responding 6 or 7
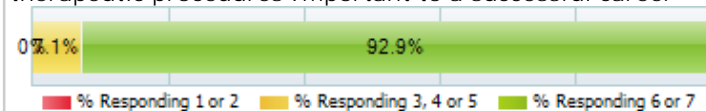
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	1	7.1%
(5)	0	0.0%
(6)	1	7.1%
(7) Extremely	12	85.7%

% Resp = 93.3%
N = 14
Mean = 6.71
Std Dev = 0.80

Appendix 26

78-90

Q030. Provides physical support in preparation for therapeutic procedures Employee demonstrates this ability

0% 9.1% | 90.9%

% Responding 1 or 2 | % Responding 3, 4 or 5 | % Responding 6 or 7
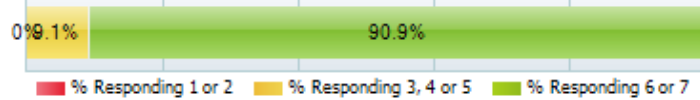
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	1	9.1%
(5)	0	0.0%
(6)	2	18.2%
(7) Extremely	8	72.7%

% Resp = 73.3%
N = 11
Mean = 6.55
Std Dev = 0.89

Q031. Assesses predictive factors that influence the health of patients Important to a successful career
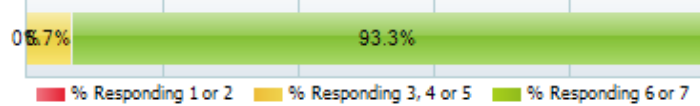
0% 6.7% | 93.3%

% Responding 1 or 2 | % Responding 3, 4 or 5 | % Responding 6 or 7

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	1	6.7%
(6)	1	6.7%
(7) Extremely	13	86.7%

% Resp = 100.0%
N = 15
Mean = 6.80
Std Dev = 0.54

Q032. Assesses predictive factors that influence the health of patients Employee demonstrates this ability
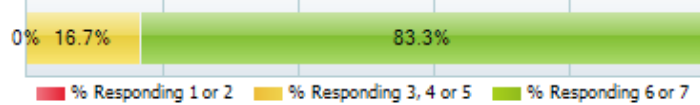
0% 16.7% | 83.3%

% Responding 1 or 2 | % Responding 3, 4 or 5 | % Responding 6 or 7

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	2	16.7%
(6)	1	8.3%
(7) Extremely	9	75.0%

% Resp = 80.0%
N = 12
Mean = 6.58
Std Dev = 0.76

Q033. Assists patients to achieve a peaceful end of life Important to a successful career

0% 11.1% | 88.9%

% Responding 1 or 2 | % Responding 3, 4 or 5 | % Responding 6 or 7
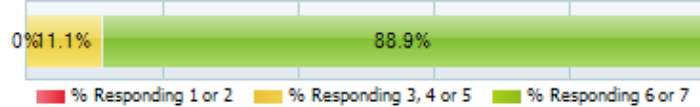
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	1	11.1%
(6)	0	0.0%
(7) Extremely	8	88.9%

% Resp = 60.0%
N = 9
Mean = 6.78
Std Dev = 0.63

Q034. Assists patients to achieve a peaceful end of life Employee demonstrates this ability

0%

% Responding 1 or 2 | % Responding 3, 4 or 5 | % Responding 6 or 7
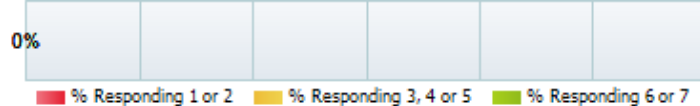
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	1	20.0%
(6)	0	0.0%
(7) Extremely	4	80.0%

% Resp = 0.0%
N = 5
Mean = 0.00
Std Dev = 0.00

Q035. Uses appropriate technologies to assess patients Important to a successful career
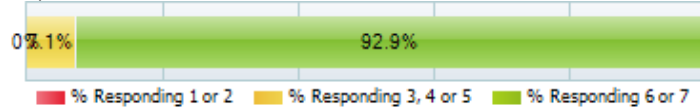
0% 7.1% | 92.9%

% Responding 1 or 2 | % Responding 3, 4 or 5 | % Responding 6 or 7

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	1	7.1%
(6)	2	14.3%
(7) Extremely	11	78.6%

% Resp = 93.3%
N = 14
Mean = 6.71
Std Dev = 0.59

Q036. Uses appropriate technologies to assess patients Employee demonstrates this ability

0% 18.2% | 81.8%

% Responding 1 or 2 | % Responding 3, 4 or 5 | % Responding 6 or 7
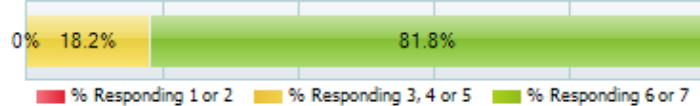
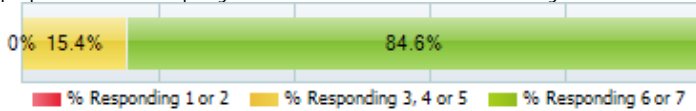|	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	2	18.2%
(6)	2	18.2%
(7) Extremely	7	63.6%

% Resp = 73.3%
N = 11
Mean = 6.45
Std Dev = 0.78

Q037. Understands the effects of health policies on diverse populations Important to a successful career

0% | 100%

% Responding 1 or 2 | % Responding 3, 4 or 5 | % Responding 6 or 7
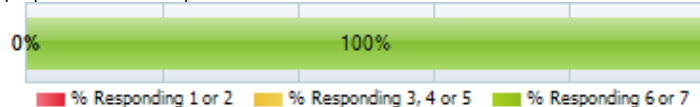
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	2	14.3%

% Resp = 93.3%
N = 14
Mean = 6.86
Std Dev = 0.35

Appendix 26

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Q038. Understands the effects of health policies on diverse populations Employee demonstrates this ability

0% 15.4% | 84.6%

% Responding 1 or 2 | % Responding 3, 4 or 5 | % Responding 6 or 7

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	2	15.4%
(6)	2	15.4%
(7) Extremely	9	69.2%

% Resp = 86.7%
N = 13
Mean = 6.54
Std Dev = 0.75

Q039. Understands the global health care environment Important to a successful career

0% 13.3% | 86.7%

% Responding 1 or 2 | % Responding 3, 4 or 5 | % Responding 6 or 7
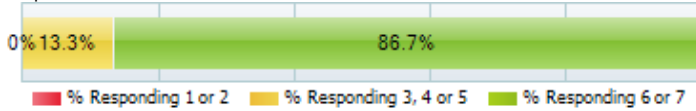
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	1	6.7%
(5)	1	6.7%
(6)	3	20.0%
(7) Extremely	10	66.7%

% Resp = 100.0%
N = 15
Mean = 6.47
Std Dev = 0.88

Q040. Understands the global health care environment Employee demonstrates this ability

0% 20% | 80%

% Responding 1 or 2 | % Responding 3, 4 or 5 | % Responding 6 or 7
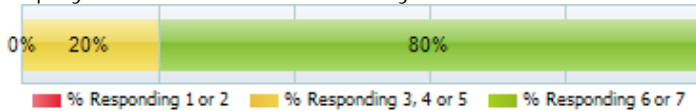
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	1	6.7%
(5)	2	13.3%
(6)	3	20.0%
(7) Extremely	9	60.0%

% Resp = 100.0%
N = 15
Mean = 6.33
Std Dev = 0.94

Q041. Understands how health care delivery systems are organized Important to a successful career

0% 13.3% | 86.7%

% Responding 1 or 2 | % Responding 3, 4 or 5 | % Responding 6 or 7
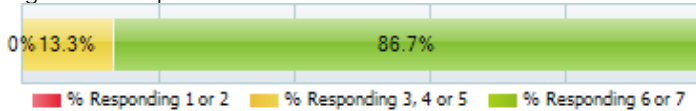
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	2	13.3%
(6)	3	20.0%
(7) Extremely	10	66.7%

% Resp = 100.0%
N = 15
Mean = 6.53
Std Dev = 0.72

Q042. Understands how health care delivery systems are organized Employee demonstrates this ability

0% 15.4% | 84.6%

% Responding 1 or 2 | % Responding 3, 4 or 5 | % Responding 6 or 7
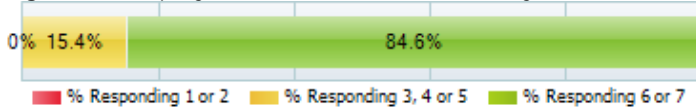
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	1	7.7%
(5)	1	7.7%
(6)	4	30.8%
(7) Extremely	7	53.9%

% Resp = 86.7%
N = 13
Mean = 6.31
Std Dev = 0.91

Q043. Incorporates knowledge of cost factors when delivering care Important to a successful career
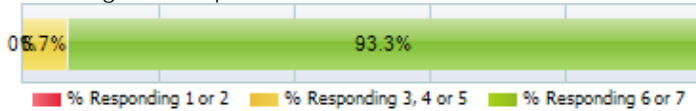
0% 6.7% | 93.3%

% Responding 1 or 2 | % Responding 3, 4 or 5 | % Responding 6 or 7

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	1	6.7%
(5)	0	0.0%
(6)	3	20.0%
(7) Extremely	11	73.3%

% Resp = 100.0%
N = 15
Mean = 6.60
Std Dev = 0.80

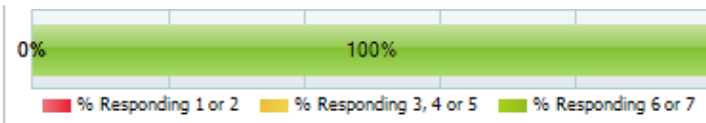## Q044. Incorporates knowledge of cost factors when delivering care Employee demonstrates this ability

0% 15.4% | 84.6%

% Responding 1 or 2 | % Responding 3, 4 or 5 | % Responding 6 or 7
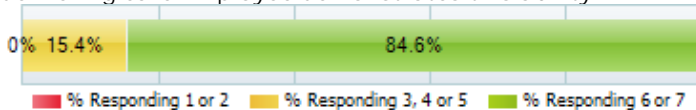
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	1	7.7%
(4) Moderately	0	0.0%
(5)	1	7.7%
(6)	4	30.8%
(7) Extremely	7	53.9%

% Resp = 86.7%
N = 13
Mean = 6.23
Std Dev = 1.12

## Q045. Functions as a member of a team of health care providers Important to a successful career

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%

% Resp = 100.0%
N = 15
Mean = 6.93
Std Dev = 0.25

Appendix 26

78-90

% Responding 1 or 2　% Responding 3, 4 or 5　% Responding 6 or 7

Q046. Functions as a member of a team of health care providers Employee demonstrates this ability

0% 8.3%　　91.7%

% Responding 1 or 2　% Responding 3, 4 or 5　% Responding 6 or 7
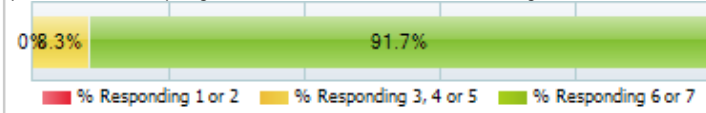
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	1	8.3%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	2	16.7%
(7) Extremely	9	75.0%

% Resp = 80.0%
N = 12
Mean = 6.50
Std Dev = 1.12

Q047. Forms partnerships to manage interdisciplinary care Important to a successful career
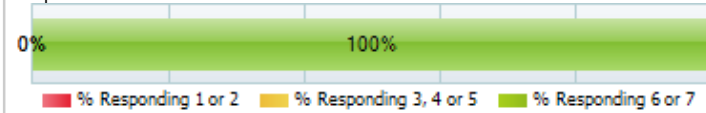
0%　　100%

% Responding 1 or 2　% Responding 3, 4 or 5　% Responding 6 or 7

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	3	20.0%
(7) Extremely	12	80.0%

% Resp = 100.0%
N = 15
Mean = 6.80
Std Dev = 0.40

Q048. Forms partnerships to manage interdisciplinary care Employee demonstrates this ability

0% 15.4%　　84.6%

% Responding 1 or 2　% Responding 3, 4 or 5　% Responding 6 or 7
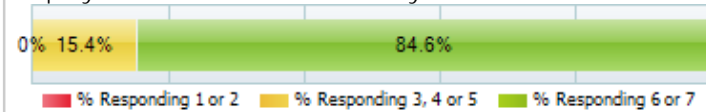
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	1	7.7%
(5)	1	7.7%
(6)	3	23.1%
(7) Extremely	8	61.5%

% Resp = 86.7%
N = 13
Mean = 6.38
Std Dev = 0.92

Q049. Supervises nursing care given by others while retaining accountability for quality of care given to the patient Important to a successful career

0%　　100%

% Responding 1 or 2　% Responding 3, 4 or 5　% Responding 6 or 7
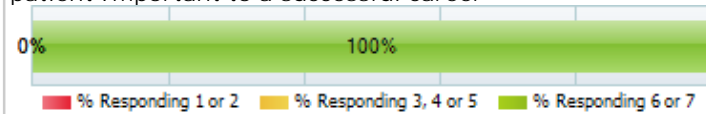
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	3	23.1%
(7) Extremely	10	76.9%

% Resp = 86.7%
N = 13
Mean = 6.77
Std Dev = 0.42

Q050. Supervises nursing care given by others while retaining accountability for quality of care given to the patient Employee demonstrates this ability

0% 11.1%　　88.9%

% Responding 1 or 2　% Responding 3, 4 or 5　% Responding 6 or 7
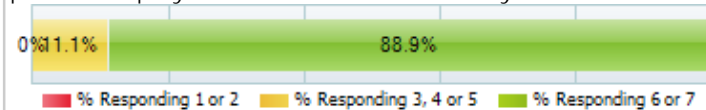
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	1	11.1%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	3	33.3%
(7) Extremely	5	55.6%

% Resp = 60.0%
N = 9
Mean = 6.22
Std Dev = 1.23

Q051. Develops strategies to promote healthy communities Important to a successful career

0% 14.3%　　85.7%

% Responding 1 or 2　% Responding 3, 4 or 5　% Responding 6 or 7
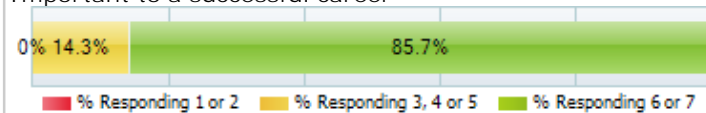
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	1	7.1%
(5)	1	7.1%
(6)	2	14.3%
(7) Extremely	10	71.4%

% Resp = 93.3%
N = 14
Mean = 6.50
Std Dev = 0.91

Q052. Develops strategies to promote healthy communities Employee demonstrates this ability

0% 21.4%　　78.6%

% Responding 1 or 2　% Responding 3, 4 or 5　% Responding 6 or 7
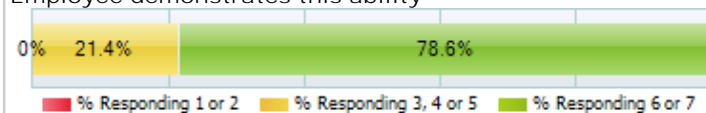
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	2	14.3%
(5)	1	7.1%
(6)	2	14.3%
(7) Extremely	9	64.3%

% Resp = 93.3%
N = 14
Mean = 6.29
Std Dev = 1.10

Appendix 26

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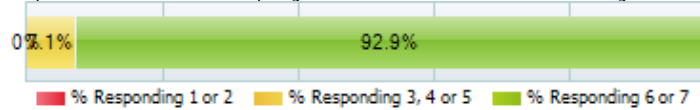**Q053. Articulates the values of the profession as they relate to patient welfare Important to a successful career**
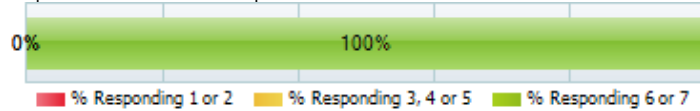
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	2	13.3%
(7) Extremely	13	86.7%

% Resp = 100.0%
N = 15
Mean = 6.87
Std Dev = 0.34

Q054. Articulates the values of the profession as they relate to patient welfare Employee demonstrates this ability

	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	1	7.1%
(6)	2	14.3%
(7) Extremely	11	78.6%

% Resp = 93.3%
N = 14
Mean = 6.71
Std Dev = 0.59

Q055. Incorporates professional nursing standards into practice Important to a successful career
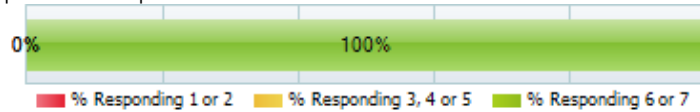
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	0	0.0%
(6)	1	6.7%
(7) Extremely	14	93.3%

% Resp = 100.0%
N = 15
Mean = 6.93
Std Dev = 0.25

Q056. Incorporates professional nursing standards into practice Employee demonstrates this ability
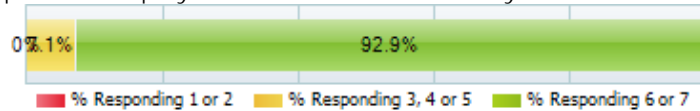
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	0	0.0%
(5)	1	7.1%
(6)	1	7.1%
(7) Extremely	12	85.7%

% Resp = 93.3%
N = 14
Mean = 6.79
Std Dev = 0.56

Q057. The Bottom Line - Overall Evaluation of employee and their educational preparation - To what extent has this employee fulfilled your expectations for quality nursing care?
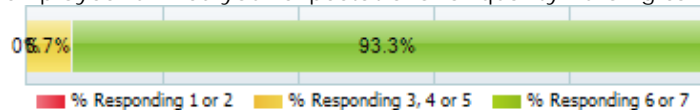
	N	% of Total
(1) Far below	0	0.0%
(2) Moderately below	0	0.0%
(3) Slightly below	1	6.7%
(4) Met expectations	0	0.0%
(5) Slightly above	0	0.0%
(6) Moderately above	6	40.0%
(7) Far above	8	53.3%

% Resp = 100.0%
N = 15
Mean = 6.33
Std Dev = 1.01

**Q058. How well prepared was this employee to take on responsibilities when they joined your institution/school?**
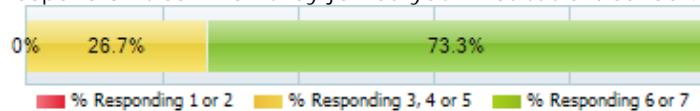
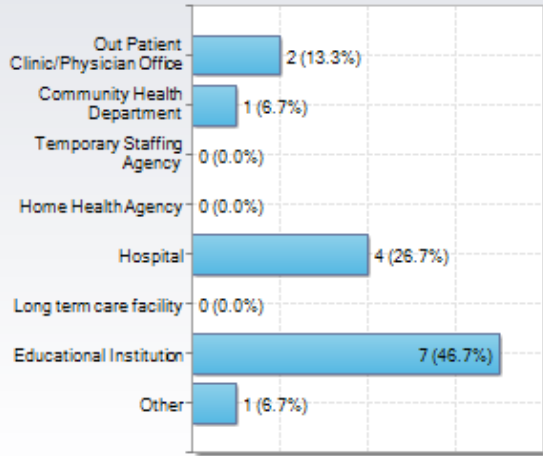|	N	% of Total
(1) Very poorly	0	0.0%
(2) Poorly	0	0.0%
(3) Fair	1	6.7%
(4) Well	1	6.7%
(5) Very well	2	13.3%
(6) Excellent	3	20.0%
(7) Exceptional	8	53.3%

% Resp = 100.0%
N = 15
Mean = 6.07
Std Dev = 1.24

Q059. To what degree would you recommend that your organization hire graduates from this nursing program in the future?
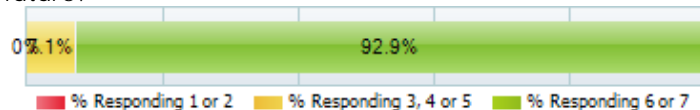
	N	% of Total
(1) Not at all	0	0.0%
(2)	0	0.0%
(3)	0	0.0%
(4) Moderately	1	7.1%
(5)	0	0.0%
(6)	2	14.3%
(7) Extremely	11	78.6%

% Resp = 93.3%
N = 14
Mean = 6.64
Std Dev = 0.81

D060. Type of Institution:

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	N	% of Total	% Resp = 100.0%
			N = 15
Out Patient Clinic/Physician Office	2	13.3%	
Community Health Department	1	6.7%	
Temporary Staffing Agency	0	0.0%	
Home Health Agency	0	0.0%	
Hospital	4	26.7%	
Long term care facility	0	0.0%	
Educational Institution	7	46.7%	
Other	1	6.7%	

D061. Number of employees in the facility where this graduate is employed:
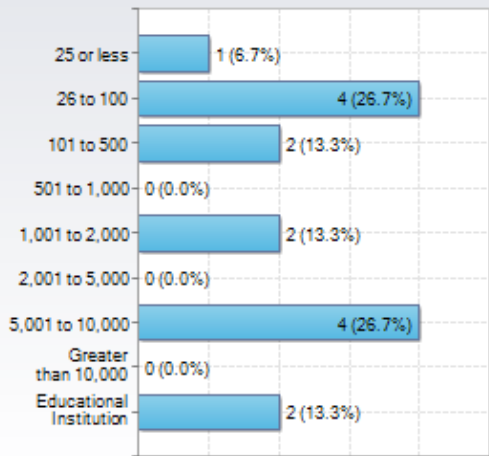
	N	% of Total	% Resp = 100.0%
			N = 15
25 or less	1	6.7%	
26 to 100	4	26.7%	
101 to 500	2	13.3%	
501 to 1,000	0	0.0%	
1,001 to 2,000	2	13.3%	
2,001 to 5,000	0	0.0%	
5,001 to 10,000	4	26.7%	
Greater than 10,000	0	0.0%	
Educational Institution	2	13.3%	

D062. Title of Evaluator:
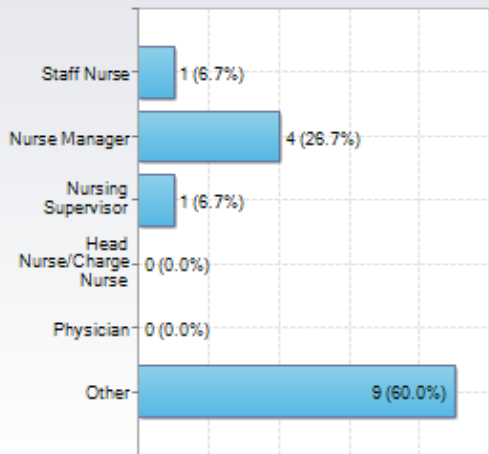
	N	% of Total	% Resp = 100.0%
			N = 15
Staff Nurse	1	6.7%	
Nurse Manager	4	26.7%	
Nursing Supervisor	1	6.7%	
Head Nurse/Charge Nurse	0	0.0%	
Physician	0	0.0%	
Other	9	60.0%	

D063. How long have you been employed with this institution?

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	N	% of Total	% Resp = 100.0%
			N = 15
Less than one year	2	13.3%	
1 - 3 years	2	13.3%	
4 - 6 years	4	26.7%	
7 - 10 years	1	6.7%	
11 - 15 years	4	26.7%	
more than 15 years	2	13.3%	
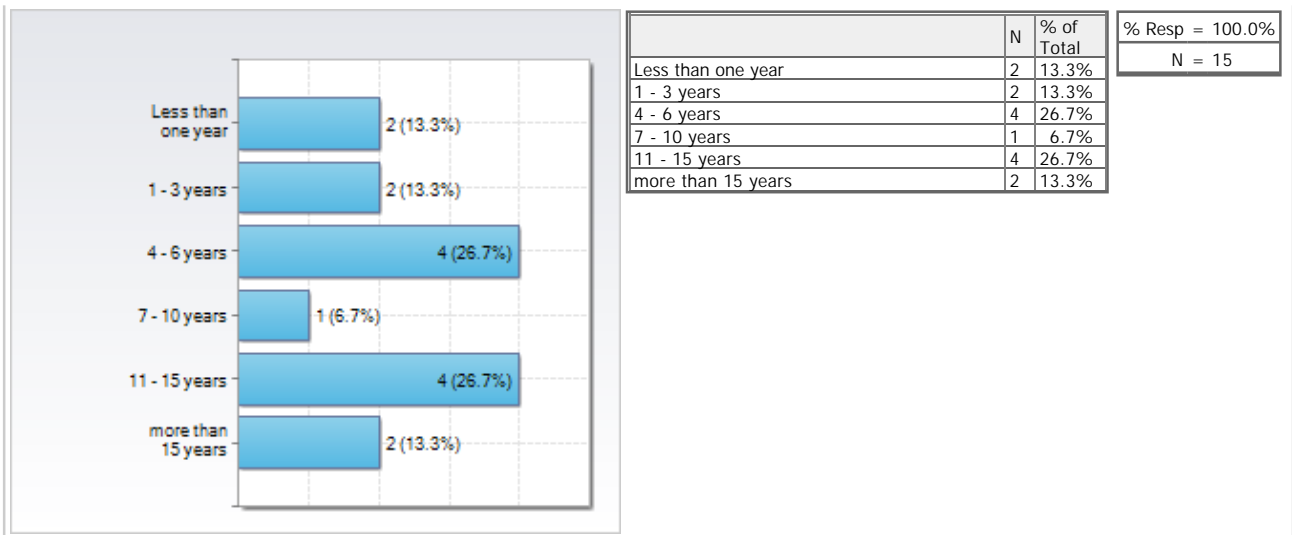
D064. Are you an alum of the same school of nursing as this employee?

	N	% of Total	% Resp = 100.0%
			N = 15
Yes	5	33.3%	
No	10	66.7%	
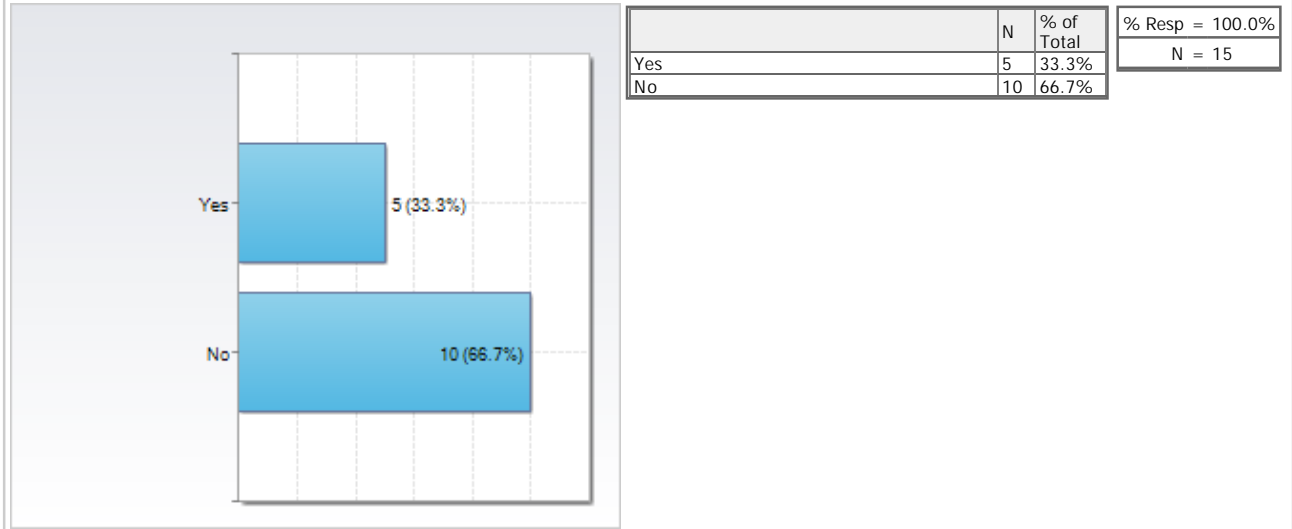
D065. What is your highest educational degree?

|	N	% of Total	% Resp = 100.0%
			N = 15
Associates	1	6.7%	
Bachelors	2	13.3%	
Masters	10	66.7%	
Doctorate	2	13.3%	
MD	0	0.0%	
Other	0	0.0%	
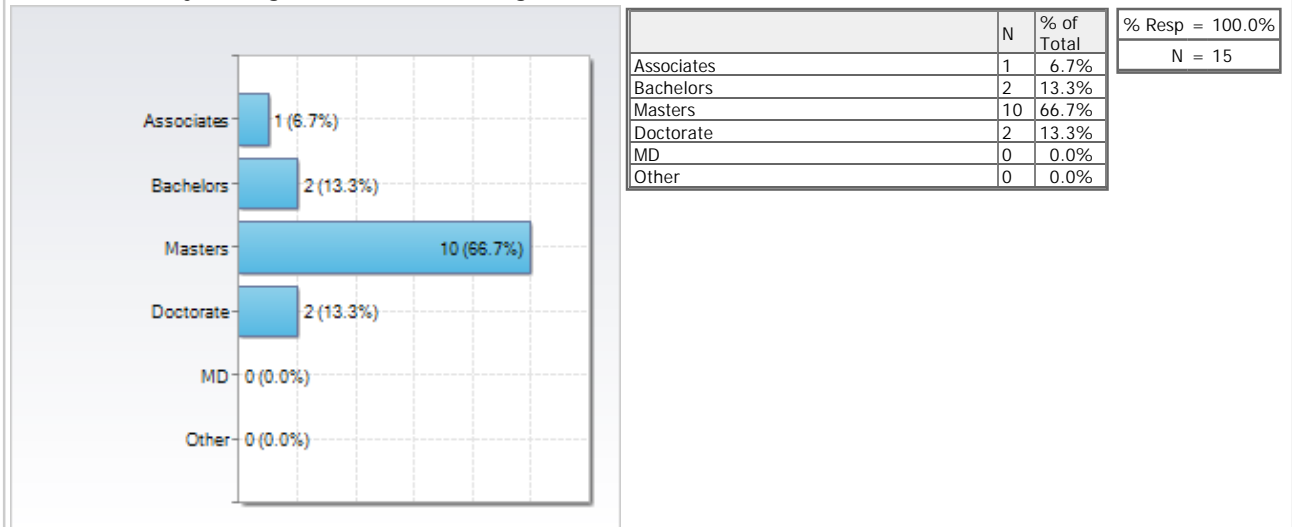
D066. Number of graduates from this school hired by your institution in the last 3 years (please approximate):

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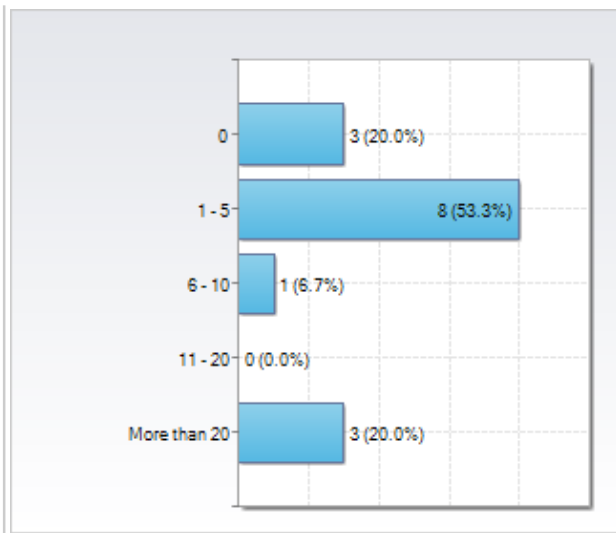
	N	% of Total	% Resp = 100.0%
			N = 15
0	3	20.0%	
1 - 5	8	53.3%	
6 - 10	1	6.7%	
11 - 20	0	0.0%	
More than 20	3	20.0%	

D067. Number of months that you have supervised this employee/student:
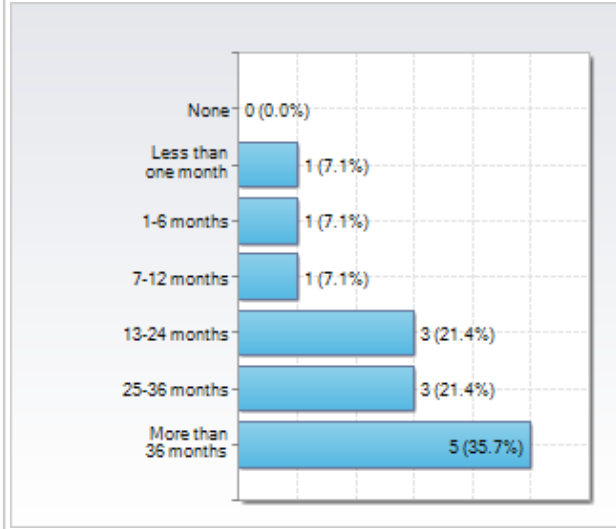
|	N	% of Total	% Resp = 93.3%
			N = 14
None	0	0.0%	
Less than one month	1	7.1%	
1-6 months	1	7.1%	
7-12 months	1	7.1%	
13-24 months	3	21.4%	
25-36 months	3	21.4%	
More than 36 months	5	35.7%	

D068. Rate this employee's academic preparation as compared to all other employees from other institutions with the same level of education:
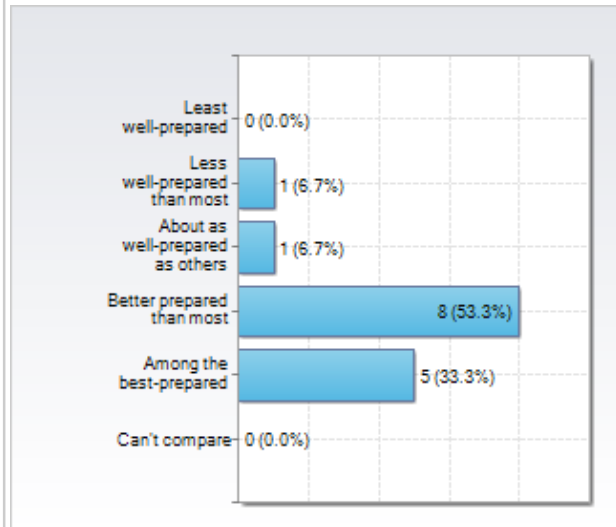

	N	% of Total	% Resp = 100.0%
			N = 15
Least well-prepared	0	0.0%	
Less well-prepared than most	1	6.7%	
About as well-prepared as others	1	6.7%	
Better prepared than most	8	53.3%	
Among the best-prepared	5	33.3%	
Can't compare	0	0.0%	

D069. Does your organization differentiate the practice roles of nurses based on educational preparation?

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		N	% of Total
Yes		9	60.0%
No		6	40.0%

% Resp = 100.0%
N = 15
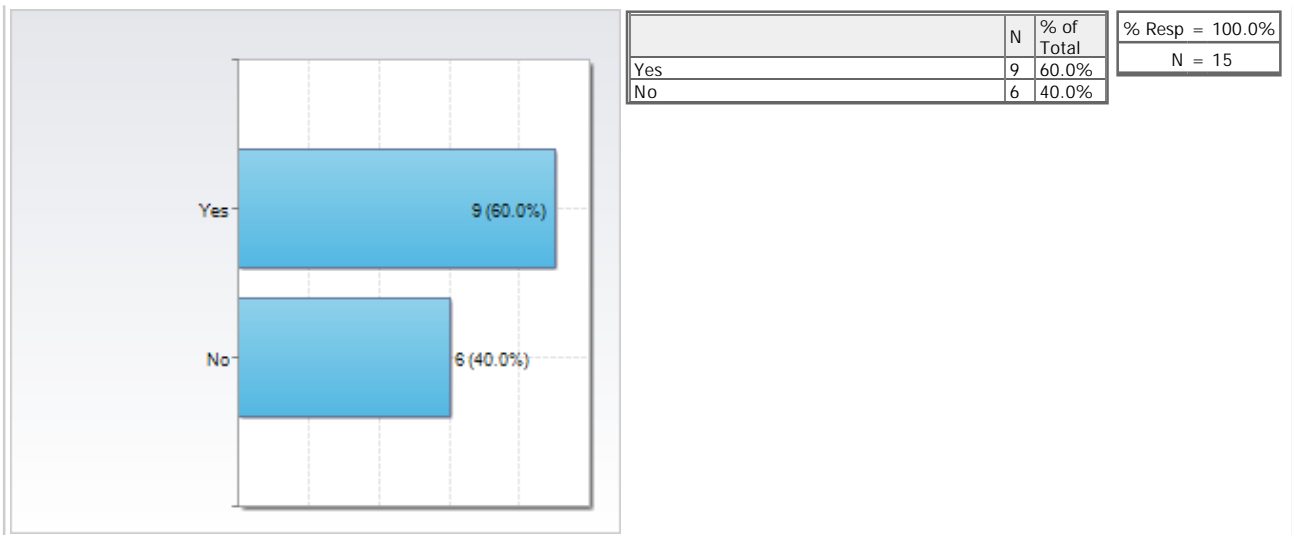
D070. Does your organization have a compensation and reward system that recognizes role distinctions among staff nurses and other expert nurses?

		N	% of Total
Yes		10	76.9%
No		3	23.1%

% Resp = 86.7%
N = 13
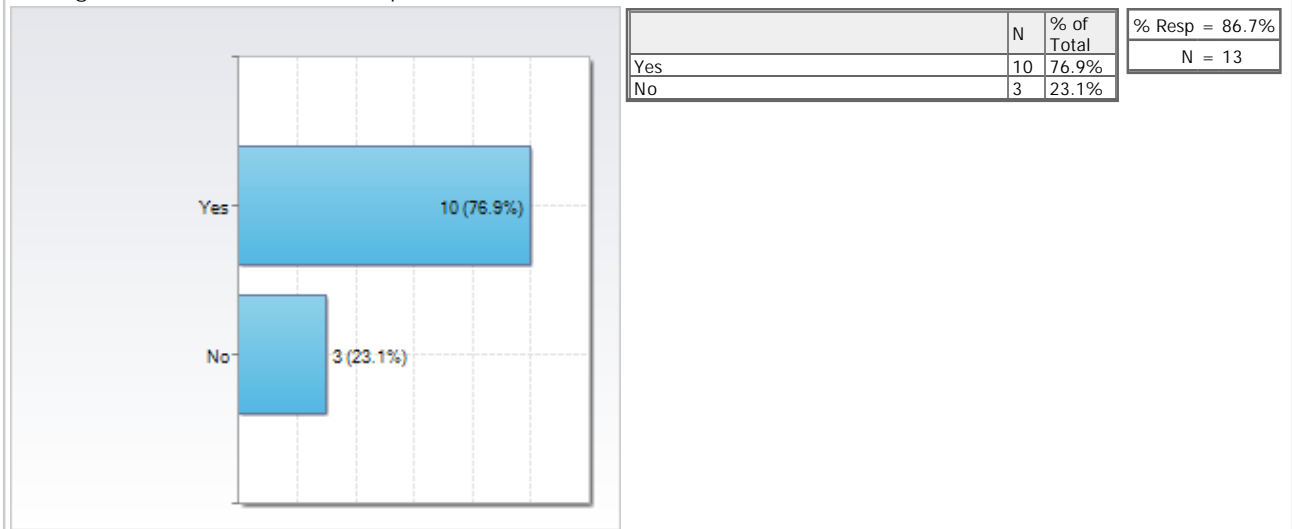
SA071. Institution Name: (N=14)

Answer
UNMH
ENMU-Roswell
Northern New Mexico College
Flagstaff Medical Center
Project ECHO- UNM HSC
Assertive Community Treatment
University of New Mexico
UNM Hospital
Presbyterian Medical Group
UNM HOSPITALS

SA072. Institution City: (N=14)

Answer
Albuquerque
Roswell
espanola
Flagstaff
Albuquerque

Appendix 26

albuquerque
Albuquerque
Albuquerque
Espanola
ALBUQUERQUE

SA073. Institution State: (N=14)

Answer
New Mexico
NM
new mexico
Arizona
NM
New Mexico
NM
New Mexico
NM
NEW MEXICO

LA074. Please indicate the three most important qualities your institution looks for in a new employee: (N=11)

Answer
Dedication, Respect and Professional
Educational preparation experience enthusiasm
Patient and family focused. Good rapport and sensitivity to patients and families. BSN preferred.
Passion to serve the underserved. Flexibility. Energy.
dedication, knowledge, flexibility and compassion for clients.
Positive attitude, hard working, compassion.
Personal and professional initiative, quest for excellence, ability to function as a contributing member of the overall team.
WORK ETHIC DEDICATION TO ROLE ABILITY TO INTERACT WITH VARIETIES OF PATIENTS
education experience work ethic

LA075. Please provide any comments or feedback to this School of Nursing regarding their ability to prepare students for a career in nursing: (N=6)

Answer
Encourage them to continue to pursue education and to grow as a nurse. Nurses can change the world, but only if we are educated and advocate for our patients.
School of Nursing provides excellent training for nurses.
The nurse practitioners that we have employed from this program are well prepared to care for patients, however, I believe a more extensive residency rotation in the enviornment in which they plan to practice could be valuable not only to the employee but also to the institution that employs the NP.
Continue to have Master Prepared Nurses completing applications haphazardaly. Punctuation is incorrect, sparse use of Capital Letters, specific duties of previous jobs, etc. The application is the most important part of first impressions!
prepare the nurse for master's work research and practice
Masters prepared nurses who have completed an education concentration have a definite leg up when entering the academic environment. This is invaluable when the faculty is small, as it is here. It can be very difficult for busy educators to mentor nurses with other areas of expertise in all that is necessary to practice effectively in nursing

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Report: Survey Snapshot
Report Generated: 1/15/2015 4:55 PM

AACN/EBI Masters Level Nursing Employer Assessment (Order: 24427)

Population: University of New Mexico > All Respondents (no filter selected)

Appendix 26

78-90

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